



COMMONWEALTH OF VIRGINIA
County of Henrico

DEPARTMENT OF FINANCE
Oscar Knott, CPP, CPPO, VCO
Purchasing Director

RFP No. 23-2569-7JOK
Third-Party Administrator for Voluntary Benefits

Questions and Answers

August 31, 2023

1. Is there a centralized payroll across all entities for the County or does each entity have their own payroll system?
Answer: There is a centralized payroll system for HCPS and General Government with different pay frequencies (bi-weekly, semi-monthly, and monthly). The Economic Development Authority has their own payroll system.
2. What percentage of benefit eligible employees are enrolled in voluntary benefits?
Answer: Government – 15%, Schools – 12%
3. Is Oracle both the HRIS and payroll system for the County?
Answer: Yes.
4. We are reviewing this RFP and in reading it we believe you are evaluating enrollment services/admin services for the County's voluntary benefits. It is unclear to me that you are requesting bids directly from the insurance companies on the respective plans at this time. Are you expecting product bids by said 'third-party administrator' bidders to present product offers during this RFP? Does the county offer voluntary benefits today? If so who is the current 'third-party administrator'?
Answer: Yes, we are expecting products to be presented. Yes, we offer voluntary benefits today. Pierce Insurance is the current provider.
5. How many participants are in the FSA? How many participants are in the Dependent Care Account?
Answer:

Row Labels	Count of Employee Number
G_County of Henrico Core	1041
FSA Day Care	85
FSA Health Care	956
HCPS Core Benefits	1121
FSA Day Care	127
FSA Health Care	994
Grand Total	2162

6. Would it be possible to receive a census and current plan designs and carriers?
Answer: Yes. See the attached.
7. Where should we include Attachment E in our response? We do not see it mentioned in the response format on page 15/16.
Answer: Attachment E is not required to be submitted. This document specifies the County's insurance requirements for the Successful Offeror.
8. What is the current employee participation in the voluntary products by line of coverage?
Answer: See the attached.
9. How long have the current products been in-force?
Answer: Initial voluntary benefits roll out was in 2019. Since then, we added two additional plans effective 2023. In 2024, we will be introducing pet insurance and vision – materials only coverage.
10. How do you measure the success of your voluntary benefits programs today?
Answer: We do not measure success by employee participation numbers. Although numbers are important, our current vendor has always provided products that supplement our CORE benefits, that are of interest to our employees and are well priced. We have not discontinued a product due to low participation.
11. How are current voluntary benefits communicated to employees?
Answer: Current voluntary benefits are communicated to employees at New Employee Orientation (instructions on how to view plans, enroll, etc.) and during Open Enrollment. (Also, when visiting or calling the Health Benefits Office (HCPS)).
12. What is the current enrollment process for the voluntary benefits?
Answer: Henrico has a personalized URL through the 3rd party administrator for employees to access for enrollment, to view elections, make changes, etc. Employees also have a phone option to call in to enroll. Employees have 30-days from their date of hire to enroll. Otherwise, changes will fall in line according to applicable qualifying events and an annual Open Enrollment period.
13. Should new plans be offered will existing plans moved to direct bill or continued to be payroll deducted?
Answer: The intent is that current plans will be matched, and employees enrolled will transition to the new administrator to continue coverage through payroll deductions. Any new plans will also be payroll deducted.
14. Will the awarded firm be responsible to communicate and enroll the core medical benefits?
Answer: The Successful Offeror will only be responsible for communicating and enrolling employees in voluntary benefits.
15. Are there any voluntary employment benefits currently being provided in the County in which employees are enrolled? If yes, who is the current broker? What are the participation rates for each line of coverage?
Answer: Yes. See the attached. The current third-party administrator is Pierce Insurance.

16. Is it possible for you to provide the employee census (Gender, Date of Birth, Salary, occupation, and zip code) information and participation products for the plan-holders?

Answer: See the attached.

17. Of the 10,000 employees, how many are part-time?

Answer: Approximately 400 part-time benefit-eligible employees.

18. What are the preferred brokerage commissions for each line of coverage?

Answer: We do not have any preferred brokerage commissions. Offerors must clearly identify any fees for administration and enrollment and provide detailed information on commissions paid. The Successful Offeror should confirm if products include commissions and provide the commission percentage/amount by product.

19. Can we be provided the claims report that includes the open, closed, and incurred claims for the previous three years?

Answer: Claims data cannot be provided.

20. If there are in-force carriers in place, could you provide us a copy of the Summary plan description (SPDs)/certificate of coverage and benefit booklets for each of the plans?

Answer: The 2023 benefit booklet is attached and includes a summary of plan and pricing.

21. What is the accumulated sick leave policy for the County?

Answer: Full-time employees accrue 4 hours of sick leave per pay, or 8 hours per month

22. Can you provide us with the number of participants enrolled in each plan and the total annual premium for each line of coverage?

Answer: See the attached.

23. What is the effective start date of the new contract?

Answer: April 1, 2024 is the anticipated start date of the new contract.

24. Have any surveys been conducted to obtain feedback on the lines of coverage? If yes, please provide a summary of the feedback received.

Answer: No.

25. How are employee calls and questions supported today? Please provide any call center data.

Answer: Questions related to voluntary benefits are directed to our Account Manager for research/outreach.

26. What is the annual turnover and rehire percentages?

Answer: For general government – as of FY21-22, 12.2% turnover rate. Rehire percentages are not tracked. For schools – Only data for teachers, librarians and school counselors are captured. For the 21/22 school year the retention rate was 86% and for the 22/23 school year the retention rate was 88%. Rehire percentages are not tracked.

27. For Post COVID in person meetings/benefits fairs for chosen vendor to attend,

a. Please provide the number of meetings and frequency per year.

Answer: This is our first year re-introducing in-person meetings. For 2023, there will be 2 voluntary benefit information sessions and 2-6 set meeting times for individual one-on-ones with benefit counselors.

- b. Please provide anticipated dates of meetings in 2024.

Answer: To be determined.

- c. Please provide us details on number of locations and details of the locations where the meetings are expected to be held.

Answer: Open Enrollment occurs in the month of October each year, with changes effective January 1st. During Open Enrollment, there are typically two group meetings held and two to six voluntary benefit individual sessions where employees can meet with a benefits counselor to discuss plans, assist with enrollments, etc.

28. Is there any Union involvement for employees covered as part of these programs?

Answer: No.

29. How are voluntary benefits communicated to employees? Home mailings, electronic messaging, on-site group, or individual meetings/enrollment meetings, etc.?

Answer: All the above.

30. How many worksites are available to conduct individual and group meetings at the County respectively?

Answer: Two main worksites, however our current administrator also holds group meetings as requested on a departmental basis. Locations will vary. For Schools, we have Central Office and the possibility to have meetings at individual schools as approved by the principals. This consist of 75 locations.

31. Will the County accept electronic benefit communication materials from vendors and distribute them to eligible employees via work email on a periodic, weekly basis prior to and during open enrollment, and monthly, quarterly, and/or semiannually basis thereafter?

Answer: Yes. Currently, our third-party administrator combines all materials, and we have a consolidated voluntary benefits booklet. The current administrator also handles all mailings as it pertains to Open Enrollment (such as an annual Open Enrollment postcard) Henrico County provides the mailing list.

32. Are there any prominent secondary languages that may be helpful regarding the communication capacity of benefits to all eligible employees?

Answer: Spanish communications will be helpful.

33. Are there any specific goals/ improvement opportunities that the County recognizes as important?

Answer: The County's goal is to continue to offer the most cost-effective voluntary benefits to our employees. The Successful Offeror should monitor and stay current on new options and ways to enhance current options. The Successful Offeror should be innovative in ways to improve enrollment and communicate with employees.

34. Will the County need an Excel document matrix filled out that is specific to ID Theft?

Answer: No.

35. How is the County handling benefits enrollment today with your employees? Is a technology solution currently being used?
Answer: All enrollments for voluntary benefits are handled through our third-party administrator. Employees may call or enroll online through a centralized website dedicated for Henrico employees but housed through the current administrator.
36. Would the county be interested in having the new vendor/partner provide administration for their existing H&W benefits, as a one solution for all H&W and Voluntary benefits?
Answer: Voluntary benefits only.
37. How is the County handling payroll deductions today for benefit premiums? Is it the County's expectation that the chosen vendor would access payroll account to access those premiums?
Answer: Through a file feed from our third-party administrator. They send a file with the pre-tax and post-tax amounts that need to be deducted from an employee's pay. Each pay period, a file with the deductions is uploaded and then our TPA goes in and pulls the money from our payroll account.
38. Are direct billing services in scope for employees on leave of absence?
Answer: Yes.
39. What is the County's desired timeline for go-live for the platform to support the program(s)?
Answer: Once the contract goes into effect.
40. Is the vision that this will be an Single Sign On (SSO) from core to voluntary platform?
Answer: No.
41. What is the Payroll Frequency?
Answer: General government – biweekly and monthly, Schools – biweekly, semi-monthly and monthly.
42. Would the County be deducting from payroll and sending data to the carriers, or would that be done on the vendor side?
Answer: The County takes deductions via payroll and the third-party administrator is responsible for sending the data to the various carriers.
43. For direct bill, how many employees are typically on leave without pay in any given month, on average?
Answer: 10-30.
44. Can you please disclose the number, names, and titles of the proposal evaluation committee?
Answer: We will not be providing this information at this time.
45. If the County receives two proposals with similar cost and capability; however, one has meaningful certified MBE/WBE professional service participation and one does not, which proposal will receive more favorable consideration for contracting?
Answer: MBE/WBE participation is not a factor in determining contract award.

46. As noted on page 10, V. Subcontracts section, we identified a certified minority-owned company to serve as a subcontractor. is there any form/document such as a copy of the certification that should be submitted with our proposal?

Answer: Referenced forms and documents are not required.

- a. We noted the section mentions, “No portion of the work shall be subcontracted without prior written consent of the County. In the event that the Successful Offeror desires to subcontract some part of the work specified in the contract, the Successful Offeror shall furnish the County the names, qualifications, and experience of the proposed subcontractors.” Does submitting the MBE subcontractor details in the RFP response meet the approval process?

Answer: Yes, including the information in the proposal submission is sufficient.

