

Asheboro



All-America City

NATIONAL CIVIC LEAGUE

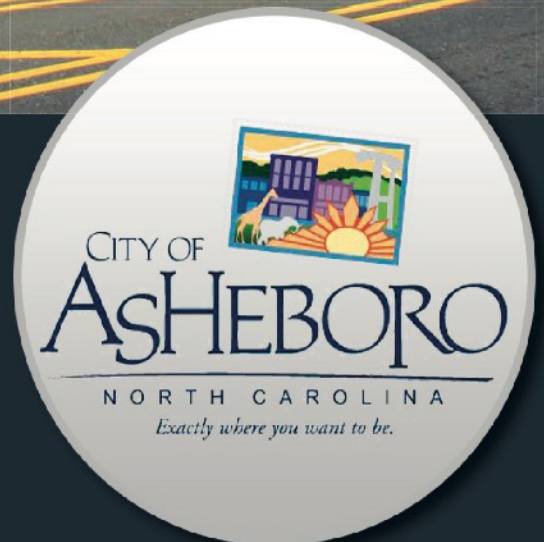


2016



Plan Year: July 1, 2018 - June 30, 2019
Arranged and Enrolled by Mark III Brokerage, Inc.

Employee Benefits



City of Asheboro offers a comprehensive benefits package specifically designed to protect your income and assets. The benefits package is arranged and enrolled by Mark III Brokerage, an Employee Benefits firm that has worked in the public sector since 1973. During annual enrollment, you may purchase coverage through pre-tax and after-tax payroll deductions.

- The Plan Year is from July 1, 2018 to June 30, 2019.

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(Paying for benefits by this method reduces your applicable FICA and income tax withholding resulting in increases to your take home pay).

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This overview of benefits is only intended to offer an outline of options. All details and contract obligations of plans are stated in the actual benefit booklets provided by the Insurance Companies represented. You may contact your Benefits Administrator for additional information.

Key Points to Remember

- Plan Year ~ July 1, 2018 through June 30, 2019.
- Everyone **must** see an enroller. It is important for you to verify your dependents on the medical, dental and vision plans.
- The Annual Benefits Enrollment will occur **Tuesday, April 24th through Friday, April 27th** with Mark III Benefits Counselors onsite. The enrollment will officially end on **Wednesday, May 2nd at 5pm**. No changes will be allowed after this date.
- Payroll deductions for this year's enrollment will start ***the month of June***.
- Elections made during annual enrollment cannot be changed once the enrollment period ends ***unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice-versa***.
- If you should have a qualifying event, you will have 30 days from the date of the qualifying event to request a change to your benefits. ***All requests must be made to your Human Resources Department.***



Important Questions		Answers		Why This Matters:
		In-Network	Out-of-Network	
<p>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premiums) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-795-1023 or visit us at www.medcost.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-800-795-1023 to request a copy.</p>				
What is the overall deductible?	\$2,500 / person \$7,500 / family	\$5,000 / person \$15,000 / family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.	
Are there services covered before you meet your deductible?	Yes: most In-Network office visits, preventive care and prescription drugs.		This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/	
Are there other deductibles for specific services?	No		You don't have to meet deductibles for specific services.	
What is the out-of-pocket limit for this plan?	\$5,500 / person \$11,000 / family	There is no out-of-pocket limit for Out-of-Network.		The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance billing, health care this plan doesn't cover, and penalties for failure to meet certain plan requirements.		Even though you pay these expenses, they don't count toward the out-of-pocket limit.	
Will you pay less if you use a network provider?	Yes. See www.medcost.com or call 1-800-795-1023 for a list of network providers		This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.	
Do you need a referral to see a specialist?	No		You can see the specialist you choose without a referral.	



All co-payment and co-insurance costs shown in this chart are as noted, *either before or after*, your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>co-pay</u>	50% <u>co-insurance</u>	Deductible does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
	Specialist visit	\$60 <u>copay</u>	50% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
	Preventive care/screening/immunization	No charge	50% <u>co-insurance</u>	Deductible does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
If you have a test	Diagnostic test (x-ray, blood work)	No charge	50% <u>co-insurance</u>	Deductible does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
	Imaging (CT/PET scans, MRIs)	30% <u>co-insurance</u>	50% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Precertification required.*
If you need drugs to treat your illness or condition	Generic drugs	\$4 <u>co-pay</u> Retail \$8 <u>co-pay</u> Mail Order		Each <u>co-pay</u> covers up to a 30 day supply (retail prescription) or a 90 day supply (mail order prescription). Two retail <u>co-pays</u> cover up to a 90-day supply.
	Preferred brand drugs	\$35 <u>co-pay</u> Retail \$70 <u>co-pay</u> Mail Order		OTC Prilosec: \$4 <u>co-pay</u> for 30 day supply; \$8 <u>co-pay</u> for 90 day supply.
	Non-preferred brand drugs	\$50 <u>co-pay</u> \$100 <u>co-pay</u>		Certain Diabetic Supplies & Prescription Drugs may be available at no cost when participating in the Diabetic Program offered by the Plan.* FDA approved contraceptives, certain smoking cessation products, and over-the-counter preventive medications (with prescription) are covered at 100%.
More information about <u>prescription drug coverage</u> is available at www.medcost.com .	Specialty drugs	\$50 <u>co-pay</u>		Each <u>co-pay</u> covers a 30 day supply. Certain high cost specialty injectable drugs must be purchased and dispensed by the Plan's Specialty Pharmacy program. Contact the <u>Prescription Drug</u> administrator at the telephone number on ID Card for more information. These drugs will not be covered by the Medical Plan.

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 <u>co-pay</u> , then 30% <u>co-insurance</u>	\$500 <u>co-pay</u> , then 50% <u>co-insurance</u>	<u>Deductible</u> does not apply. Charges for other services may apply, such as for anesthesia. <u>In-Network co-pay</u> limited to 2 / benefit period.
	Physician/surgeon fees	30% <u>co-insurance</u>	50% <u>co-insurance</u>	
	<u>Emergency room care</u>	30% <u>co-insurance</u>	30% <u>co-insurance</u>	
If you need immediate medical attention	<u>Emergency medical transportation</u>	30% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In-Network deductible</u> .
	<u>Urgent care</u>	\$60 <u>co-pay</u>	50% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In-Network deductible</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 <u>co-pay</u> , then 30% <u>co-insurance</u>	\$500 <u>co-pay</u> , then 50% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> . Charges for other services may apply, such as for lab or x-ray.
	Physician/surgeon fees	30% <u>co-insurance</u>	50% <u>co-insurance</u>	<u>Deductible</u> does not apply. <u>In-Network co-pay</u> limited to 2 / benefit period. Precertification required.* Charges for other services may apply, such as for anesthesia or diagnostic tests.
If you need mental health, behavioral health, or substance abuse services	Outpatient services			<u>Co-insurance</u> applies after <u>deductible</u> .
	- Facility	30% <u>co-insurance</u>	50% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
	- Physician	\$30 <u>co-pay</u>	50% <u>co-insurance</u>	<u>Deductible</u> does not apply. <u>In-Network co-pay</u> limited to 2 / benefit period. Precertification required.*
If you are pregnant	Inpatient services	\$250 <u>co-pay</u> , then 30% <u>co-insurance</u>	\$500 <u>co-pay</u> , then 50% <u>co-insurance</u>	<u>Deductible</u> does not apply to <u>In-Network co-pays</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
	Office visits			There is no charge for <u>In-Network prenatal visits</u> that are billed independently by the <u>physician</u> .*
	- Initial visit	\$60 <u>copay</u>	50% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible Out-of-Network</u> .
	- Subsequent visits	\$150 <u>co-pay</u>	50% <u>co-insurance</u>	Professional services are generally included in the global fee charged by the physician for pregnancy & delivery.
	Childbirth/delivery professional services	\$150 <u>co-pay</u>	50% co-insurance	

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	\$250 co-pay, then 30% co-insurance	\$500 co-pay, then 50% co-insurance	<u>Deductible</u> does not apply. Includes birthing centers.
If you need help recovering or have other special health needs	<u>Home health care</u>	30% co-insurance	50% co-insurance	<u>Co-insurance</u> applies after <u>deductible</u> . Limited to 60 visits / benefit year.
	<u>Rehabilitation services</u>	30% co-insurance	50% co-insurance	<u>Co-insurance</u> applies after deductible. Includes cardiac, chemo and radiation therapies.
	<u>Habilitation services</u>	30% co-insurance	50% co-insurance	<u>Co-insurance</u> applies after deductible. Includes physical, occupational and speech therapies. Limited to 30 visits / benefit year for each type of therapy.
	<u>Skilled nursing care</u>	30% co-insurance	30% co-insurance	<u>Co-insurance</u> applies after <u>In-Network deductible</u> . Limited to 100 days / benefit year.
	<u>Durable medical equipment</u>	30% co-insurance	50% co-insurance	<u>Co-insurance</u> applies after deductible.
	<u>Hospice services</u>	30% co-insurance	50% co-insurance	<u>Co-insurance</u> applies after deductible.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	No coverage. Coverage available by separate election under a different plan.
	Children's glasses	Not covered	Not covered	No coverage. Coverage available by separate election under a different plan.
	Children's dental check-up	Not covered	Not covered	No coverage. Coverage available by separate election under a different plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Hearing aids • Long-term care • Non-emergency care when traveling outside the U.S. • Routine eye care (Adult) • Routine foot care • Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan document</u> .)
<ul style="list-style-type: none"> • Chiropractic care • Dental care (Adult) – employee only • Infertility treatment • Private duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323, ext. 61565 or www.cciio.cms.gov. For more information on how

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

to continue coverage under this Plan, you may contact the Plan at 336-626-1206. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform or the Claims Administrator, MedCost Benefit Services at 1-800-795-1023 or at www.medcost.com. Additionally, a consumer assistance program can help you file your appeal: contact Health Insurance Smart NC at 1-855-408-1212 or at <http://www.ncdoi.com/Smart/>.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-795-1023

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-795-1023

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-795-1023

[Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-795-1023

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

3/20/2018

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$2,500**
- Specialist co-pay **\$60**
- Hospital (facility) coinsurance **30%**
- Other: co-insurance **30%**

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost **\$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$442
Coinsurance	\$1,863
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$4,805

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$2,500**
- Specialist co-pay **\$60**
- Hospital (facility) co-insurance **30%**
- Other: co-insurance **30%**

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs*
 Durable medical equipment (*glucose meter*)

Total Example Cost **\$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,728
Copayments	\$676
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$2,404

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$2,500**
- Specialist co-pay **\$60**
- Hospital (facility) co-insurance **30%**
- Other: co-insurance **30%**

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost **\$1,925**

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,895
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,895

Note: These numbers assume the patient/member does not participate in the plan's wellness program (such as the Diabetic Program). If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, contact the plan at 336-626-1206.

The plan would be responsible for the other costs of these EXAMPLE covered services.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-795-1023.

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-795-1023.

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-795-1023。

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-795-1023.

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-795-1023 번으로 전화해 주십시오.

Français (French):

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-795-1023.

العربية (Arabic):

الخدمة العربية
رقم اتصالات المجان هـ ال صم وال بكم: 1-800-795-1023
توفر لغوية خدماتك ف إن ال لغوة، أكرر ت تحدثك أنت إننا: ملحوظة

Hmoob (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-795-1023.

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-795-1023.

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-795-1023.

ગુજરાતી (Gujarati):

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-795-1023.

ខ្មែរ (Mon-Khmer Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 1-800-795-1023 ។

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-795-1023.

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-795-1023 पर कॉल करें।

ພາສາລາວ (Lao):

ປູນຄຳ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-795-1023.

日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-795-1023 まで、お電話に

Schedule of Benefits

VISION CARE	
Eligibility	Unexcepted Benefit (separate election)
Routine Eye Exams	100%, limited to \$60 in a calendar year
Frames, Lenses & Contacts	100%, limited to \$250 in a calendar year includes prescription sun glasses Includes contact fitting
DENTAL CARE	
Eligibility	Employee - Excepted Benefit (bundled with Medical) Dependents - Unexcepted Benefit (separate election)
July 1- June 30 Plan Year Deductible	\$50 (2 x family)
Preventive Services	100% - deductible waived
Basic Services	80% after deductible
Major Services	80% after deductible (includes implants)
Annual Maximum	\$1,500 per person
Orthodontia dependent children to age 19	50% after deductible limited to \$3,000 in a lifetime
Miscellaneous	Wisdom teeth removal paid as Dental first with excess rolling to medical

Medcost Medical, Dental & Vision

24 pay Deductions

	Employee Medical	Employee Dental	Employee Vision
Employee	\$375.00 (paid 100% by City of Asheboro)	\$21.08 (paid 100% by City of Asheboro)	\$4.62 (paid 100% by City of Asheboro)
Employee & Child(ren)	\$168.00	\$18.25	\$2.50
Employee & Spouse	\$202.00	\$25.00	\$3.75
Employee & Family	\$308.00	\$30.00	\$5.50



Toll Free: 800.217.5097

Fax: 336.970.2263

Website: www.medcost.com

Address: 165 Kimel Park Drive, Winston-Salem, NC 27103

**City of Asheboro
Effective July 1, 2018**

Prescription Drug Plan

	<u>1-30 Day Supply Retail</u>	<u>90 Day Supply Retail</u>	<u>90 Day Supply Mail*</u>
Over-the-counter Prilosec	\$ 8	\$ 16	\$ 16
Generic Medications	\$ 4	\$ 8	\$ 8
Preferred Medications	\$ 35	\$ 70	\$ 70
Non-Preferred Medications	\$ 50	\$ 100	\$ 100
Specialty Medications	\$ 50	N/A	N/A

***Does not apply to the Medicare Supplement Plan. Refer to Retiree Prescription Drug Benefits**

Maximum Out of Pocket (MOOP): \$5,500 single/\$11,000 family

The plan year MOOP applies to pharmacy and medical. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. The deductible applies to the MOOP. Once met, your covered prescriptions are paid at 100%. Dispense as written penalties (i.e. generic policy) do not apply to the MOOP.

Specialty Medications: Specialty medications must be ordered through Briova Rx at 1-800-850-9122. Limited to a 30 day supply and may require prior authorization.

Generic Policy: If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Brand copay plus the difference in cost between the Generic and Brand name drug. This does not apply when your physician does not allow substitutions.

Step Therapy Program: Your plan has step therapy with quantity limits and/or prior authorizations. If you choose to use certain brand-name drugs before trying a generic medication, your prescription may not be covered and you may need to pay the full cost. Step therapy applies to the following therapeutic categories: Anti-Infectives, Cardiovascular, Central Nervous System, Dermatology, Diabetes, Endocrinology, Gastroenterology, Ophthalmology, Respiratory and Urology. Please contact Member Services 1-800-334-8134 for a list of medications.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below.
- Compounded medication of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes and lancets.
- Contraceptives: Oral, Transdermal, Diaphragms, Intravaginal, Implants/IUD and Injectable; extended cycle products are subject to 3x retail copays for a 90 day supply
- Narcolepsy medications (prior authorization and quantity limits may apply)
- ADD/ADHD medications (prior authorization required and quantity limits may apply)
- Migraine medications (quantity limits)
- Extended Release Controls-Opioid Analgesics (step therapy and quantity limits apply)
- Sleep Aids/Hypnotics (quantity limits apply)
- Impotency Medications (quantity limits apply)
- Androgens/Anabolic Steroids (prior authorization and quantity limits may apply)
- Oral/Intranasal/Topical Fentanyl Products (prior authorization required and quantity limits apply)
- Topical Acne Agents (prior authorization required over age 26)
- Growth Hormones (prior authorization required)

DRUGS COVERED (continued)*

- Prescription Vitamins
- Prescription and OTC smoking cessation (two 12 week programs per plan year) OTC requires prescription

EXCLUSIONS*

- Biological, blood products, serums and Non ACA immunization agents
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants & removal products)
- Experimental and investigational drugs, including compounded medications for non-FDA approved use.
- Compounded prescriptions that use ingredients such as bulk chemicals and powders.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Anti-obesity/Appetite suppression
- Oral Anti-Fungal Medications
- Infertility Medications
- Topical Analgesic Pain Patches
- Nutritional Supplements
- OTC products
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Patient assistance programs may not apply to deductible and out of pocket accumulations.

***This is not an inclusive list but is a representation of the most commonly used medications. Contact Member Services for specific drug coverage information.**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Optumrx.com/myCatamaranrx to check drug costs and coverage.