47. Do you have information on current Voluntary Plan Designs, Rates, participation levels?

Answer: See the attached.

48. Do you have census data we could use to market the VB plans?

Answer: We do not have census data to provide.

49. Could you confirm Open Enrollment details? Dates, expectations of any onsite enrollment. Number of locations. Would our Benefit Service Center (call center) be only for OE, or perpetual throughout the year?

Answer: Open enrollment occurs in the month of October each year, with changes effective January 1st. During open enrollment, there are typically two group meetings held and two to six voluntary benefit individual sessions where employees can meet with a benefits counselor to discuss plans, assist with enrollments, etc.

50. Can you elaborate on the format of the proposals regarding Tabs? Does this just mean designating the proposal by section? Or actual tabs in the proposal “sticking out” to reference? Or something else?

Answer: It means designating the proposal by section as actual “sticking out” tabs won’t work in an electronic submission.

51. Does Oracle allow for a deduction file upload of benefit elections? If so, is there a way to receive file specification(s) from either the group or Oracle?

Answer: Yes.

52. How does the current TPA for Voluntary Benefits currently interface with Oracle?

Answer: The currently voluntary benefits TPA uses their system to enroll and maintain enrollment information on employees. A deduction file is sent each pay period to Henrico County to upload into Oracle to initiate payroll deductions.

53. Would you please provide Henrico County’s current voluntary benefits (pricing and plans)?

Answer: See attached.

End of Questions and Answers

Plan	Product	Coverage Type	# Current
Aflac Group Accident 70000	Aflac Group Accident Insurance 70000 Series	EO	384
Aflac Group Accident 70000	Aflac Group Accident Insurance 70000 Series	ES	116
Aflac Group Accident 70000	Aflac Group Accident Insurance 70000 Series	EC	125
Aflac Group Accident 70000	Aflac Group Accident Insurance 70000 Series	FA	169
Aflac Group Accident 70000	Aflac Group Accident Insurance 70000 Series	all types	794
Aflac Group Critical Illness - Employee	Aflac Group Critical Illness 21000 Series	EO	747
Aflac Group Critical Illness Buy Up - Employee	Aflac Group Critical Illness 21000 Series	EO	5
Aflac Group Critical Illness - Spouse	Aflac Group Critical Illness 21000 Series	SO	229
Aflac Group Hospital Insurance	Aflac Group Hospital Indemnity 80000 Series	EO	315
Aflac Group Hospital Insurance	Aflac Group Hospital Indemnity 80000 Series	ES	92
Aflac Group Hospital Insurance	Aflac Group Hospital Indemnity 80000 Series	EC	81
Aflac Group Hospital Insurance	Aflac Group Hospital Indemnity 80000 Series	FA	83
Aflac Group Hospital Insurance	Aflac Group Hospital Indemnity 80000 Series	all types	571
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 1	EO	54
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 1	EC	14
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 1	FA	41
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 1	all types	109
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 2	EO	92
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 2	EC	13
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 2	FA	69
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 2	all types	174
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 3	EO	105
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 3	EC	30
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 3	FA	67
Transamerica CancerSelect Plus	Transamerica Cancer Select Plus - Option 3	all types	202
Transamerica CancerSelect Plus	all products	EO	251
Transamerica CancerSelect Plus	all products	ES	1
Transamerica CancerSelect Plus	all products	EC	57
Transamerica CancerSelect Plus	all products	FA	176
Transamerica CancerSelect Plus	all products	all types	485
Chubb LifeTime Benefit Term	Chubb Lifetime Benefit Term	EO	548
Chubb LifeTime Benefit Term	Chubb Lifetime Benefit Term	CO	65
Chubb LifeTime Benefit Term	Chubb Lifetime Benefit Term	SO	84
Chubb LifeTime Benefit Term	Chubb Lifetime Benefit Term	all types	697
Identity Theft	LifeLock Benefit Premier	EO	38
Identity Theft	LifeLock Benefit Premier	FA	18
Identity Theft	LifeLock Benefit Premier	all types	56
Identity Theft	LifeLock Benefit Essential	EO	29
Identity Theft	LifeLock Benefit Essential	FA	24
Identity Theft	LifeLock Benefit Essential	all types	53
Identity Theft	all products	EO	67
Identity Theft	all products	FA	42
Identity Theft	all products	all types	109
LegalEASE Plan	LegalEASE	EO	73
LegalEASE Plan	LegalEASE	FA	125
LegalEASE Plan	LegalEASE	all types	198



County of Henrico
General Government

TIME SENSITIVE

2023 VOLUNTARY BENEFITS ENROLLMENT

**Plan Year
Jan. 1 - Dec. 31, 2023**



Become A
"Children's Champion!"

LEARN & ENROLL

pierceins.com/henrico

800-421-3142





**County of Henrico
General Government**



Dear Henrico County Employees,

The past few years have challenged our endurance as a community, but your adaptability and resolve inspire us.

One of the ways we're able to show our gratitude is by continually evaluating your Voluntary Benefits program to ensure the most cost-effective and valuable benefits options for you and your loved ones.

Plans include:

-  **Group Accident**
-  **Life Insurance with Long Term Care**
-  **Cancer**
-  **Legal Plan**
-  **Group Critical Illness**
-  **Identity Theft Protection**
-  **Group Hospital Indemnity**

We encourage you to schedule your onsite or telephonic benefits review with a Pierce insurance benefits counselor. Visit pierceins.com/henrico or call 800-421-3142, ext. 170.

Thank you for your continued exemplary service to the citizens of Henrico County.

Sincerely,

John Vithoukias
Henrico County Manager

Dr. Amy Cashwell
HCPS Superintendent



Pierce Insurance is committed to making smart decisions to manage our environmental impact responsibly. This is your custom-designed electronic benefit booklet. See a Benefit Counselor to obtain hard copy benefit brochures.

EMPLOYEE BENEFITS BOOKLET

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County of Henrico General Government










Henrico County Public Schools

Plan Year: January 1 - December 31, 2023

Annual Enrollment Period: October 1 - 28, 2022

Open Enrollment closes on October 28 at 4:30 pm

New hires must enroll within the first 30 days of your hire date.

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! IMPORTANT Note & Disclaimer

This is neither an insurance contract nor a summary plan description. Only your actual policy provisions will prevail. All information in this booklet, including premiums quoted is subject to change and is for information purposes only.

Learn about your health insurance, retirement and other benefit plans at:

- **County of Henrico General Government:** <https://employees.henrico.us/>
- **Henrico County Public Schools:** www.henricoschools.us

PRE & POST TAX BENEFITS

County of Henrico General Government Henrico County Public Schools

Plan Year: January 1 - December 31, 2023

Annual Enrollment Period: October 1 - 28, 2022

Open Enrollment closes on October 28 at 4:30 pm

New hires must enroll within the first 30 days of your hire date.

Eligibility: Permanent benefit-eligible employees working an average of 16 hours per week over a 12-week period.
To enroll please have dates of birth and social security numbers for each insured (self, spouse, child).

PRE-TAX BENEFITS

A pre-tax deduction is money that is taken out of employee's gross pay before any taxes are withheld from their paycheck. Pre-tax deductions reduce employee's taxable income, which means you may likely owe less income tax and/or FICA tax (which includes Social Security and Medicare).

 **Group Accident Insurance**

 **Group Hospital Indemnity Insurance**

 **Group Critical Illness Insurance**

 **Cancer Insurance**

POST-TAX BENEFITS

A post-tax deduction is money that is taken out of employee's paycheck after all applicable taxes have been withheld.

 **Life Insurance (with Long-Term Care)**

 **Legal Plan**

 **Identity Theft Protection**

IMPORTANT DETAILS

Elections made during the enrollment period cannot be changed outside of open enrollment unless there is a family status change as defined by the Internal Revenue Code. Examples: marriage, divorce, death of a spouse, birth or adoption of a child, termination or commencement of a spouse's employment or the transition of a spouse's employment from full time to part time. Once a family status change has occurred you have 30 days from the event to make changes. Call Pierce Insurance service center: [800-421-3142](tel:800-421-3142).

An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the program until the next Plan Year.

Some policies may contain a pre-existing clause. Read your policy for full details.

There are certain insurance benefits that may be subject to federal and state tax when premium is paid by pre-tax deduction.

Coverage in most instances is portable when you leave employment.

Disclaimer: This is neither an insurance contract nor a summary plan description. Only your actual policy provisions will prevail. All information in this booklet, including premiums quoted, is subject to change and is for information purposes only.

WHEN TO ENROLL



OPEN ENROLLMENT: OCTOBER 1 - 28, 2022

Open Enrollment closes on October 28 at 4:30 pm



NEW HIRES MUST ENROLL WITHIN 30 DAYS OF YOUR HIRE DATE.

HOW TO ENROLL, MAKE CHANGES, & ASK QUESTIONS



- Call 800-421-3142, ext. 170 to speak with a licensed benefits counselor



- Schedule an appointment: perceins.com/henrico



- Enroll online: perceins.com/henrico



Why speak with a licensed benefits counselor

- Our goal is to ensure you understand your options so you can select the best combination of benefits for you and your family.
- We'll explain the benefits available to you, and answer any questions you may have.
- After you've selected your benefits, we'll complete your enrollment for you.



Benefits That Benefit CHILDREN

- Meet with a benefits counselor to learn about valuable voluntary benefits including Chubb's LifeTime Benefit Term, LegalEASE, and NortonLifelock and help raise money for Children's Hospital of Richmond at VCU. See page 47 for details.

ACCESS YOUR BENEFITS **ANYTIME & ANYWHERE**

perceins.com/henrico

**E-BENEFIT BOOKLET (PREMIUMS AND DETAILS)
HOW TO ENROLL • VIDEO LIBRARY
POLICYHOLDER RESOURCES • FAQ • CONTACT**

AVAILABLE **24/7** ONLINE



DESKTOP



MOBILE



TABLET

MyBenefits Website: pierceins.com/henrico



 Benefit Plans

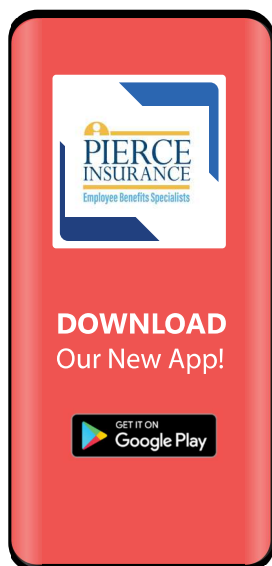
 Enroll

 Video Library

 Benefit Resources

 Questions

 Contact Information



DOWNLOAD Our New App!