Aflac Accident Group Advantage Plus

Effective Date: July 1, 2018

Plan Features (7800)

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application.
- 24-Hour Coverage.

Eligibility

Issue Ages

- Employee at least age 18
- Spouse at least age 18
- Children under age 26

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

Guaranteed-Issue

Coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Accident Benefits – High Option

	Complete Fractures	Closed Reduction Benefits
	Employee	Spouse / Children
Hip/Thigh	\$4,500	\$4,000
Vertebrae	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (Depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand/Wrist	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (Mandible)	\$1,800	\$1,600
Skull (Simple)	\$1,575	\$1,400
Upper Arm/Upper Jaw	\$1,575	\$1,400
Facial Bones (Except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

If the fracture requires open reduction, we will pay 150% of the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture.

However, we will pay no more than 150% of the benefit amount for the fractured bone which has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is 150% the benefit amount for the fractured bone that has the higher dollar amount.

	Complete Dislocations	Closed Reduction Benefits
	Employee	Spouse / Child(ren)
Hip	\$4,000	\$3,000
Knee (not kneecap)	\$2,600	\$1,950
Shoulder	\$2,000	\$1,500
Foot/Ankle	\$1,600	\$1,200
Hand	\$1,400	\$1,050
Lower Jaw	\$1,200	\$900
Wrist	\$1,000	\$750
Elbow	\$800	\$600
Finger/Toe	\$320	\$240

If the dislocation requires open reduction, we will pay 150% of the amount shown.

Dislocation refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

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 the certificate and then dislocates the same joint again, it will not be covered by this plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

If you have both fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than 150% the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Paralysis	
Quadriplegia	\$10,000
Paraplegia	\$5,000

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, and
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2" - 6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 14 days after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 14 days after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
Eye Injuries (treatment and surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons / Ligaments* (treatment within 60 days, surgical repair within 90 days)	
Single	\$400
Multiple	\$600
If the insured fractures a bone or dislocate a joint, and tears, severe, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment with 60 days, surgical repair within one year)	
Injury occurs during first certificate year	\$100
Injury occurs after first certificate year	\$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year)	
Injury occurs during first certificate year	\$100
Injury occurs after first certificate year	\$400

Burns (treatment within 14 days, first degree burns not covered)	
	Benefit
Second Degree	
Less than 10% of body surface covered	\$100
At least 10%, but not more than 25% of body surface covered	\$200
At least 25%, but not more than 35% of body surface covered	\$500
More than 35% of body surface covered	\$1,000
Third Degree	
Less than 10% of body surface covered	\$1,000
At least 10%, but not more than 25% of body surface covered	\$5,000
At least 25%, but not more than 35% of body surface covered	\$10,000
More than 35% of body surface covered	\$20,000

Concussion (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000
Internal injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair, i.e. arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth)	
<i>Repaired with crown</i>	\$150
<i>Resulting in extraction</i>	\$50

Medical Fees (for each accident)	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident and
- For each covered accident up to one year after the accident date.

Emergency Room Treatment	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room and
- Receives initial treatment within 14 days after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Emergency Room Observation Benefit	
Employee or Spouse	\$75
Child(ren)	\$45

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, and
- Is held in a hospital for observation for at least 24 hours, and
- Receives initial treatment within 14 days after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

Accident Follow-Up Treatment	\$25
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We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

Physical Therapy	\$25
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We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.

Air Ambulance	\$500
Ambulance	\$100

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

Transportation (within 90 days)	
Train or Plane	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

Blood / Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$100
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

Family Lodging Benefit (per night)	\$100
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If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

Wellness	\$60
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This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies
- Ultrasounds
- Mammograms
- Pap smears
- PSA tests

Hospital Admission	\$1,000
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We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Confinement (per day)	\$200
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We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Intensive Care (per day)	\$400
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We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.

Accidental Death and Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toes(s) (Including at least one joint)	\$100	\$100	\$100

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**

- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

Accidental Common Carrier Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

Common carrier means:

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; **or**
- A railroad train which is licensed and operated for passenger service only; **or**
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

LIMITATIONS AND EXCLUSIONS

WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- War – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service. This does not include 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 any related medical/surgical treatment or diagnostic procedures for such illness. This exclusion does not exclude an accidental death from a bacterial infection resulting from an accidental injury.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – participating in any organized sport—professional or semiprofessional.
- 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.

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

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.

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

Puerto Rico, or the Virgin Islands.

Continental American Insurance Company, Columbia, South Carolina.

AGCM378NC-25-BK R2 IV (318)

Aflac Accident

High Option - 24 Hour	24 pay deductions
Employee	\$8.10
Employee and Spouse	\$11.58
Employee and Dependent Children	\$15.45
Employee and Family	\$18.93

Toll Free ~ 800.433.3036

Website ~ aflacgroupinsurance.com



Aflac Group Hospital Indemnity ~ (Low & High)

Effective Date: July 1, 2018

Plan Description (8500)

The Group Supplemental Hospital Indemnity Plan provides benefits for inpatient and outpatient services as a result of covered accidents and sicknesses.

Plan Features

- Benefits available for spouse and/or dependent children.
- Pays regardless of any other insurance programs.
- Premiums are paid by convenient payroll deduction.
- Covers both injuries and sicknesses.
- Admission and per day Hospital Confinement Benefits included.
- Surgery and Anesthesia Benefits included.
- The plan is portable with certain stipulations

Individual Eligibility

Issue Ages

- Employee 18-64
- Spouse 18-64
- Children under age 26

Spouse and Dependent Children Coverage Available

The employee may purchase Group Supplemental Hospital Indemnity coverage for their spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate. If the employee is eligible then the employee's spouse and dependent children are eligible to participate.

Guaranteed-Issue

During the initial enrollment, coverage is guaranteed-issue, which means you may not have to answer health questions to be eligible for coverage. Subsequent to the initial enrollment, evidence of insurability may be required.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Benefits

Hospital Confinement (per day)	
Plan I	\$100
Plan II	\$150

We will pay the amount shown when an insured is confined to a hospital as a resident bed patient as the result of an injury or because of a covered sickness. To receive this benefit for injuries received in an injury, the insured must be confined to a hospital within six months of the date of the covered accident.

The maximum period for which a covered person can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident is 180 days.

This benefit is payable for only one hospital confinement at a time—even if the confinement is a result of more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.

Hospital Admission (per confinement)	
Plan I	\$500
Plan II	\$1,500

We will pay the amount shown when an insured is admitted to a hospital and confined as a resident bed patient because of an injury or because of a covered sickness. To receive this benefit for injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident.

We will not pay benefits for confinement to an observation unit, for emergency room treatment, or for outpatient treatment. We will pay this benefit only once for each covered accident or covered sickness. If an insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

This benefit option will be based on the insured's current major medical plan's deductible to assist the insured in meeting the out-of-pocket liability.

Residents of Massachusetts are not eligible for Hospital Admission Benefit amounts in excess of \$500

Surgical Benefit (per procedure)	
Plan I	Up to \$750
Plan II	Up to \$1,500

If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity).

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.

Anesthesia Benefits	
Plan I	Up to \$188
Plan II	Up to \$375

When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.

Wellness (per calendar year)	
Plan I & II	\$50

We will pay the amount shown when an insured visits a doctor and he is neither injured nor sick. This benefit is payable once per calendar year per insured.

Limitations and Exclusions

Pre-Existing Condition Limitation

A *pre-existing condition* means, within the 12 month period prior to the insured’s effective date, conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury that is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the insured’s effective date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from the effective date of the insured’s certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is considered a pre-existing condition if conception was before the coverage effective date.

If the certificate is issued as a replacement for a certificate previously issued under this plan, then the pre-existing condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining pre-existing condition limitation period of the prior certificate continues to apply to the prior level of benefits.

Exclusions

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the Pre-Existing Condition Limitation provision above).

We will not pay benefits for loss contributed to by, caused by, or resulting from:

1. War – Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when the insured is in such service.
2. Suicide – Committing or attempting to commit suicide, while sane or insane.
3. Self–Inflicted Injuries – Injuring or attempting to injure yourself intentionally.
4. Traveling – Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
5. Racing – Riding in or driving any motor–driven vehicle in a race, stunt show or speed test.

6. Aviation – Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those, which are not motor–driven.
7. Intoxication – Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts – Participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports – Participating in any organized sport: professional or semi–professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or sickness for which benefits are paid or payable by Worker’s Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

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Aflac Hospital Indemnity ~ Low & High Options

(24 pay deductions)

	High Option	Low Option
Employee	\$15.48	\$7.85
Employee and Spouse	\$30.59	\$15.52
Employee and Dependent Children	\$21.46	\$10.76
Employee and Family	\$36.57	\$18.43

Continental American Insurance Company, Columbia, South Carolina

Toll Free ~ **800.433.3036** | Website ~ **aflacgroupinsurance.com**

AGCM385NC-HL-BK R1 IV (3/18)



Humana Group Cancer & Specified Disease

Effective Date: July 1, 2018



Group Cancer and Specified Disease Insurance

POLICY FORM HIC-GP-CAN-POL-NC 6/09
Underwritten by Humana Insurance Company

▶ Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital benefits
- Pays regardless of other coverage

Benefit	Benefit Amounts
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	<ol style="list-style-type: none"> 1. \$0 2. \$2,500 3. \$0 4. \$5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Actual Charges
Non-Local Transportation. Payable for transportation to a Hospital, clinic, treatment center, or from one medical facility to another which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. Ambulance benefits shall include transportation from one medical facility to another. No Lifetime Maximum	Actual Charges
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$3,000
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following expenses incurred by the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual Charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	(a) \$200 (b) Actual charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual charges up to \$50 per day



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
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Benefit	Benefit Amounts
<p>Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant</p>	<p>Actual charges to a combined lifetime maximum of \$15,000</p>
<p>Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum</p>	<p>Up to 25% of surgical benefit paid.</p>
<p>For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum</p>	<p>\$100 maximum per Covered Person</p>
<p>Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum</p>	<p>\$250 Per Day</p>
<p>Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum</p>	<p>Up to \$25 per day, \$600 per calendar year</p>
<p>Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum</p>	<p>Up to \$250 per calendar year</p>
<p>Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum</p>	<ol style="list-style-type: none"> 1. Actual charges up to \$2,500 per month 2. Actual charges up to \$2,500 per month 3. Actual charges up to \$5,000 per month 4. Actual charges up to \$5,000 per month
<p>Miscellaneous Therapy Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving Radiation, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy, or within 30 days following a covered treatment.</p>	<p>Actual charges up to a lifetime maximum of \$10,000</p>
<p>Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum</p>	<p>Actual charges up to \$4,000 per month</p>
<p>Colony Stimulating Factors. We will pay expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum</p>	<p>Actual charges up to \$500 per month</p>
<p>Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum</p>	<p>Actual charges up to \$200 per day</p>
<p>Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum</p>	<p>Up to \$35 per day</p>
<p>Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum</p>	<p>Up to \$100 per day</p>
<p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.</p>	<p>Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging.</p>
<p>Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum</p>	<p>Actual Charges</p>
<p>Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.</p>	<p>\$1,500 lifetime maximum per amputation.</p>
<p>Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum</p>	<p>Up to \$35 per session</p>
<p>Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum</p>	<p>\$300 per day</p>
<p>Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum</p>	<p>Up to \$50 per day</p>
<p>At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum</p>	<p>Up to \$100 per day</p>
<p>New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum</p>	<p>Up to \$7,500 per calendar year</p>
<p>Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum</p>	<p>Up to \$50 per day</p>
<p>Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum</p>	<p>\$200 per day</p>

Benefit	Benefit Amounts
<p>Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.</p>	<p>Actual charge up to a lifetime maximum of \$150</p>
<p>Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum</p>	<p>Actual charges up to \$1,500 per calendar year</p>
<p>Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.</p>	<p>After 60 days</p>
<p>Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum</p>	<p>\$100 per day</p>

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

Pre-Existing Condition Limitation

No benefits will be provided during the first 12 months of the policy for cancer diagnosed before the 30th day after the effective date shown in the policy schedule. During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified Disease or Specified Disease treatment; or
 - b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Form Number: HIC-GP-CAN-SB-NC

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

**Option to Add Additional Benefits
Hospital Intensive Care Insurance Rider
Form Number HIC-GP-ICR 6/09**

Covered Person means any of the following:

- a. the Named Insured; or
- b. any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- c. any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- d. a newborn child (as described in the Eligibility Section).

Child (Children)

means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- a. not yet age 25; or
- b. not yet age 26 if a full time student at an accredited school.

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

You may choose the benefit of \$325 (Option 2) or \$625 (Option 4) per day. It is reduced by one-half at age 75.

Double Benefits

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to the condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact:

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

Humana Cancer Plans

	Option 1	Option 2	Option 3	Option 4
Hospital Confinement	\$100	\$100	\$100	\$100
Surgical	\$3,000	\$3,000	\$3,000	\$3,000
Radiation/ Chemotherapy	\$2,500 per month	\$2,500 per month	\$5,000 per month	\$5,000 per month
First Diagnosis Benefit	\$0	\$2,500	\$0	\$5,000
Colony Stimulating Factors	\$500 per month	\$500 per month	\$500 per month	\$500 per month
Wellness Benefit	\$100	\$100	\$100	\$100
Intensive Care Rider	\$0	\$325	\$0	\$625

Semi-Monthly Premium (24 pay periods)

	Option 1	Option 2	Option 3	Option 4
Employee Only	\$8.83	\$11.69	\$9.82	\$15.45
Employee & Spouse	\$17.79	\$23.80	\$19.72	\$31.44
Employee & Children	\$12.60	\$16.60	\$13.82	\$21.68
Employee & Family	\$21.55	\$28.72	\$23.73	\$37.67

Aflac Critical Illness Advantage Plan ~ without Cancer

Effective Date: July 1, 2018

Plan Features (21000)

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Guaranteed-issue coverage available to employee and spouse.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts are available up to \$50,000 for employees and \$30,000 for spouses.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).
- The plan doesn't have a waiting period for benefits
- Coverage is portable, with certain stipulations
- Benefits do not reduce as you get older
- Annual health screening benefits are included

Underwriting Guidelines – Guaranteed-Issue

- Guaranteed-issue coverage is offered for All Employees:
Up to **\$20,000** for employees and up to **\$10,000** for spouses with no participation requirement.
- For employee amounts over **\$20,000** and spouse amounts over **\$10,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees, working at least **26** hours or more weekly, with at least 0 days of continuous employment by the date of the enrollment. If an employee is eligible, his spouse is eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to 100% of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, the employee must also apply. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage at No Additional Charge

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

Waiver of Premium Benefit

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

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.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Initial Diagnosis – After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Critical Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery+	25%
Additional Benefits Covered Under Plan	Percentage of Face Amount
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

*This benefit is only payable for burns 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.

Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Health Screening Benefit- (Employee & Spouse only) \$100 per calendar year

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 the covered employee and spouse. This benefit is not paid for dependent children. The covered health screening tests include, but are not limited to, the following:

- Stress test on a bicycle or treadmill
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- DNA stool analysis
- Spiral CT screening for lung cancer
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL

Heart Event Rider

Covered Surgeries and Procedures	Percentage of Maximum Benefit
Category 1- Specified Surgeries of the Heart	
Coronary Artery Bypass Surgery	75%
Mitral valve replacement or repair	100%
Aortic valve replacement or repair	100%
Surgical Treatment of Abdominal aortic aneurysm	100%
Category 2- Invasive Procedures & Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon Valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent implantation	10%
Cardiac catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

OPTIONAL BENEFITS RIDER

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if you are diagnosed with one of the conditions listed.

Limitations and Exclusions

(Applies to all riders unless otherwise noted)

Exclusions

We will not pay for loss due to any of the following:

- **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** of any kind, including:
 - o War (declared or undeclared) or military conflicts. This does not include terrorism.
 - o Insurrection or riot.
 - o Civil commotion or civil state of belligerence.
- **Illegal substance abuse**, which includes the following:
 - o Abuse of legally-obtained prescription medication.
 - o 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, may be payable only while coverage is in force.

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGCM321-NC-BK R1 IV (3/18)

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.