The Pierce Insurance app makes it easier for employees to access their employee benefits in one easy step.



Pierceins.com | 800-421-3142

How to Enroll Online

Call: 800-421-3142

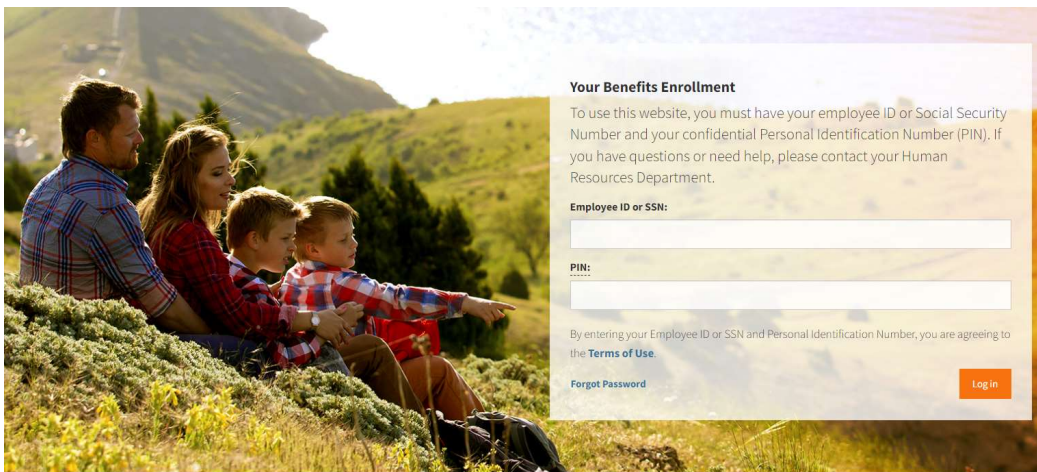
Step 1 - Connect to the Website through your web browser at pierceins.com/henrico or download mobile app at pierceins.com/apps. You may use your desktop computer or any mobile device to complete your enrollment.

Step 2 - At the “Enrollment Site” screen, enter your *employee ID* and your personal identification number (*PIN*). If you are logging in for the first time, your PIN is a combination of the last 4 digits of your employee ID and the 4-digit year of your birth.

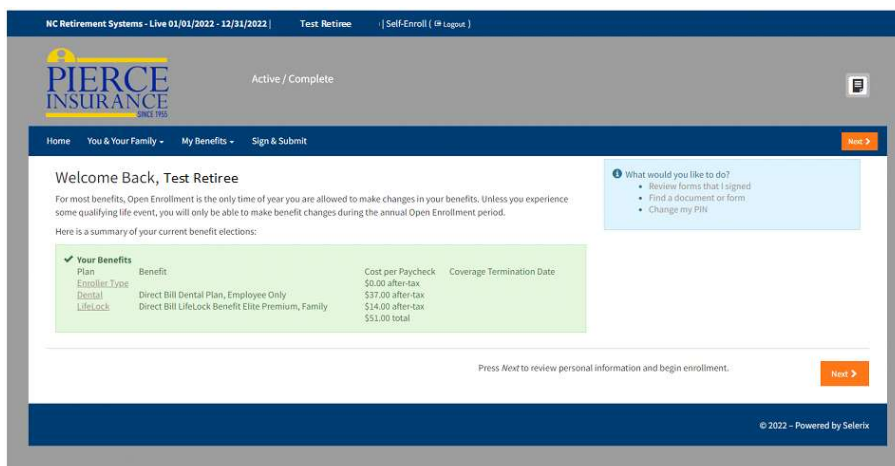
For example, if the last 4 digits of your employee ID number are 3214 and you were born in the year 1970, your PIN would be “32141970”.

On your first log in, you will be prompted to change your PIN.

If you are having trouble logging on the system, contact Pierce Insurance Agency at 800-421-3142.



Step 3 - When the Welcome Page appears on your screen you have successfully logged in! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.



See reverse →

How to Enroll Online

Click You and Your Family to update personal information on yourself, your dependents or beneficiaries.

When you have finished making your selections, click sign and submit to review & sign your enrollment form.

You can move from plan to plan by clicking next or clicking review.

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

Person Name	Relationship	Description	Policy #	Cost
john test	Employee	Enroller Type; EO		\$0.00

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00.

✗ Dental
You have elected to WAIVE coverage under this plan.

✗ Vision
You have elected to WAIVE coverage under this plan.

✓ LifeLock

My Benefits	
Enroller Type	\$0.00
Dental	\$0.00
Vision	\$0.00
LifeLock	\$14.00
Employer Cost	
Pre-tax cost	\$0.00
Post-tax cost	\$14.00
Total Cost Per Pay Period	\$14.00

To sign and submit your enrollment form you will need to enter your PIN and click sign form.

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

If you have any questions about your enrollment, please contact Pierce Insurance Agency by phone at [800-421-3142](tel:800-421-3142) or chat at pierceins.com/henrico.

You may log back into the enrollment site to verify you submitted your enrollment form.



FILE YOUR WELLNESS, HEALTH SCREENING or BENEFIT CLAIM

- Filing a claim with Aflac (annual wellness/health screening for accident, critical illness, and hospital indemnity).
Access directly: www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx
- Filing a claim with Transamerica cancer, log into your portal: www.tebcs.com or call 888-763-7474.



Filing your annual wellness and health screening claim is important to your health. Each claim pays independent of the other, is available for family members and payment is tax free.

Plan Name	Wellness Benefit	Am I Enrolled?	Date Claim Filed
Group Accident Insurance	\$60	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Group Critical Illness Insurance*	\$150	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Group Hospital Indemnity	\$50	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Cancer Insurance	\$50 - \$150	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /

*Critical Illness Insurance Health Screening benefit is not paid for dependent children.

WHY VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING

What if you get sick, hurt, or die unexpectedly?

- Lost income
- Care giving expenses
- Mortgage payment
- Education expenses
- Childcare expenses
- Retirement funding
- Burial expenses
- Long-term-care expenses

Voluntary Insurance Helps Provide Peace of Mind



AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100VA



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

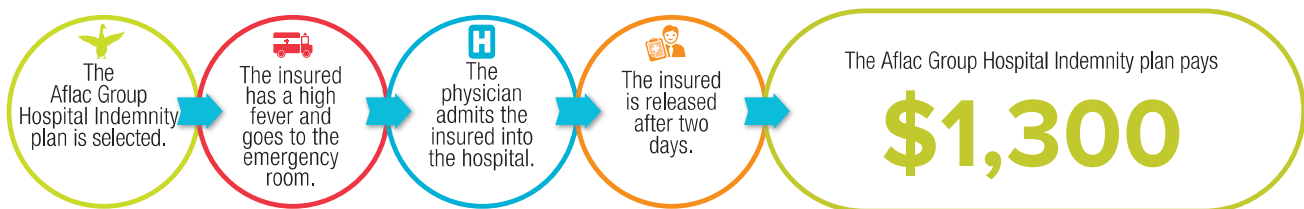
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit and more



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000) and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Benefits Overview

BENEFIT AMOUNT

<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	<p>\$1,000</p>
<p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<p>\$150</p>
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$150</p>
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$75</p>
<p>HEALTH SCREENING BENEFIT The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for each insured.</p> <p>Residents of Massachusetts are not eligible for the Health Screening Benefit.</p>	<p>\$50 per calendar year</p>
<p>WAIVER OF PREMIUM RIDER After 90 days of total disability due to covered sickness or accidental injury for up to 12 months.</p>	
<p>SUCCESSOR INSURED WAIVER OF PREMIUM RIDER BENEFIT If you die, and your spouse is also insured under this plan at the time of your death, then your surviving spouse may apply to become the primary insured. This would include continuation of any dependent child coverage that is in force at that time. (In Illinois: Spouse and dependent child coverage will continue for a period of 90 days after your death.)</p> <p>We will waive premiums once the successor insured has applied to keep the coverage in force for your surviving spouse and for any dependent child coverage that is in force at the time of your death. Premiums will be waived for a period of six months from the date of your death, or until the date coverage ends, whichever comes first.</p>	
<p>SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

COVERAGE	MONTHLY RATES (12pp/year)
Employee	\$21.33
Employee and Spouse	\$42.95
Employee and Dependent Children	\$34.20
Family	\$55.82

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Group Accident, Critical Illness and Hospital Indemnity insurance 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 only. For complete details, please refer to the plans. Policy form numbers C70100VA, C21100VA and C80100VA. Continental American Insurance Company | Columbia, SC
AGC2001162 R2 EXP 9/23

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



GROUP ACCIDENT INSURANCE

	HIGH	LOW
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>		
Hospital emergency room with X-Ray / without X-Ray	\$250/\$200	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$250/\$200	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$150/\$100	\$100/\$75
<p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	\$400 Ground \$1,200 Air	\$300 Ground \$900 Air
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	\$200	\$150
<p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p>	\$100 Each 24 hour period	\$70 Each 24 hour period
<p>PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	\$50 Less than 24 hours, but at least 4 hours	\$35 Less than 24 hours, but at least 4 hours
<p>PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	\$5	\$5
<p>BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$200	\$200
<p>PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	\$100	\$75
<p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	\$500	\$350
<p>TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.</p>	\$5,000	\$3,500

COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$10,000	\$7,500
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown	\$30 Extraction \$120 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.		
Second Degree		
Less than 10%	\$100	\$75
At least 10% but less than 25%	\$200	\$150
At least 25% but less than 35%	\$500	\$375
35% or more	\$1,000	\$750
Third Degree		
Less than 10%	\$1,000	\$750
At least 10% but less than 25%	\$5,000	\$3,750
At least 25% but less than 35%	\$10,000	\$7,500
35% or more	\$20,000	\$15,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$250	\$175
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$4,000 based on a schedule	Up to \$3,000 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule	Up to \$2,250 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):		
Over 15 centimeters	\$800	\$600
5-15 centimeters	\$400	\$300
Under 5 centimeters	\$100	\$75
Lacerations not requiring stitches	\$50	\$37.50

<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$400	\$300
<p>FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	\$100	\$75
<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$50	\$35
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$1,000	\$750
<p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	\$500 Plane \$200 Any ground transportation	\$350 Plane \$150 Any ground transportation

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS

HIGH

LOW

<p>APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar Wheelchair, Knee Scooter, Body Jacket, Back Brace</p>	\$40 \$100 \$400	\$30 \$75 \$300
<p>ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	\$50	\$35
<p>POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.</p>	\$200	\$150

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)
 Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.
 We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.