Toll Free ~ 800.433.3036

Website ~ aflacgroupinsurance.com

Columbia, South Carolina



Aflac Critical Illness - without Cancer Employee & Spouse Rates (24 pay deductions)

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.26	\$ 3.00	\$ 3.73	\$ 4.46	\$ 5.20	\$ 5.93	\$ 6.66	\$ 7.39	\$ 8.13	\$ 8.86
30-39	\$ 2.67	\$ 3.80	\$ 4.94	\$ 6.08	\$ 7.21	\$ 8.35	\$ 9.49	\$ 10.62	\$ 11.76	\$ 12.90
40-49	\$ 4.14	\$ 6.76	\$ 9.37	\$ 11.98	\$ 14.59	\$ 17.21	\$ 19.82	\$ 22.43	\$ 25.04	\$ 27.66
50-59	\$ 5.82	\$ 10.11	\$ 14.40	\$ 18.69	\$ 22.98	\$ 27.27	\$ 31.57	\$ 35.86	\$ 40.15	\$ 44.44
60+	\$ 8.55	\$ 15.57	\$ 22.59	\$ 29.61	\$ 36.63	\$ 43.65	\$ 50.67	\$ 57.69	\$ 64.71	\$ 71.74

NONTOBACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 2.26	\$ 3.00	\$ 3.73	\$ 4.46	\$ 5.20	\$ 5.93
30-39	\$ 2.67	\$ 3.80	\$ 4.94	\$ 6.08	\$ 7.21	\$ 8.35
40-49	\$ 4.14	\$ 6.76	\$ 9.37	\$ 11.98	\$ 14.59	\$ 17.21
50-59	\$ 5.82	\$ 10.11	\$ 14.40	\$ 18.69	\$ 22.98	\$ 27.27
60+	\$ 8.55	\$ 15.57	\$ 22.59	\$ 29.61	\$ 36.63	\$ 43.65

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.91	\$ 4.30	\$ 5.68	\$ 7.07	\$ 8.45	\$ 9.83	\$ 11.22	\$ 12.60	\$ 13.98	\$ 15.37
30-39	\$ 4.22	\$ 6.91	\$ 9.61	\$ 12.30	\$ 14.99	\$ 17.68	\$ 20.37	\$ 23.06	\$ 25.76	\$ 28.45
40-49	\$ 7.22	\$ 12.90	\$ 18.59	\$ 24.28	\$ 29.97	\$ 35.65	\$ 41.34	\$ 47.03	\$ 52.72	\$ 58.40
50-59	\$ 10.46	\$ 19.39	\$ 28.32	\$ 37.25	\$ 46.18	\$ 55.11	\$ 64.04	\$ 72.97	\$ 81.90	\$ 90.83
60+	\$ 16.69	\$ 31.85	\$ 47.01	\$ 62.17	\$ 77.33	\$ 92.49	\$ 107.65	\$ 122.81	\$ 137.97	\$ 153.13

TOBACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 2.91	\$ 4.30	\$ 5.68	\$ 7.07	\$ 8.45	\$ 9.83
30-39	\$ 4.22	\$ 6.91	\$ 9.61	\$ 12.30	\$ 14.99	\$ 17.68
40-49	\$ 7.22	\$ 12.90	\$ 18.59	\$ 24.28	\$ 29.97	\$ 35.65
50-59	\$ 10.46	\$ 19.39	\$ 28.32	\$ 37.25	\$ 46.18	\$ 55.11
60+	\$ 16.69	\$ 31.85	\$ 47.01	\$ 62.17	\$ 77.33	\$ 92.49

Base Plan:

- Without Cancer Benefit
- \$100 Health Screening Benefit
- Without Skin Cancer Benefit
- With Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:

- Optional Benefits Rider (BTAP)
- Heart Rider
- \$250 TIA (mini-stroke) Rider

Provisions:

- No Pre-Existing Condition Limitation
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 6 Months
- Class I/II Portability
- Rate Guarantee: 3 Years

Group Attributes:

- Situs State: NC
- Eligible Lives: 750

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-16 Series C21000

CI21000-160216-165449-FyjmUVpM-0372E8B-43657

Aflac Group Critical Illness Advantage Plan ~ with Cancer

Effective Date: July 1, 2018

Plan Features (21000)

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Guaranteed-issue coverage available to employee and spouse.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts are available from \$5,000 up to \$50,000 for employees and \$5,000 to \$30,000 for spouse.
- An annual Health Screening benefit is included.
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).
- The plan doesn't have a waiting period for benefits
- Coverage is portable, with certain stipulation
- Benefits do not reduce as you get older
- Annual health screening benefits are included

Underwriting Guidelines – Guaranteed-Issue

- Guaranteed-issue coverage is offered for All Employees:
 - Up to **\$20,000** for employees and up to **\$10,000** for spouses with no participation requirement.
- For employee amounts over **\$20,000** and spouse amounts over **\$10,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees, working at least **26** hours or more weekly, with at least **0** days of continuous employment by the date of the enrollment. If an employee is eligible, his spouse is eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to 100% of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, the employee must also apply. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage** is not available.

Waiver of Premium Benefit

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

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.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis – After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Critical Illnesses Covered Under Plan	Percentage of Face Amount
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery+	25%

Additional Benefits Covered Under Plan	Percentage of Face Amount
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Skin Cancer ++	\$250 (once per calendar year/insured)
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

*This benefit is only payable for burns 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.

++For employees who have chosen the without cancer plan option, these cancer benefits do not apply.

Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence Benefit +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit- (Employee & Spouse only) \$100 per calendar year

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 the covered employee and spouse. This benefit is not paid for dependent children. The covered health screening tests include, but are not limited to, the following:

- Stress test on a bicycle or treadmill
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- DNA stool analysis
- Spiral CT screening for lung cancer
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL

Heart Event Rider

Covered Surgeries and Procedures	Percentage of Maximum Benefit
Category 1- Specified Surgeries of the Heart	
Coronary Artery Bypass Surgery	75%
Mitral valve replacement or repair	100%
Aortic valve replacement or repair	100%
Surgical Treatment of Abdominal aortic aneurysm	100%
Category 2- Invasive Procedures & Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon Valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent implantation	10%
Cardiac catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

OPTIONAL BENEFITS RIDER

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if you are diagnosed with one of the conditions listed.

Limitations and Exclusions

(Applies to all riders unless otherwise noted)

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 any of the following:

- **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** of any kind, including:
 - o War (declared or undeclared) or military conflicts. This does not include terrorism.
 - o Insurrection or riot.
 - o Civil commotion or civil state of belligerence.
- **Illegal substance abuse**, which includes the following:
 - o Abuse of legally-obtained prescription medication.
 - o 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, may be payable only while coverage is in force.

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

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.

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

Continental American Insurance Company, Columbia, South Carolina.

Toll Free ~ 800.433.3036

Website ~ aflacgroupinsurance.com

Columbia, South Carolina

Aflac Critical Illness - with Cancer Employee & Spouse Rates (24 pay deductions)

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 3.20	\$ 4.87	\$ 6.53	\$ 8.20	\$ 9.86	\$ 11.52	\$ 13.19	\$ 14.85	\$ 16.52	\$ 18.18
30-39	\$ 4.13	\$ 6.72	\$ 9.32	\$ 11.91	\$ 14.50	\$ 17.09	\$ 19.68	\$ 22.28	\$ 24.87	\$ 27.46
40-49	\$ 7.03	\$ 12.53	\$ 18.02	\$ 23.52	\$ 29.01	\$ 34.51	\$ 40.00	\$ 45.49	\$ 50.99	\$ 56.48
50-59	\$ 11.64	\$ 21.75	\$ 31.85	\$ 41.95	\$ 52.06	\$ 62.16	\$ 72.26	\$ 82.37	\$ 92.47	\$ 102.57
60+	\$ 20.17	\$ 38.81	\$ 57.44	\$ 76.07	\$ 94.70	\$ 113.34	\$ 131.97	\$ 150.60	\$ 169.23	\$ 187.87

NONTOBACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 3.20	\$ 4.87	\$ 6.53	\$ 8.20	\$ 9.86	\$ 11.52
30-39	\$ 4.13	\$ 6.72	\$ 9.32	\$ 11.91	\$ 14.50	\$ 17.09
40-49	\$ 7.03	\$ 12.53	\$ 18.02	\$ 23.52	\$ 29.01	\$ 34.51
50-59	\$ 11.64	\$ 21.75	\$ 31.85	\$ 41.95	\$ 52.06	\$ 62.16
60+	\$ 20.17	\$ 38.81	\$ 57.44	\$ 76.07	\$ 94.70	\$ 113.34