\$100
per day

\$75
per day

THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)
 Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.

\$50

\$35

CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)
 Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.

\$30

\$25

HOSPITALIZATION BENEFITS

HIGH

LOW

HOSPITAL ADMISSION (once per accident, within 6 months after the accident)
 Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.
 This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

\$1,250
per
confinement

\$900
per
confinement

HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)
 Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.
 If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.
 This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.

\$300
per day

\$225
per day

HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)
 Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.
 We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.
 If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.
 This benefit is payable in addition to the Hospital Confinement Benefit.

\$400
per day

\$300
per day

INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident)
 Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.
 We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.
 If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.
 This benefit is payable in addition to the Hospital Confinement Benefit.

\$200
per day

\$150
per day

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)
 Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$200
per day

\$150
per day

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)
 Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.
 Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)

HIGH

LOW

Employee	\$6,250	\$8,750
Spouse	\$2,500	\$3,750
Child(ren)	\$1,250	\$1,750

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$12,500	\$17,500
Spouse	\$5,000	\$7,500
Child(ren)	\$2,500	\$3,500

LOSS OF ONE OR MORE FINGERS OR TOES

Employee	\$625	\$875
Spouse	\$250	\$375
Child(ren)	\$125	\$175

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee	\$62.50	\$87.50
Spouse	\$62.50	\$87.50
Child(ren)	\$62.50	\$87.50

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)
 Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia

Quadriplegia

\$2,500
\$5,000

\$3,500
\$7,500

<p>PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	\$1,500	\$2,000
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<p>RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.</p>	\$1,000	\$1,500
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WELLNESS RIDER

<p>WELLNESS BENEFIT (once per calendar year) Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.</p>	\$60 First year of certificate and thereafter
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WAIVER OF PREMIUM RIDER

If the employee becomes totally disabled due to a covered sickness* or accidental injury, after 90 days of total disability, we will waive premiums for the employee and any covered dependents. As long as the employee remains totally disabled, premium will be waived up to 24 months, subject to the terms of the plan.
 *In New Hampshire, Tennessee, and Texas, not applicable.

COVERAGE	MONTHLY RATES (12pp/year)	
	High Plan	Low Plan
Employee	\$17.50	\$13.87
Employee and Spouse	\$28.30	\$22.52
Employee and Dependent Children	\$31.37	\$24.90
Family	\$42.17	\$33.55

INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from*:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
 - Allergic reactions
 - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings.
 - An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
 - Any related medical/surgical treatment or diagnostic procedures for such illness
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.

- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

For 24-Hour Coverage, the following exclusions will not apply:

An injury arising from any employment.

An injury or sickness covered by worker's compensation.

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage.

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help but notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

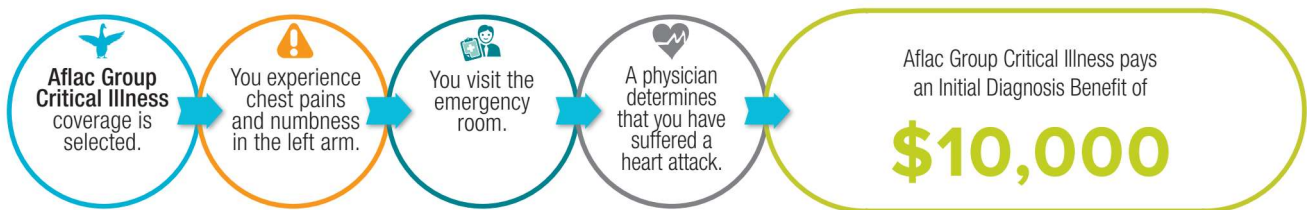
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Severe Burn
 - Coma
 - Paralysis
 - Loss of Sight / Hearing / Speech
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$150 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED PARKINSON'S DISEASE	25%
ADVANCED ALZHEIMER'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASES RIDER

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force.

MONTHLY RATES (12pp/year)

CRITICAL ILLNESS NON-TOBACCO / Employee

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.11	\$9.70	\$12.29	\$14.88	\$17.47	\$20.06	\$22.65	\$25.24	\$27.83	\$30.43
30-39	\$8.55	\$12.58	\$16.62	\$20.65	\$24.68	\$28.71	\$32.74	\$36.77	\$40.81	\$44.84
40-49	\$12.09	\$19.67	\$27.24	\$34.81	\$42.39	\$49.96	\$57.53	\$65.11	\$72.68	\$80.26
50-59	\$19.00	\$33.48	\$47.96	\$62.43	\$76.91	\$91.39	\$105.87	\$120.35	\$134.83	\$149.30
60+	\$31.98	\$59.44	\$86.91	\$114.37	\$141.83	\$169.29	\$196.75	\$224.21	\$251.68	\$279.14

CRITICAL ILLNESS TOBACCO / Employee

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$8.04	\$11.56	\$15.08	\$18.59	\$22.11	\$25.63	\$29.15	\$32.67	\$36.19	\$39.71
30-39	\$10.64	\$16.76	\$22.88	\$29.00	\$35.12	\$41.24	\$47.36	\$53.48	\$59.60	\$65.72
40-49	\$16.26	\$27.99	\$39.73	\$51.46	\$63.20	\$74.93	\$86.67	\$98.40	\$110.14	\$121.87
50-59	\$27.71	\$50.89	\$74.08	\$97.27	\$120.45	\$143.64	\$166.83	\$190.01	\$213.20	\$236.38
60+	\$47.20	\$89.88	\$132.57	\$175.25	\$217.93	\$260.61	\$303.29	\$345.98	\$388.66	\$431.34

CRITICAL ILLNESS NON-TOBACCO / Spouse

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$6.80	\$7.93	\$9.07	\$10.21	\$11.35	\$12.49	\$13.63	\$14.76	\$15.90
30-39	\$8.24	\$10.10	\$11.96	\$13.81	\$15.67	\$17.53	\$19.39	\$21.25	\$23.11
40-49	\$11.78	\$15.41	\$19.04	\$22.67	\$26.30	\$29.93	\$33.56	\$37.19	\$40.82
50-59	\$18.68	\$25.77	\$32.85	\$39.93	\$47.01	\$54.09	\$61.18	\$68.26	\$75.34
60+	\$31.67	\$45.24	\$58.82	\$72.39	\$85.96	\$99.54	\$113.11	\$126.68	\$140.26

CRITICAL ILLNESS TOBACCO / Spouse

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$7.72	\$9.33	\$10.93	\$12.53	\$14.13	\$15.74	\$17.34	\$18.94	\$20.54
30-39	\$10.33	\$13.23	\$16.13	\$19.03	\$21.94	\$24.84	\$27.74	\$30.65	\$33.55
40-49	\$15.94	\$21.65	\$27.36	\$33.07	\$38.78	\$44.49	\$50.20	\$55.91	\$61.63
50-59	\$27.39	\$38.83	\$50.26	\$61.70	\$73.14	\$84.57	\$96.01	\$107.45	\$118.88
60+	\$46.89	\$68.07	\$89.26	\$110.44	\$131.62	\$152.81	\$173.99	\$195.18	\$216.36

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
- **Suicide** – committing or attempting to commit suicide, while sane or insane;

- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:

- **Participation in Aggressive Conflict:**

- War (declared or undeclared) or military conflicts;
- Insurrection or riot
- Civil commotion or civil state of belligerence

- **Illegal Substance Abuse:**

- Abuse of legally-obtained prescription medication
- Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

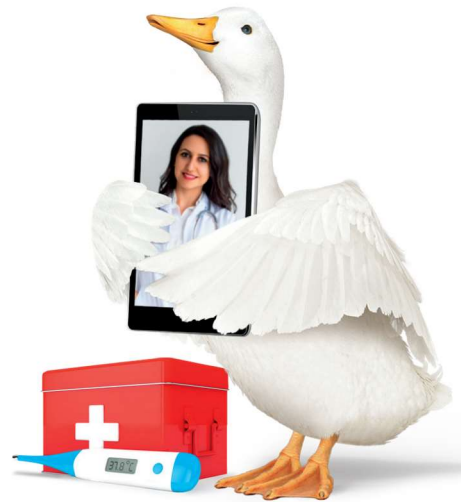
Need help with health care? We've got your lifeline

Introducing Health Advocacy, Medical Bill Saver[™] and Telemedicine services, now part of your Aflac plan.

We've enhanced your plan without adding cost. Now, if you have an eligible Aflac plan, you also have access to three services that make it easier to access care, reduce out-of-pocket medical expenses and navigate the health care system with greater ease:

- **Get answers and expert help** with Health Advocacy from Health Advocate
- **Let advocates negotiate your medical bills** with Medical Bill Saver, also from Health Advocate
- **Connect with health providers via phone,** app or online with MeMD

Best of all, you can start using them as soon as your Aflac coverage starts.



Start using Health Advocacy and Medical Bill Saver from Health Advocate and Telemedicine from MeMD when your coverage begins. Questions? Call 855.423.8585

Get more without spending more



More than just peace of mind. Health Advocacy from Health Advocate

You have **24/7** access to personal health advocates who start helping from the first call:

- Find doctors, dentists, specialists, hospitals and other providers
- Schedule appointments, treatments and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare and more
- Help transfer medical records, lab results and x-rays
- Work with insurance companies to obtain approvals and clarify coverage



More than just cash benefits. Medical Bill Saver[™] from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



More than just care. Telemedicine from MeMD

You can quickly connect with board-certified, U.S.-licensed health providers online for **24/7/365** access to medical care — fast:

- Create your account at www.MeMD.me/Aflac
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app or phone
- Get ePrescriptions,* referrals and more
- Use it for a range of health issues, from allergies and colds to medication refills
- Prescription for common medicine

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary. Continental American Insurance Company, a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, North Carolina, South Dakota and Utah.