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 3.99	\$ 6.44	\$ 8.88	\$ 11.33	\$ 13.78	\$ 16.23	\$ 18.67	\$ 21.12	\$ 23.57	\$ 26.02
30-39	\$ 5.92	\$ 10.29	\$ 14.67	\$ 19.05	\$ 23.42	\$ 27.80	\$ 32.17	\$ 36.55	\$ 40.93	\$ 45.30
40-49	\$ 10.88	\$ 20.21	\$ 29.55	\$ 38.89	\$ 48.22	\$ 57.56	\$ 66.90	\$ 76.24	\$ 85.57	\$ 94.91
50-59	\$ 18.94	\$ 36.34	\$ 53.73	\$ 71.13	\$ 88.53	\$ 105.93	\$ 123.32	\$ 140.72	\$ 158.12	\$ 175.52
60+	\$ 33.41	\$ 65.29	\$ 97.16	\$ 129.03	\$ 160.90	\$ 192.78	\$ 224.65	\$ 256.52	\$ 288.39	\$ 320.27

TOBACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 3.99	\$ 6.44	\$ 8.88	\$ 11.33	\$ 13.78	\$ 16.23
30-39	\$ 5.92	\$ 10.29	\$ 14.67	\$ 19.05	\$ 23.42	\$ 27.80
40-49	\$ 10.88	\$ 20.21	\$ 29.55	\$ 38.89	\$ 48.22	\$ 57.56
50-59	\$ 18.94	\$ 36.34	\$ 53.73	\$ 71.13	\$ 88.53	\$ 105.93
60+	\$ 33.41	\$ 65.29	\$ 97.16	\$ 129.03	\$ 160.90	\$ 192.78

Base Plan:

-With Cancer Benefit
 -\$100 Health Screening Benefit
 -\$250 Skin Cancer Benefit
 -With Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
 -Heart Rider
 -\$250 TIA (mini-stroke) Rider

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Class I/II Portability
 -Rate Guarantee: 3 Years

Group Attributes:

-Situs State: NC
 -Eligible Lives: 750

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-16 Series C21000

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Aflac Value Added Services

Need help with healthcare? 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 Aflac Group Critical Illness, Group Accident or Group Hospital Indemnity plans, you also have access to three new services that make it easier to access care, reduce out-of-pocket medical expenses and navigate the healthcare 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.

These three services are now embedded in your group plan. 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

**SERVICES
AVAILABLE AS
SOON AS YOUR
COVERAGE
STARTS**

**DID YOU
KNOW?**

You can also use Health Advocate's Health Advocacy and Medical Bill Saver™ services for your spouse, dependent children, parents and parents-in-law, while Telemedicine is available for you and your family.

HealthAdvocate



Aflac

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
- \$25.00 per visit!

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. Value Added Services are also not available with group plans underwritten by American Family Life Assurance Company of New York. State availability may vary.

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

Telemedicine by MeMD

Due to Arkansas state regulations, insureds physically located in Arkansas at the time of a telemedicine session may only receive consultation services from physicians. Physicians are prohibited from providing diagnoses or prescribing drugs to persons located in Arkansas at the time of service.

*When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local pharmacy.

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aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

AUL Short-Term Disability

Effective Date: July 1, 2018

Why do you need Disability Insurance? Consider this . . .

Statistics show you are much more likely to be injured in an accident than to die from one.

- A fatal injury occurs every 5 minutes, and a disabling injury occurs every 1.5 seconds.¹
- There is a death caused by a motor vehicle crash every 12 minutes; there is a disabling injury every 14 seconds.¹
- In the home, there is a fatal injury every 16 minutes and a disabling injury every 4 seconds.¹

While many people survive accidental injuries, many others live with serious illnesses.

- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3. The five-year relative survival rate for all cancers combined is 63%.²
- One in five males and females has some form of cardiovascular disease. High blood pressure is the most common form of cardiovascular disease.³
- More than 35 million Americans are now living with chronic lung diseases, such as asthma, emphysema, and chronic bronchitis.⁴

Advances in medicine are allowing us to live longer. However, recovery from a serious illness or injury often requires time away from work.

- In the last 20 years, deaths due to the big three (cancer, heart attack, and stroke) have gone down significantly. But disabilities due to those same three are up dramatically! Things that use to kill now disable.⁵

You have life insurance, home insurance, and automobile insurance. But is your income insured?

1 National Safety Council, Injury Facts, 2003 Edition

2 American Cancer Society, Cancer Facts & Figures 2004

3 American Heart Association, Heart Disease and Stroke Statistics – 2004 Update

4 American Lung Association, Lung Disease Data 2003

5 National Underwriter, May 2002

Class Description

All Full-Time Eligible Employees working a minimum of **26 hours per week**, electing to participate in the Voluntary Short Term Disability Insurance

Disability

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness

Monthly Benefit

You can choose to **insure up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$100 increments. Minimum is \$500.**

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury

Benefit Duration

This is the period of time that benefits will be payable for disability. The benefit duration is thirteen (13) weeks.

Basis of Coverage

24 hour coverage, on or off the job.

Maternity Coverage

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

STD Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date. This Pre-Existing Condition limitation will be waived for all Persons who were included as part of the final premium billing statement received by AUL/OneAmerica from the prior carrier and will be Actively at work on the effective date.

Recurrent Disability

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 to \$1000 monthly benefit without medical questions. Current participants may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling **800-553-5318**. The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

Exclusions and Limitations

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL's liability under the group policy. If there are any discrepancies between this information and the group policy, the group policy will prevail.

AUL Short-Term Disability ~ Benefit Duration (13 weeks)

Monthly Benefit	Premium (24 pay deductions)
\$500	\$5.18
\$600	\$6.21
\$700	\$7.25
\$800	\$8.28
\$900	\$9.32
\$1,000	\$10.36
\$1,100	\$11.39
\$1,200	\$12.43
\$1,300	\$13.46
\$1,400	\$14.50
\$1,500	\$15.53
\$1,600	\$16.57
\$1,700	\$17.60
\$1,800	\$18.64
\$1,900	\$19.67
\$2,000	\$20.71

American United Life Insurance Company

c/o Custom Disability Solutions

600 Sable Oaks Drive, Suite 200

South Portland, ME 04106

Fax: 1.844.287.9499

OneAmerica.claims@customdisability.com

Toll Free: 1.855.517.6365

Please refer to the Mark III website (address on the cover of this booklet) for a copy of your certificate, or a claim form.



**AMERICAN UNITED LIFE
INSURANCE COMPANY®**
a ONEAMERICA® company

AUL Voluntary Long-Term Disability

Effective Date: July 1, 2018

Class Description

All Full-Time Eligible Employees working a minimum of **26 hours per week**, electing to participate in the Voluntary Long Term Disability.

Monthly Benefit

You can choose to insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$500 increments. The minimum benefit is \$500.

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 90 consecutive days for a sickness or injury.

Benefit Duration

This is the period of time that benefits will be payable for long term disability. Up to 5 years if disabled prior to age 61, or if disabled after age 61, as outlined below:

Age When Total Disability Begins	Maximum Period Benefits are Payable
Prior to Age 61	5 Years
61	Lesser of SSNRA or 5 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
Age 69 and Over	12 Months

Disability Definition

An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience.

Mental & Nervous / Drug & Alcohol

Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments maybe extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

Special Conditions

Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months. Benefit payments for Special Conditions are cumulative for the lifetime of the contract.

Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling **800-553-5318**.

The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 or \$1000 monthly benefit without medical questions. The maximum benefit cannot exceed 60% of basic monthly earnings.

Exclusions and Limitations

This plan will not cover any disability resulting from certain events or conditions such as but not limited to war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period. Additional exclusions and limitations may apply.

Voluntary Long Term Disability	
Benefit Amount	24 pay deductions
\$500	\$3.20
\$1,000	\$6.40
\$1,500	\$9.60
\$2,000	\$12.80

American United Life Insurance Company

c/o Custom Disability Solutions

600 Sable Oaks Drive, Suite 200

South Portland, ME 04106

Fax: 1.844.287.9499

OneAmerica.claims@customdisability.com

Toll Free: 1.855.517.6365

Please refer to the Mark III website (address on the cover of this booklet) for a copy of your certificate, or a claim form.