When medically necessary, MeMD's providers (except therapists) can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

PROTECTION YOU CAN COUNT ON

CANCERSELECT® PLUS CANCER-ONLY INSURANCE



CancerSelect Plus, underwritten by Transamerica Life Insurance Company, can help provide extra protection in the event of a cancer diagnosis.

Nancy knows that her family history may put her at higher risk for a cancer diagnosis. When a coworker battled cancer and faced a financial strain due to his deductible, copays, and missed work, his situation hit close to home. She worries that her medical insurance might not be enough.

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

Health insurance may cover some of the cost of cancer treatment but individuals could still face substantial out-of-pocket costs.

IF CANCER IS THE DISEASE YOU WORRY ABOUT MOST, YOU'RE NOT ALONE

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

With this supplemental benefit, you'll have more resources to cope with a diagnosis of cancer and wellness benefits to help you detect it early, when it's most treatable.

YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

If you are 18 years of age or older, you can purchase this valuable supplemental benefit. You can also choose to insure your eligible family members, including your spouse age 18 or older and your children from birth through age 25.

VALUABLE BENEFITS FOR YOUR LIFE

Review the attached benefits and costs for the insurance policy. It's a long list of benefits, but they're all important. As you read through the list of all the ways this supplemental insurance pays, think about how you could possibly pay for all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

This is a brief summary of *CancerSelect Plus*, cancer-only insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCAN200 and CCCAN200. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.


Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website at tebcs.com.

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HOW IT WORKS

- Pays benefits directly to you.
- Spouse and dependent benefits available.
- Payroll-deducted premiums.
- Easy enrollment process.

 **Visit:**
transamerica.com

 **Customer Service:**
888-763-7474

Product Details

Hospital Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Hospital Confinement	\$100	\$200	\$300	per day of covered confinement
Extended Benefits	\$200	\$400	\$600	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$40	\$60	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$30	\$45	per day while hospital confined
Private Duty Nurse	\$100	\$200	\$300	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$200	\$300	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$200	\$300	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$200	\$300	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$200	\$300	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined

Product Details

Surgery Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays	
Surgery	Inpatient	\$1,000	\$2,000	\$3,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
	Outpatient	\$1,500	\$3,000	\$4,500	
Anesthesia	25%	25%	25%	of covered surgery benefit	
Prosthesis	\$500	\$1,000	\$1,500	maximum benefit; pays actual charges per device requiring implantation	
Hair Prosthesis	\$50	\$100	\$150	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment	
Reconstructive Surgery	Breast Cancer: simple or total mastectomy	\$120	\$240	\$360	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
	Breast Cancer: radical mastectomy	\$170	\$340	\$510	
	Cancers of the male or female genitalia	\$170	\$340	\$510	
	Cancer of the head, neck, or oral cancers	\$250	\$500	\$750	
Second Surgical Opinion	\$100	\$200	\$300	when surgery is prescribed; excludes skin cancer	
Ambulatory Surgical Center	\$150	\$300	\$450	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center	

Product Details

Skin Cancer	One removal	\$75	\$150	\$225	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$35	\$70	\$105	
Radiation and Chemotherapy Benefits		Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Plan Option 3 - 2.00 Units	Policy Pays
Radiation and Chemotherapy		\$5,000	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Radiation & Chemo Expenses		\$250	\$250	\$500	maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant		\$5,000	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses		\$250	\$250	\$500	maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses

Product Details

New or Experimental Treatment	\$5,000	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories
Wellness & Non-Medical Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Annual Cancer Screening	\$50	\$100	\$150	per calendar year for cancer screening tests: <ul style="list-style-type: none"> ● mammogram ● pap smear ● flexible sigmoidoscopy ● prostate-specific antigen test ● chest x-ray ● hemocult stool specimen ● ultrasound ● CEA ● CA125 ● biopsy ● thermography ● colonoscopy ● serum protein electrophoresis ● bone marrow testing ● blood screening
Magnetic Resonance Imaging (MRI) Scan	\$50	\$100	\$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement

Product Details

Family Member Lodging	\$50	\$100	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	\$50	\$100	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$25	\$50	\$75	per treatment; limit one treatment per day
At-Home Nursing	\$50	\$100	\$150	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday
Cancer Maintenance Therapy Benefit	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Plan Option 3 - 2.00 Units	Policy Pays
<ul style="list-style-type: none"> ● Cancer Suppressive Therapy ● Hematological Drugs ● Anti-Nausea Drugs ● Motility Agents 	\$1,000	\$1,000	\$2,000	maximum benefit per 12-month period; pays actual charges

Product Details

First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan Option 1 - 0 Units	Plan Option 2 - 0 Units	Plan Option 3 - 1.00 Units	Policy Pays
Initial Diagnosis Benefit	None	None	\$1,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.
Intensive Care Rider (Rider Form Series CRICU100, 200 or 300)	Plan Option 1 - 0 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Maximum of 45 days per covered confinement	Intensive Care Unit None	\$200	\$300	per day of confinement in an ICU such as a cardiac care unit, burn unit, or neonatal unit
	Step-Down Unit None	\$100	\$150	per day of confinement in a step-down unit for progressive, sub-acute or intermediate care
Ambulance Benefit	None	\$400	\$600	maximum benefit; pays actual charges; per period of ICU confinement for transportation between medical facilities by a licensed professional ambulance service; benefit is not payable if paid under the base contract provision

Product Details

Specified Illness and Disease Rider (Rider Form Series CRSPD200)	Plan Option 1 - 0 Units	Plan Option 2 - 1.00 Units	Plan Option 3 - 2.00 Units	Policy Pays
Provides benefits for losses that are the direct result of a covered specified illness or disease.				
Hospital Confinement	None	\$100	\$200	per day of covered confinement
Extended Benefits	None	\$200	\$400	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	None	\$20	\$40	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	None	\$15	\$30	per day while hospital confined
Private Duty Nurse	None	\$100	\$200	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	None	\$100	\$200	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	None	\$100	\$200	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	None	\$100	\$200	per day of covered confinement; in lieu of all other benefits
Hospice Care	None	\$100	\$200	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined

Product Details

Surgery	None	\$1,000	\$2,000	per surgery; pays the lesser of the amount shown or an amount determined by multiplying the work relative value unit obtained from the Medicare Physician Fee Schedule by \$25
Outpatient Surgery	None	\$1,500	\$3,000	per surgery; pays 150% of the surgery benefit
Anesthesia	None	25%	25%	per surgery; pays the selected percentage of the surgery benefit
Second Surgical Opinion	None	\$100	\$200	for a second opinion when the first opinion prescribes surgery as treatment
Ambulatory Surgical Center	None	\$150	\$300	maximum per day; pays charges for surgery performed at an ambulatory surgical center or hospital as an outpatient; paid in addition to the outpatient surgery benefit

Covered Specified Illnesses and Diseases include:

Adrenal Hypofunction (Addison's Disease)	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Botulism	Brucellosis	Budd-Chiari Syndrome
Cerebral Palsy	Cholera	Cystic Fibrosis	Diphtheria	Encephalitis
Hansen's Disease	Hepatitis (Chronic B or Chronic C with liver failure or hepatoma)	Histoplasmosis	Huntington's Chorea	Legionnaires' Disease
Lupus	Lyme Disease	Mad Cow Disease	Malaria	Meningitis
Muscular Dystrophy	Myasthenia Gravis	Necrotizing Fascitis	Osteomyelitis	Poliomyelitis
Primary Biliary Cirrhosis	Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)	Q Fever	Rabies	Reye's Syndrome
Rheumatic Fever	Rocky Mountain Spotted Fever	Scarlet Fever	Scleroderma	Sickle Cell Anemia
Tay-Sachs Disease	Tetanus	Thalassemia	Toxic Epidermal Necrolysis	Toxic Shock Syndrome
Trichinosis	Tuberculosis	Tularemia	Typhoid Fever	Whooping Cough (Pertussis)

Product Details

Actual charges means the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

Monthly Premium	Individual	Single Parent Family	Family
Plan Option 1	\$9.81	\$11.32	\$18.04
Monthly Premium			
Plan Option 2	\$17.32	\$20.09	\$31.49
Monthly Premium			
Plan Option 3	\$30.12	\$34.69	\$54.53

Issue State: Virginia
Rate generation date: March 12, 2018

Limitations and Exclusions

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void insurance for loss incurred by an insured person:
 - During the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk;
 - At any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated, or for which the insured person has incurred expense or has taken medication within 12 months prior to the effective date of such person's policy. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience.

12-Month Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the insured person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each insured person.

First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from insurance by name or specific description.

Intensive Care Rider

We will only pay one daily indemnity benefit per day. We will not pay any benefits for loss resulting from:

- Specifically excluded diseases or conditions in the Contract or in this Rider;
- An attempted suicide while sane or insane or an intentionally self-inflicted injury;
- Any act of war either declared or undeclared;
- Alcoholism or drug addiction;
- Mental or nervous disorders;
- An overdose of drugs, narcotics, hallucinogens, unless administered on the advice of a Physician;
- Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician;
- Injury received while engaging in an illegal occupation or activity.

Limitations and Exclusions

Specified Illness and Disease Rider

This Rider provides benefits for the Initial Positively Diagnosed Specified Illness or Disease defined in this Rider on or after the Effective Date of this Rider. It does not provide benefits for any other illness or disease.

We will only pay for loss as a direct result of a Specified Illness or Disease. Proof of Positive Diagnosis must be submitted with each new claim. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of a Specified Illness or Disease or its treatment.

Benefits under "Waiver of Premium" of the Contract do not apply to this Rider for Total Disability due to a Specified Illness or Disease.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.

We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.

GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

LifeTime Benefit Term



Life Insurance— Valuable protection for your loved ones



You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.

52% of people
turning age 65 will
need some type of
Long Term Care.¹

\$85,775
median annual
nursing home cost,
semi-private room
in 2017.¹

35% of households
would feel the
financial impact...
if the primary wage
earner died.²

For employees of

Henrico County: General Government and Public School Systems

CWB-LBT-LTC-I-0921

LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

For Long Term Care* (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.
- With Extension of Benefits*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 50 more months of benefits, for a total of 75 months of LTC benefits.



How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	---	
Additional Coverage for Long Term Care and Death Benefits					
Extra Long Term Care for up to 50 additional months	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$200,000	\$200,000
Option 1, 2 or 3 + Extra LTC Coverage = TOTAL COVERAGE					\$300,000

This product is underwritten by Combined Insurance Company of America, a Chubb company.

Term Life Insurance Built for Today

Guaranteed Premiums*

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

Guaranteed Benefits During Working Years

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

Guaranteed Benefits After Age 70

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit.

Paid-up Benefits

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse. That means when you retire, you can stop paying the premium and have a death benefit for the rest of your life—guaranteed.

Additional Benefit Option *(additional premium required)*

Child Term

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

Long Term Care (LTC)*

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

Extension of Benefits*

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.

Terminal Illness

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

* LTC and Extension of Benefits premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.

LifeTime Benefit Term Features

Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

Family Coverage

Coverage is available for your spouse, children and dependent grandchildren.

LifeTime Benefit Term Exclusions

If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

Long Term Care Exclusions

We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) an intentionally self-inflicted injury, or attempted suicide; or 2) war or any act of war, declared or undeclared, or service in the armed forces of any country; or 3) treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or 4) the Insured's participation in a riot or insurrection, or the commission of, or attempt to commit, a felony.

We will not pay Long Term Care benefits if the Confinement, Home Health Care services, or Adult Day Care service: 1) is received outside the United States and its territories; or 2) is provided by ineligible providers; or 3) is rendered by members of the Certificateholder's or the Insured's Immediate Family.

If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544 and P34544 (or applicable state version) and riders: Dependent Child=34546, Accelerated Death Benefit for Terminal Illness=34550, Long Term Care=34553 and Extension of Benefits=34554. Refer to your policy for specific details about benefits, exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

1. Long-Term Support and Services Fact Sheet. AARP Public Policy Institute, March 2017, www.aarp.org
2. The 2018 Insurance Barometer Study. Life Happens, LIMRA

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

Chubb. Insured.SM

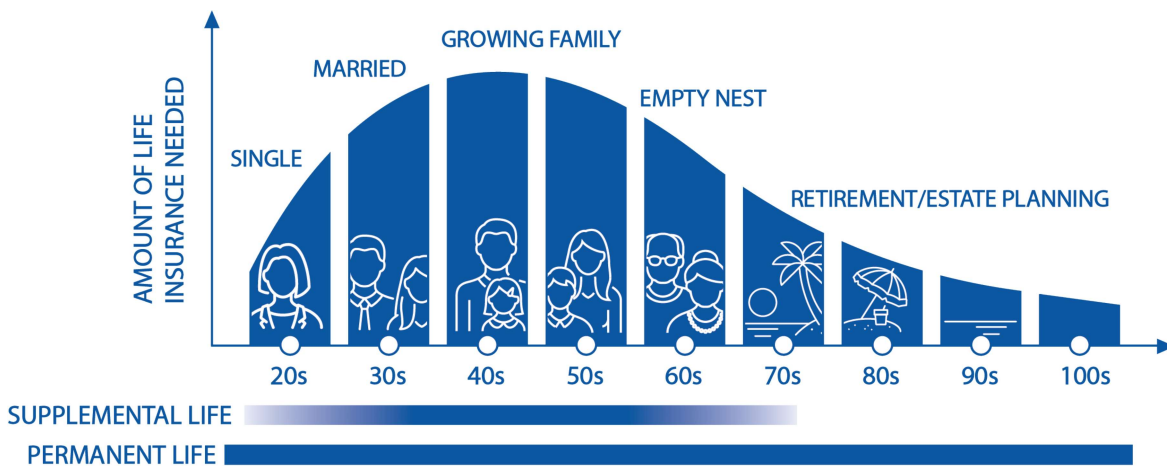
CWB-LBT-LTC75-Henrico-0622

Life Insurance options for each step of your journey.



Why does your employer offer two life insurance options? It's simple—just as your life changes and evolves, so should your life insurance coverage. Let's take a closer look at your options and when they make the most sense in your journey.

Supplemental & Permanent Life Insurance



Supplemental Life

- Designed to bring you inexpensive life insurance during your working years (i.e., 1x, 2x, 3x salary)
- Rates increase every year based on your age

The downside of using Supplemental Life Insurance beyond your working years:

- Expensive conversion (moving to Universal or Whole Life) or portability (allowing one to keep the policy after employment ends)
- Many policies increase rates over 900%
- Total cost may be more than 3x a Permanent Life product

Permanent Life

- Can keep it for life
- Fully portable with no rate increase or benefit reduction
- Offered with little or no health questions
- Paid-up benefits allow you to keep the policy for life with no more premiums due

Why consider Permanent Life Insurance?



Provides guaranteed level life insurance premiums based on the age you enroll.



Guaranteed portability with the same rates and same benefits whether you leave or retire.



Permanent Life Insurance provides guaranteed paid-up benefits.



info@benefitsthatbenefitchildren.com
www.benefitsthatbenefitchildren.com

Meet with a Benefits Counselor to learn about valuable voluntary benefits including **Chubb's LifeTime Benefit Term*** and **\$10** per person** seen will be donated to Children's Hospital of Richmond at VCU.

No Purchase is Necessary for a Donation.



Helping Children's Hospitals Help More Children

* The LifeTime Benefit Term Product is underwritten and issued by Combined Insurance Company of America, a Chubb company.

** \$10.00 donation will apply to employees that have not reviewed Chubb's LifeTime Benefit Term product in the past. You must speak with a Benefit Counselor to review the LifeTime Benefit Term to qualify.



Help Your Children's Hospital

Benefits That Benefit Children is a cause marketing program that supports children's hospitals throughout the country. It was created by National Benefit Partners (NBP), an independent employee benefits distribution organization.

Benefits That Benefit Children provides donations to Children's Hospital Foundations when you meet with a benefit counselor to review Chubb's LifeTime Benefit Term product.

Become A
"Children's Champion."



How do I become a Children's Champion?

It's easy. Simply review the benefits provided with a Benefits Counselor and either purchase or decline to purchase on the enrollment system and that will trigger a **Benefits That Benefit Children** donation which is made to your local children's hospital foundation.

Chubb's LifeTime Benefit Term with Long Term Care is a part of the Benefits That Benefit Children program. For every employee that meets with a benefits counselor during open enrollment, \$10 will be raised and donated to Children's Hospital of Richmond at VCU.

No purchase is necessary for the donation to be made. A donation will only be made for those employees who have not previously reviewed Chubb's LifeTime Benefit Term product and meets with a benefits counselor.

Why Children's Hospitals?



Children's Hospitals are community organizations that provide special attention and services for children's unique medical needs.

Children's Hospitals provide:

- Specialized health care for children – regardless of their ability to pay
- Ground-breaking research and treatment specifically designed for pediatrics
- An environment that allows children to be children despite their illnesses
- Special uncompensated services like: School, Library, Music Therapy, Play Areas and Special Events



Why "Benefits That Benefit Children?"

Benefits That Benefit Children is a unique cause marketing program that creates a winning combination for employees, and the health of children in the community.

- Employees receive an opportunity to learn about best-in-class voluntary benefits
- Children's Champions participation creates donations to children's hospitals that are funded by your broker, NBP and benefit providers
- Children's Champions participation creates awareness for the needs of the children's hospital and community



Benefits That Benefit
CHILDREN

info@benefitsthatbenefitchildren.com
www.benefitsthatbenefitchildren.com





*LegalEASE and NortonLifelock
are participating in
Benefits That Benefit Children
to help raise money for:*



When an employee enrolls in LegalEASE and/or NortonLifelock, donations will be made on behalf of Henrico County to the Children's Hospital of Richmond at VCU:

- LegalEASE, \$1.00/mo. per employee enrolled
- NortonLifeLock, \$0.90/mo. per employee enrolled

The donation will continue for as long as the employee maintains coverage and works for Henrico County.

Be fully prepared and confident with Legal Insurance

Legal Insurance Plan proudly
offered to the employees of
Henrico County



Protect your family's future
with LegalEASE.

LegalEASE offers valuable benefits
to shield your family and savings from
unexpected personal legal issues.

What you get with a
LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Enroll in the LegalEASE
Insurance Plan.

To learn more:

Call: 1(800) 421-3142, ext.170

Visit: www.legaleaseplan.com/henrico



A legal insurance plan can ease the biggest stresses - finding and paying for legal expertise when you need it most.

LegalEASE offers an insurance plan that provides support and protection from unexpected personal legal issues.

Plan Details:

**\$17.44 monthly,
via payroll deduction**

**Who's
covered:**

Employee

Spouse

Dependent Children
Up to age 26

The value of a LegalEASE insurance plan.

Being a member saves costly legal fees and provides coverage for:



HOME & RESIDENTIAL

Purchase of Primary Residence, Sale of Primary Residence, Refinancing of Primary Residence, Vacation or Investment Home Sale/Purchase/Refinancing, Tenant Dispute, Tenant Security Deposit Dispute, Landlord Dispute with Tenant, Security Deposit Dispute with Tenant, Construction Defect Dispute, Neighbor Dispute, Noise Reduction Dispute, Foreclosure



FINANCIAL & CONSUMER

Debt Collection: Pre-litigation Defense & Trial Defense, Bankruptcy (Chapter 7 or 13), Tax Audits, Student Loan Refinancing/Collection Defense, Document Preparation, Consumer Dispute, Small Claims Court, Financial Advisor, Mail Order or Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute, Healthcare Coverage Disputes and Records, Identity Theft Defense



AUTO & TRAFFIC

Traffic Ticket, Serious Traffic Matters (Resulting in Suspension or Revocation of License), Administrative Proceeding (Regarding Suspension or Revocation of License), First-time Vehicle Buyer, Vehicle Repair and Lemon Law Litigation, DUI/DWI Defense



FAMILY

Separation, Divorce, Post-Divorce Proceedings, Prenuptial Agreement, Name Change, Guardianship/Conservatorship, Adoptions, Juvenile Court Proceedings



ESTATE PLANNING & WILLS

Will or Codicil, Living Will/Health Care or Advance Directive, Health Care or Medical Power of Attorney, Revocable or Irrevocable Living Trust Document, Probate of Small Estate



GENERAL

Civil Litigation Defense, Incompetency Defense, Initial Law Office Consultation, Review of Simple Documents, Discounted Contingency Fees, Mediation, Misdemeanor Defense, Identity Theft Assistance

Limitations apply. Please visit <https://www.legaleaseplan.com/henrico> for specific plan benefits.