**AMERICAN UNITED LIFE
INSURANCE COMPANY®**
a ONEAMERICA® company

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

Lincoln Financial Term Life ~ Basic & Voluntary

Effective Date: July 1, 2018 or when approved by underwriting

(Basic Term Life) - All Full Time Department Heads



Group Term Life Insurance Life and AD&D

SUMMARY OF BENEFITS

Sponsored by: City of Asheboro

All Full-Time Department Heads

Coverage	Benefit Amount Employee	Benefit Amount Spouse and Dependents
Life	\$40,000	Spouse: \$10,000 Child: 14 days to 6 months: \$250 Child: 6 months to 26 years: \$10,000
Guarantee Issue	\$40,000	
AD&D	Will Equal the Life Benefit	N/A
Semi-Monthly Cost	Employee	Spouse and Dependents
	Your employer pays the cost of your coverage.	\$2.12
Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; An additional 25% of original amount at age 70; An additional 15% of original amount at age 75; Benefits terminate at retirement	Benefits terminate upon Employee's Death
Additional Benefits		
See Understanding Your Benefits Page:	Accelerated Death Benefit Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit Conversion	
Enrolling for Coverage	Employee	Spouse or Dependent
Eligibility:	All employees in an eligible class.	Effective date of coverage will be delayed if Spouse or dependent is in a period of limited activity on policy issue date.

Understanding Your Benefits

Accelerated Death Benefit	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Limited Activity	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Term Life	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

Additional Benefits

LifeKeysSM	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID:
CTYASHEBRO

www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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**Group Term Life Insurance
Life and AD&D**

SUMMARY OF BENEFITS

Sponsored by: City of Asheboro

All Other Full-Time Employees

Coverage	Benefit Amount Employee	Benefit Amount Spouse and Dependents
Life	\$20,000	Spouse: \$10,000 Child: 14 days to 6 months: \$250 Child: 6 months to 26 years: \$10,000
Guarantee Issue	\$20,000	
AD&D	Will Equal the Life Benefit	N/A
Semi-Monthly Cost	Employee	Spouse and Dependents
	Your employer pays the cost of your coverage.	\$2.12
Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; An additional 25% of original amount at age 70; An additional 15% of original amount at age 75; Benefits terminate at retirement	Benefits terminate upon Employee's Death
Additional Benefits		
See Understanding Your Benefits Page:	Accelerated Death Benefit Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit Conversion	
Enrolling for Coverage	Employee	Spouse or Dependent
Eligibility:	All employees in an eligible class.	Effective date of coverage will be delayed if Spouse or dependent is in a period of limited activity on policy issue date.

Understanding Your Benefits

Accelerated Death Benefit	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Limited Activity	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Term Life	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

Additional Benefits

LifeKeysSM	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

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Voluntary Term Life ~ All Full Time Employees



Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

SUMMARY OF BENEFITS

Sponsored by: City of Asheboro

Life Benefit	Employee	Spouse	Dependent
Employee must elect coverage for Spouse or dependents to be eligible.			
Amount	Choice of \$10,000 increments	Choice of \$5,000	Age 14 Days to 6 months: \$250 6 months to age 26: \$10,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$100,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$50,000, limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$100,000	\$50,000	
Current Eligible Employees	You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.		

AD&D Benefit	Employee	Spouse
Amount	Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee

Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; Additional 25% of original amount at age 70; Additional 15% of original amount at age 75; Additional 15% of original amount at age 80; Benefits terminate at retirement	35% at Employee Age 65 Benefits terminate at Employee Age 70 or Retirement, whichever occurs first

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion
See Definition:	Seat Belt, Airbag, and Common Carrier

Definitions

Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
Limited Activity	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Seat Belt, Airbag, and Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 1 year after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

LifeKeysSM	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: **CTYASHEBRO**

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NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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Voluntary Term Life ~ Employee (24 pay deductions)

Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Semi-Monthly RATE	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.055	<24	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
0.055	25-29	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
0.060	30-34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.065	35-39	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
0.090	40-44	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.140	45-49	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
0.250	50-54	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
0.380	55-59	\$3.80	\$7.60	\$11.40	\$15.20	\$19.00	\$22.80	\$26.60	\$30.40	\$34.20	\$38.00
0.450	60-64	\$4.50	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$31.50	\$36.00	\$40.50	\$45.00
0.790	65-69	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$5.14	\$10.27	\$15.41	\$20.54	\$25.68	\$30.81	\$35.95	\$41.08	\$46.22	\$51.35
1.520	70-74	\$4,000	\$8,000	\$12,000	\$16,000	\$20,000	N/A	N/A	N/A	N/A	N/A
		\$6.08	\$12.16	\$18.24	\$24.32	\$30.40	N/A	N/A	N/A	N/A	N/A
4.045	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	N/A	N/A	N/A	N/A	N/A
		\$10.11	\$20.23	\$30.34	\$40.45	\$50.56	N/A	N/A	N/A	N/A	N/A
9.230	80+	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	N/A	N/A	N/A	N/A	N/A
		\$9.23	\$18.46	\$27.69	\$36.92	\$46.15	N/A	N/A	N/A	N/A	N/A

- **Dependent Child(ren) coverage amount is: \$10,000 ~ Cost = \$1.00 (24 pay deductions)**
- **Premium covers all dependent children regardless of the number of children**

Voluntary Term Life ~ Spouse (24 pay deductions)

Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on the Employee Age
Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Semi-Monthly RATE	AGE	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.055	<24	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
0.055	25-29	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
0.060	30-34	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.065	35-39	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	\$2.93	\$3.25
0.090	40-44	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.140	45-49	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
0.250	50-54	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.380	55-59	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
0.450	60-64	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$15.75	\$18.00	\$20.25	\$22.50
0.790	65-69	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$2.57	\$5.14	\$7.70	\$10.27	\$12.84	\$15.41	\$17.97	\$20.54	\$23.11	\$25.68

- **Dependent Child(ren) coverage amount is: \$10,000 ~ Cost = \$1.00 (24 pay deductions)**
- **Premium covers all dependent children regardless of the number of children**

REMINDERS ABOUT THE TERM LIFE:

BASIC TERM LIFE & AD&D (Accidental Death & Dismemberment; for Employees only)

- City of Asheboro pays for Employee coverage
- \$40,000 ~ for **Full Time department heads**
- \$20,000 ~ for all **other Full Time employees**
- Dependent coverage for **Spouse** is \$10,000
- Dependent **Child(ren)** coverage is \$250 or \$10,000 (depending on age of child when application is completed)
- Cost is \$2.12 per pay period for Spouse & Child(ren)

***VOLUNTARY TERM LIFE (may be subject to completing a Health statement)**

EMPLOYEE

- Voluntary Employee Life coverage amounts from \$10,000 to \$100,000; limited to 5 times your annual salary
- Current Employees may elect or increase coverage during Annual Enrollments equal to 2 benefit levels without completing a Health Statement
- Accidental Death & Dismemberment applies

SPOUSE

- Voluntary Spouse Life coverage amounts from \$5,000 to \$50,000; limited to 50% of the employee's amount
- Currently covered Dependent Spouse's may elect or increase coverage during Annual Enrollments equal to 2 benefit levels without completing a Health Statement
- Accidental Death & Dismemberment applies

CHILD(REN)

- Voluntary Child Life coverage amounts are \$250 to \$10,000; depending on age of child when application is submitted
- Child(ren) are covered through age 26

This summary has been prepared to give you the highlights of coverage being offered by your Employer to meet your insurance needs. For further information, please contact your Human Resources Department and refer to your certificate booklet:

- City of Asheboro Human Resources Department - 336.629.2037
- Lincoln Financial Term Life - 800.423.2765

Texas Life Whole Life Insurance – Solutions 121

Effective date of coverage: July 1, 2018

Common Issue Date (for payroll purposes): August 1, 2018

An ideal complement to any group term and optional term life insurance your employer might provide, Texas Life's SOLUTIONS 121 is the life insurance you keep, even when you change jobs or retire as long as you pay the premiums. It will help protect your family, both today and, more importantly, tomorrow. Even better, you won't even have to pay for it after age 65 (or 20 years if you're 46 years of age or older), because it's guaranteed to be paid up.¹

SOLUTIONS is an individual permanent life insurance product specifically designed for employees and their families. These policies provide a guaranteed level premium and death benefit for the life of the policy, and all you have to do to qualify for basic amounts of coverage is be actively at work the day you enroll. You also may apply for coverage on your spouse, children and grandchildren with limited underwriting requirements.²

As an employee, you are eligible to apply once you have satisfied your employer's eligibility period.