For more information, visit:

<https://www.legaleaseplan.com/henrico>



To learn more, call:

1(800) 421-3142, ext.170

LEGALEASE

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.

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Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.



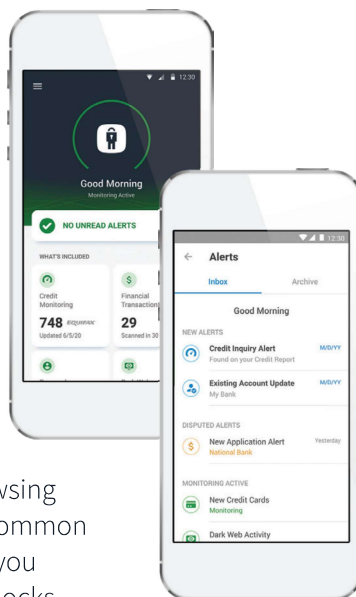
Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes. Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

ENROLL TODAY

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your **name, Social Security Number, date of birth, address, phone number and email address** for yourself and any dependents you wish to enroll.

HAVE AN EXISTING LIFELOCK MEMBERSHIP?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

¹ No one can prevent all identity theft or cybercrime.

[†] We do not monitor all transactions at all businesses.

¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.

PRICING: Monthly Rates

- Employee Only (18+ Years Old)
- Employee + Family²

BENEFIT ESSENTIAL

BENEFIT PREMIER

\$4.99
\$9.98

\$9.49
\$18.98

² The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employer's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan as your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

	BENEFIT ESSENTIAL	BENEFIT PREMIER	
LIFELock IDENTITY THEFT PROTECTION	Identity Lock ^{1,5}	●	
	Home Title Monitoring ⁶	●	
	Social Media Monitoring ⁷	●	
	Credit, Bank & Utility Account Freezes ^{**}	●	
	LifeLock Identity Alert™ System ⁸	●	
	• Identity Verification Monitoring ^{1**}	●	
	• Telecom & Cable Applications for New Service	●	
	• Payday - Online Lending Alerts ⁹	●	
	• Credit Alerts & Social Security Alerts ¹	●	
	Mobile app (Android™ & iOS) ^{**} <small>Downloading the app does not provide protection until enrollment has been completed.</small>	●	
	Dark Web Monitoring ^{**}	●	
	• Dark Web Monitoring – Gamer Tags ^{**}	●	
	• Dark Web Monitoring – Password Combo List	●	
	Court Records Scanning	●	
	USPS Address Change Verification	●	
	Stolen Wallet Protection	●	
	Reduced Pre-Approved Credit Card Offers	●	
	Fictitious Identity Monitoring	●	
	Phone Takeover Monitoring	●	
	Data Breach Notifications	●	
	Bank & Credit Card Activity Alerts ^{1**}	●	
	• Unusual Charge Alerts ¹	●	
	• Recurring Charge Alert ¹	●	
	Checking & Savings Account Application Alerts ^{1**}	●	
Bank Account Takeover Alerts ^{1**}	●		
401k & Investment Account Activity Alerts ^{1**}	●		
File Sharing Network Searches	●		
Sex Offender Registry Reports	●		
Prior Identity Theft Remediation ⁹ <small>This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.</small>	●		
U.S.-based Identity Restoration Specialists	●		
24/7 Live Member Support	●		
Million Dollar Protection™ Package ¹⁰	●		
• Stolen Funds Reimbursement	●		
• Personal Expense Compensation	●		
• Coverage for Lawyers and Experts	●		
Credit Application Alerts ^{2**}	One-Bureau ¹	One-Bureau ¹	
Credit Monitoring ^{1**}	One-Bureau ¹	Three-Bureau ¹	
Credit Reports & Credit Scores ^{1**} <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	One-Bureau ¹ Monthly	On Demand – One Bureau Daily/ Three-Bureau ¹ Annual	
Monthly Credit Score Tracking ^{1**} <small>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>		One-Bureau ¹	
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices ^{**}	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection ^{**}	●	●
	Password Manager ^{**}	●	●
	Parental Control ^{4**}	●	●
	Smart Firewall ^{**}	●	●
	Cloud Backup ^{3**}	10 GB	50 GB
ONLINE PRIVACY	Secure VPN ^{**}	●	●
	Privacy Monitor	●	●
	SafeCam ^{3**}	●	●

No one can prevent all identity theft or all cybercrime.

¹ If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

² If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

³ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running an ARM processor.

⁴ Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device—Windows PC, Mac, iOS and Android—via our mobile apps, or by signing into their account at my.norton.com and selecting Parental Control via any browser.

⁵ Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your TransUnion Credit File will be unlocked if your subscription is downgraded or cancelled.

⁶ Home Title Monitoring feature includes your home, second home, rental home, or other properties where you have an ownership interest.

⁷ The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

¹⁰ Reimbursement and Expense Compensation, each with limits of up to \$1 million for Norton LifeLock Benefit Essential, Norton LifeLock Benefit Premier, Benefit Elite, and Ultimate Plus, up to \$100,000 for Advantage and Ultimate, and up to \$25,000 for Standard, Command Center, Basic, and Benefit Junior and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: NortonLifeLock.com/legal

¹¹ These features are not enabled upon enrollment. Member must take action to activate this protection.

¹² Subject to eligibility requirements defined in Terms & Conditions, Norton reserves the right to change and/or cease services at any time. Not all products, services and features are available on all devices or operating systems. System requirement information on Norton.com

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→ YES! I WOULD LIKE TO KEEP MY COVERAGE. ←

To avoid losing coverage due to termination of employment or other losses of eligibility, employees and covered dependents may continue certain benefits. The following chart lists the continuation options.

Coverage	Option	Remarks
Transamerica: Cancer Insurance	Direct Bill	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
Chubb: LifeTime Benefit Term Insurance	Direct Bill	Call Pierce Insurance Agency 800-421-3142
Aflac Group: Accident Insurance	Direct Bill	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Critical Illness Insurance	Direct Bill	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Hospital Indemnity	Direct Bill	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
LegalEASE: Group Legal Plan	Direct Bill	You will receive a continuation package from LegalEASE on how to continue your policy on direct bill. If you have questions call 800-421-3142.
Norton LifeLock: Identity Theft Protection	Direct Bill	You will receive a continuation package from LifeLock on how to continue your policy on direct bill. If you have questions call 800-421-3142.

CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

COUNTY OF HENRICO GENERAL GOVERNMENT

4301 East Parham Road
Henrico, VA 23228
804-501-7371
<https://employees.henrico.us/>

HENRICO COUNTY PUBLIC SCHOOLS

3820 Nine Mile Raod
Henrico, VA 23223
804-652-3624
www.henricoschools.us

PIERCE INSURANCE AGENCY, INC.

3766 South Main Street,
P.O. Box 727, Farmville, NC 27828
Customer Service: 800-421-3142
www.pierceins.com/henrico

AFLAC - GROUP ACCIDENT, GROUP CRITICAL ILLNESS, GROUP HOSPITAL INDEMNITY

Customer Service and Claims: 800-433-3036
https://aflacgroupinsurance.com/customer_service/

CHUBB - LIFETIME BENEFIT TERM

Customer Service 855-241-9891, claims option 2, customer service option 3
Customer Service & Claims Fax 603-352-1179
Customer Service & Claims Email CSMail@selmanco.com

TRANSAMERICA LIFE INSURANCE COMPANY – CANCER

Claims Customer Service Department: 888-763-7474
Customer Service & Claims Fax 866-586-6528
Email Claim Documents to: tebclaimsscanning@transamerica.com

LEGALEASE

<https://www.legaleaseplan.com/henrico>
800-248-9000 reference “Henrico County”

NORTON LIFELOCK

<https://memberportal.lifelock.com>
800-543-3562



County of Henrico
General Government



BENEFITS AVAILABLE:

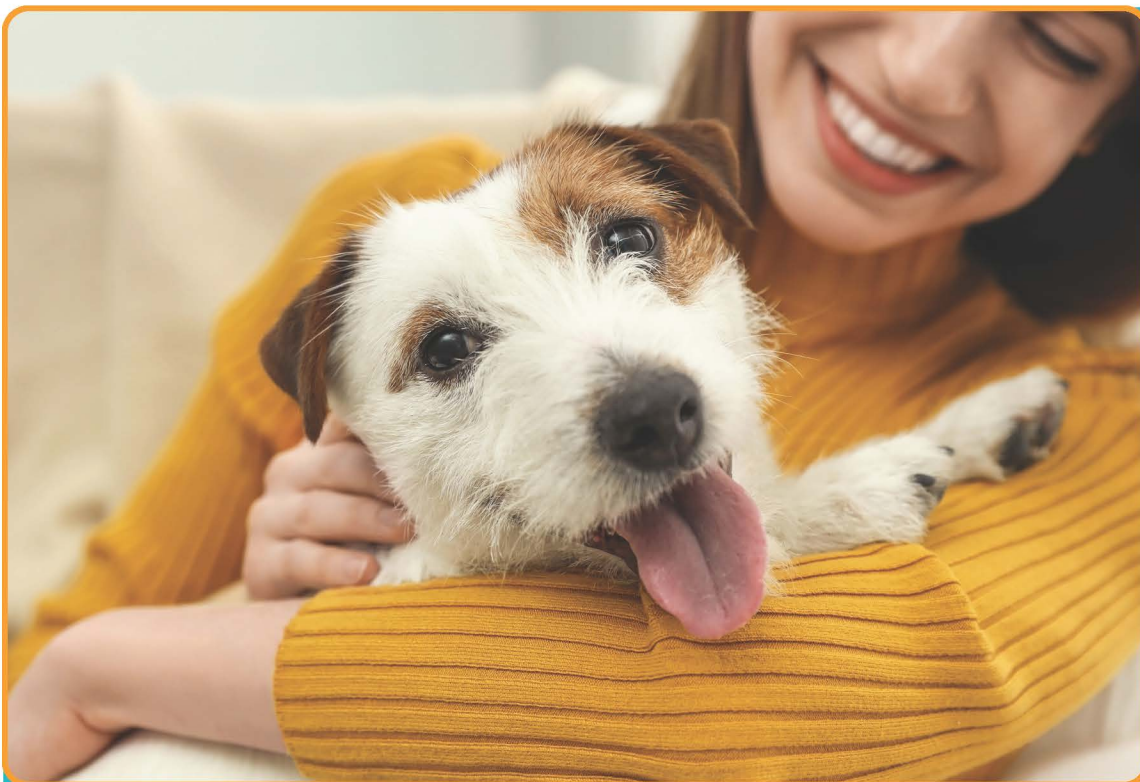
-  Group Accident
-  Cancer
-  Group Critical Illness
-  Group Hospital Indemnity
-  Life Insurance with Long Term Care
-  Legal Plan
-  Identity Theft Protection

ACCESS YOUR BENEFITS
ANYTIME & ANYWHERE

pierceins.com/henrico
800-421-3142

EB1 263428R2 S 09/22

arranged by:
**PIERCE
INSURANCE**
Employee Benefits Specialists



The New Standard in Group Pet Insurance

Underwritten by
Independence American Insurance Company

Employee Benefit Summary

Date: Jul 12, 2023

**Employer Name: County of Henrico Government and
Schools**

Accident & Illness Insurance - per covered pet

Underwritten by Independence American Insurance Company

Accident & Illness Coverage

Subject to any applicable Deductible, Coinsurance and Annual Limit

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under guidance of a veterinarian, excluding over-the-counter medications) performed for conditions that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.
- Illnesses

Base Plan

Annual Deductible The amount you are responsible for per coverage period per pet before we will pay a claim for covered expense.	\$500
Coinsurance (% the policy pays) The reimbursement portion of covered expenses after the deductible is met per pet.	70%
Annual Limit The maximum amount we will reimburse you for all covered expenses during a coverage period.	\$5,000
Diminishing Deductible Deductible is reduced by the specified dollar amount each year your pet is claim free while continuously covered.	Included \$50
Minimum Issue Age of Pet at Effective Date	8 Weeks
Maximum Issue Age of Pet at Effective Date	No Maximum Age Limit
Expiration Age of Pet	None

Benefit Waiting Periods

The time period each pet must wait before coverage is payable. The Benefit Waiting Period starts from the effective date of coverage. Conditions that occur during the Benefit Waiting Period will be excluded from coverage as pre-existing conditions.

Injuries	Waived
Illnesses	Waived
Cruciate Ligament (knee) Injury	6 Months
Pre-Existing Conditions	6 months look back, then covered after 12 months
Prior Coverage Credit Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date.	Included

Continuity of Coverage

In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.

Additional Benefits (Riders)

Office Exams and Telehealth Consult Provides reimbursement toward covered expenses towards physical examination, including costs/fees for telephone consultation, not wellness or routine related.	Included - Subject to Deductible & Coinsurance
Rehabilitation and Physical Therapy Provides reimbursement toward the rehabilitation and physical therapy treatment for a covered condition, such as hydrotherapy and therapeutic massage.	Included - Subject to Deductible & Coinsurance
Alternative and Behavioral Care Provides reimbursement toward holistic and alternative treatment for a covered condition such as Acupuncture, Chiropractic, Homeopathy, Herbal Therapy, Naturopathy, and Vitamins/ Supplements (Behavioral Care not available for Accident Only)	Included Subject to Deductible & Coinsurance Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period

Final Respects

Provides reimbursement toward the cremation or burial expenses of your pet due to death or humane euthanasia.

Included

\$300 Limit

Paid in excess of Annual Limit

Not subject to Deductible or Coinsurance

Definitions

Accident – a sudden, unexpected, unintended, or unpreventable event, which is specific as to place and time that causes physical Injury

Coverage Period – begins on pet's effective date coverage and ends on renewal date of group policy or date pet is no longer covered under policy

Illness(es) – sickness, disease, or any change in a pet's normal, healthy state, which is not caused by Injury to pet

Inherited – an Illness, disease or condition whose presence is determined by genetic factors

Injury – physical harm or damage to pet, caused by an Accident

Medically Necessary – medical services, Supplies or care provided to treat pets which are consistent with Symptoms or diagnosis, accepted as good veterinary practice standards, not for ease or convenience of pet owner or veterinarian, and consistent with proper supply or level of services which can be safely provided to pets

Pre-Existing Condition – an Injury or Illness* which occurred, reoccurred, existed, or showed Symptoms whether diagnosed and/ or treated by a veterinarian for time period specified above prior to Effective Date or during Benefit Waiting Period

Supplies – any item that is Medically Necessary and provided by veterinarian that is safe and effective for its intended use, and that omission would adversely affect the pet

Symptoms – first departure from normal function or feeling which is noticed by Insured or Insured's veterinarian, reflecting presence of an Injury or Illness*

Treatment – any laboratory test, x-rays, medication, surgery, hospitalization, nursing and care provided or prescribed by a veterinarian

Summary of Exclusions

- Treatment not medically necessary or considered experimental or performed prior to Effective Date or during a Benefit Waiting Period
- Pre-Existing Conditions including, but not limited to a Bilateral Condition, presenting on one side of body (i.e., a cruciate tear in left leg that showed Symptoms prior to Coverage Period or during a Benefit Waiting Period, a subsequent cruciate tear in right leg will be considered Pre-Existing)
- IVDD (Intervertebral Disc Disease) if diagnosed, treated, or showing Symptoms prior to Coverage Period or during a Benefit Waiting Period and any further episodes of IVDD or any future occurrence of this condition
- Services not performed by or under direct supervision of a licensed veterinarian
- Conditions related to racing, security, law enforcement, working dogs and organized fighting, including intentional acts, neglect, or deliberate endangerment
- More than one Injury per coverage period arising from a repetitive and specific activity or similar activity that has previously occurred (i.e., foreign body ingestion, dog fights and toxin ingestion)
- Missed appointment fees, training, and cost of treatment for failure to follow veterinarian's recommendations
- Natural supplements and vitamins
- Obesity unrelated to an underlying medical condition
- Transportation costs, including but not limited to non-emergency ground or air pet ambulance, and emergency air pet ambulance
- Treatment of breeding, pregnancy, whelping or queening, including complications

Accident & Illness – per Covered Pet

Frequency: Monthly – 12

		Adult Weight in Pounds
Dog	Age	0 - 90+
	Age 0 - 14+	\$48.71
Cat	Age	
	Age 0 - 14+	\$27.31

Employer Group Pet Insurance underwritten by Independence American Insurance Company, located at 485 Madison Avenue New York, New York 10022

Policies and claims administered by PetPartners, Inc., located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617

For complete benefits, exclusions, and other details, which may vary by state, please refer to Certificate of Insurance form (which may differ by state): Group Pet Insurance Accident & Illness Coverage – IAIC GPI CERT AI 0321



About PetPartners, Inc.

Headquartered in Raleigh, NC, PetPartners offers pet health insurance in all 50 states of the United States, underwritten by Independence American Insurance Company (in WA by American Pet Insurance Company). Since 2003, PetPartners has been the exclusive provider of pet health insurance protection to registrants of the American Kennel Club through the AKC Pet Insurance brand. Coverage administered by PetPartners provides access to the quality of medical care your pet needs, through the licensed veterinarian of your choice. Please visit www.petpartners.com for additional information.

About Independence American Insurance Company:

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia.



VISION CARE SERVICES

IN-NETWORK MEMBER COST

OUT-OF-NETWORK MEMBER REIMBURSEMENT

FRAME

Any available frame at PLUS Providers
Frame

\$0 copay; 20% off balance over \$200 allowance
\$0 copay; 20% off balance over \$150 allowance

Up to \$105
Up to \$105

CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional

\$0 copay; 15% off balance over \$150 allowance

Up to \$105

Contacts - Disposable

\$0 copay; 100% of balance over \$150 allowance

Up to \$105

Contacts - Medically Necessary

\$0 copay; paid-in-full

Up to \$300

STANDARD PLASTIC LENSES

Single Vision

\$15 copay

Up to \$30

Bifocal

\$15 copay

Up to \$50

Trifocal

\$15 copay

Up to \$70

Lenticular

\$15 copay

Up to \$70

Progressive - Standard

\$15 copay

Up to \$50

Progressive - Premium Tier 1

\$45 copay

Up to \$50

Progressive - Premium Tier 2

\$55 copay

Up to \$50

Progressive - Premium Tier 3

\$70 copay

Up to \$50

Progressive - Premium Tier 4

\$190 copay

Up to \$50

LENS OPTIONS

Anti Reflective Coating - Standard

\$45 copay

Up to \$23

Anti Reflective Coating - Premium Tier 1

\$57 copay

Up to \$23

Anti Reflective Coating - Premium Tier 2

\$68 copay

Up to \$23

Anti Reflective Coating - Premium Tier 3

\$85 copay

Up to \$23

Polycarbonate - Standard

\$0 copay

Up to \$20

Scratch Coating - Standard Plastic

\$0 copay

Up to \$8

Tint - Solid and Gradient

\$0 copay

Up to \$8

UV Treatment

\$0 copay

Up to \$8

Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Low 150/150 Mat

Materials Only

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

Lenses (in lieu of contacts)

Once every plan year

Contacts (in lieu of lenses)

Once every plan year

Frame

Once every other plan year

Terms

Contract Term

48 months

Rate Guarantee

48 months

MONTHLY RATES

Subscriber	\$5.48
Subscriber + Spouse	\$10.95
Subscriber + Child(ren)	\$12.07
Subscriber + Family	\$18.79

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

PLAN DETAILS

Quote for group situated in the State of VA and will be valid until the 01/01/2024 implementation date. Date Quoted 03/27/2023. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: any Vision Examination; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

ADDITIONAL DISCOUNTS

VISION CARE SERVICES

IN-NETWORK MEMBER COST

DISCOUNTED LENS OPTIONS

Photochromic - Non-Glass

\$75

OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network
15% off retail price or 5% off promotional price

Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

DISCOUNT DETAILS

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.