Why Voluntary Coverage?

- Most employees typically depend on group term life insurance.
- Adults covered by both group and individual life insurance replace more of their income upon death than adults having group term alone.³
- Term policies are created to last for a finite period of time that will likely end before you die.⁴
- When do you want a life insurance policy in force? --Answer: When you die.
- Term is for IF you die, permanent is for WHEN you die.

The SOLUTIONS Advantage

Individual Protection SOLUTIONS 121 is a permanent life insurance policy that you own; it can never be canceled, as long as you pay the guaranteed level premiums due, even if your health changes. Because you own it, you can take SOLUTIONS 121 with you when you change jobs or retire, with no change in the premium.

Coverage for Your Family You may also apply for an individual SOLUTIONS 121 policy for your spouse/ domestic partner, dependent children ages 15 days-26 years and grandchildren ages 15 days-18 years, even if you do not apply for coverage.²

Paid Up Insurance SOLUTIONS 121 has premiums that are guaranteed to remain level until your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes fully paid up; no further premiums are due, and the death benefit does not reduce. This gives you the peace of mind that comes with life insurance that's paid for as your income changes in retirement.

Convenience of payroll deduction Thanks to your employer, SOLUTIONS 121 premiums are paid through convenient payroll deductions and sent to Texas Life by your employer.

Portable, Permanent You may continue the peace of mind SOLUTIONS 121 provides, even when you change jobs or retire. Once your policy is issued, the coverage is yours to keep. If you should change jobs or retire before the policy becomes paid up, you simply pay the monthly premium directly to Texas Life by automatic bank draft or monthly bill (for monthly bill we may add a billing fee not to exceed \$2.00). Premiums are guaranteed to remain level to your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes fully paid up; no further premiums are due.

Accelerated Death Benefit due to Terminal Illness For no additional premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92.6% (92% in CA, CT, DC, DE, FL, ND & SD) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in lieu of the insurance proceeds otherwise payable at death. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply)
(Policy Form ICC-ULABR-11 or Form Series ULABR-11)

Accelerated Death Benefit due to Chronic Illness Included in the policy at the option of the employer, the Accelerated Death Benefit for Chronic Illness rider covers all applicants. If an insured becomes permanently chronically ill, meaning that he/she is unable to perform two of six Activities of Daily Living (such as bathing, continence, or dressing), or is severely cognitively impaired (such as Alzheimer's), he/she may elect to claim an accelerated death benefit in lieu of the Face Amount payable at death. The single sum payment is 92% of the death benefit less an administrative fee of \$150 (\$100 in FL). The Accelerated Death Benefit for Chronic Illness Rider premiums are 8% of the base policy premium. Conditions and limitations apply. See the SOLUTIONS 121 Pamphlet for details. (Policy form ULABR-CI-14 or ICC14-ULABR-CI-14.)

Waiver of Premium Rider This benefit to age 65 (issue ages 17-59) waives the premium after six months of the insured's total disability and will even refund the prior six months' premium. Benefits continue payable until the earlier of the end of the insured's total disability or age 65. Cost is an additional 10% of the basic monthly premium. Self-inflicted or war-related disability is excluded. Notice, proof and waiting period provisions apply. (Policy Form ICC07-ULCL-WP-07 or Form Series ULCL-WP-07).

Coverage begins immediately Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply (one year in ND).

Sample Rates

The chart below displays examples of SOLUTIONS 121 rates at varying ages for a \$50,000 policy. Rates shown below for both non-tobacco and tobacco users, and include the cost for Waiver of Premium and the Accelerated Death Benefit due to Chronic Illness rider.

Age	Face Amount	Solutions 121		Paid-up Age
		Monthly Premium Non-Tobacco Chronic Illness, Waiver	Monthly Premium Tobacco Chronic Illness, Waiver	
20	\$50,000	\$38.11	\$46.96	65
25	\$50,000	\$43.42	\$54.63	65
30	\$50,000	\$53.45	\$67.02	65
35	\$50,000	\$68.20	\$86.49	65
40	\$50,000	\$91.80	\$115.40	65
45	\$50,000	\$125.43	\$162.01	65

SOLUTIONS Review

- Permanent and yours to keep when you change jobs or retire, as long as you pay premiums due
- Non-participating Whole Life (no dividends)
- Guaranteed death benefit ¹
- Guaranteed level premium
- Guaranteed paid-up insurance at age 65, or for 20 years if the policy is purchased after age 45
- If you're actively at work the day you enroll, you can qualify for basic amounts with no more underwriting.
- Includes Accelerated Death Benefit for Chronic Illness on all policies
- Waiver of Premium included for ages 17-59
- If desired, you may apply for higher amounts of coverage by answering additional underwriting questions
- Coverage available for spouse, children and grandchildren²

¹ Guarantees are subject to product terms, exclusions and limitations and the insurers claims-paying ability and financial strength.

² Coverage and spouse/domestic partner eligibility may vary by state. Coverage not available for children and grandchildren in Washington. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships and legally recognized familial relationships.

³ LIMRA; Life Insurance Ownership Focus – 2016

⁴ Maurer, Tim. "Term vs Perm (Life Insurance) In 90 Seconds." Forbes. Forbes Magazine, 3 May 2013. Web. 08 Nov. 2016.

If you have any questions regarding your Texas Life policy, please call 800-283-9233, prompt #2

TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

16M419-C 1119 (exp1118)

See the SOLUTIONS brochure for complete details.

Policy form WLOTO-NI-11 or ICC11-WLOTO-NI-11

Continuation of Benefits If you Leave Employment

AFLAC GROUP ACCIDENT AND CRITICAL ILLNESS

When you leave your employment, you may continue your Accident and Critical Illness coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. For billing options, **please contact Aflac at 800.433.3036.**

AUL SHORT-TERM & LONG-TERM DISABILITY

Once you are covered by the AUL disability plan for 3 months, you can port the coverage for one year at the same cost without evidence of insurability. You have 31 days from your date of termination to apply for portability. **You may contact AUL at 800.553.5318.**

HUMANA CANCER

When you leave your employment, you may continue your cancer coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. For billing options, **please contact Humana at 800.845.7519.**

LINCOLN FINANCIAL TERM LIFE

Conversion: (applies to both Basic & Voluntary Employee coverage)

If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.

Portability: (applies to Voluntary Employee coverage only)

If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.

To receive information for converting or porting your Term Life plan, please contact Lincoln Financial at 800.423.2765.

MEDCOST HEALTH, DENTAL & VISION

Under the Health, Dental and Vision plans, you and your covered dependents are eligible to continue vision coverage through COBRA according to the following "qualifying events". If you and your dependents are enrolled in the vision plan, you will be eligible to continue coverage through COBRA after you leave employment for a specified period. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue vision coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. **You may contact Medcost directly at 800.217.5097.**

TEXAS LIFE WHOLE LIFE

When you leave employment you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address. **You may contact Texas Life at 800.283.9233, prompt #2.**

Phone Directory

- Aflac Accident, Hospital Indemnity & Critical Illness - 800.433.3036
- AUL Short & Long Term Disability - 800.553.5318
- City of Asheboro Human Resources Department - 336.629.2037
- Humana Cancer - 800.845.7519
- Lincoln Financial Term Life - 800.423.2765
- Mark III Brokerage, Inc. - 800.532.1044
- Medcost Health/Dental/Vision - 800.217.5097
- RX Benefits/Optum RX - 800.334.8134
- Texas Life Whole Life Solutions 121 - 800.283.9233 ~ prompt #2



**View Benefit Information &
Download Forms at:**
www.markiiibrokerage.com/cityofasheboronc

OR

scan this QR with your smartphone!*



*-3rd party iOS or Android app required

Arranged and Enrolled by Mark III Brokerage, Inc.



Mark III
Employee Benefits

211 Greenwich Road
Charlotte, NC 28211

(800) 532-1044
(704) 365-4280

learn more at: www.markiiieb.com