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If you wish to add or make changes to your insurance coverage(s), please consult a Benefits Representative during your scheduled enrollment period. You will not be able to make any changes once the enrollment period is over unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.) If you should experience a qualified event, you have 30 days from the date of the event to make any changes.

All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.



Qualifications:

- Full-Time Employees are eligible to participate in all benefits.
- Permanent Part-Time Employees are eligible to participate in benefits, with the exception of the Flexible Spending Accounts.

*Permanent part-time is defined as an employee who regularly works at least 20 hours but less than 30 hours per week.

*Full-time is defined as an employee who works more than 30 hours per week.

Important Facts:

The plan year for Aflac, Community Eye Care, AUL, Texas Life, Humana, Flexible Benefit Administrators, and Ameritas products lasts from August 1, 2017 through July 31, 2018.

Deductions for all products listed above will begin August 2017 for 12-month and 10-month salaried employees and September 2017 for 10-month hourly employees.

Elections made during this enrollment period cannot be changed after the enrollment process unless there is a family status change as defined by the Internal Revenue Code. Examples of a family status change are marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of a spouse's employment, or the transition of spouse's employment from full-time to part-time or vice-versa.

Once a family status change has occurred, an employee has 30 days to notify Mark III Employee Benefits or New Hanover County Schools to request a change in elections. For changes to Aflac, Community Eye Care, AUL, Texas Life, Humana, Flexible Benefit Administrators, and Ameritas due to a family status change, please contact Cindy Hayden, Mark III Employee Benefits, at 800-532-1044 ext. 217.

If signing up for any coverage on your spouse and/or children, please have their dates of birth and social security numbers available when meeting with the Benefits Representative.

IMPORTANT UPDATE TO THE FSA PLAN: We will no longer be offering the \$500 rollover on the FSA accounts beginning August 1, 2017. The plan will include a 2 month 15 day grace period to help participants avoid forfeiting funds. The IRS offers the grace period which means you have an additional 2 months 15 days after the end of your Plan Year to **incur** expenses in your Dependent Care Reimbursement Account and HealthCare Reimbursement Account. For the Plan Year 08/01/2017-07/31/2018, you may be reimbursed for expenses that were incurred 08/01/2017- 10/15/2018. If you currently have a rollover funds that will roll over for the plan year August 1, 2016 – July 31, 2017, you will have until October 15, 2018 to use the rollover funds.

All participants will receive a new Flexible Spending Account/ Dependent Care Account debit card. Your card will be delivered in a plain white envelope. It may take up to 30 days from the plan effective date for your card to arrive. During this time, you may use manual claim forms for eligible expenses. The manual claim forms will be available at www.markiiibrokerage.com/nhcs.

An employee taking a leave of absence, other than the Family & Medical Leave Act, may not be eligible to re-enter the Flexible Benefits Program until the next plan year. Please contact your New Hanover County Schools Benefit Administrator for more information.

To enroll in your Flexible Benefits Plan, please see the representative while he/she is at your school or location.

Get reimbursed for out-of-pocket healthcare and expenses with tax free dollars!

MAXIMIZE YOUR INCOME!

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars.) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save between, approximately, \$27.65 and \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

ELIGIBILITY

Participation in the Plan begins on August 1, 2017 and ends on July 31, 2018. You are eligible to participate in the Plan on the first day of the month following your date of hire if you are classified as a full-time employee. Employees with eligible life events may enroll in the Plan on the first day of the month following the life event. Deductions begin on the first pay period after the enrollment form is received. You must complete an enrollment form to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment form is not completed during open enrollment, your enrollment will be canceled and you will not be able to join until the next anniversary date of the Plan or if you have a qualifying event.

ELECTION CHANGES

Once you have enrolled in an FSA you may NOT make any changes to your election unless you have a change in status such as:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in Day Care/Aged Adult Care Providers

REIMBURSEMENT SCHEDULE

All claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via direct deposit or check. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

ONLINE ACCESS

Flexible Benefit Administrators, Inc. provides on-line account access for all FSA participants. Please visit their website at

www.mywealthcareonline.com/fba to view the following features:

- [FSA Login](#) – view balances, check status and view claims history-download participation forms
- [FSA Educational Tools](#) – FSA calculator: estimate how much you can save by utilizing an FSA.

HEALTHCARE REIMBURSEMENT

With this account, you can pay for your out of pocket health care expenses for yourself, your spouse and all of your dependents for healthcare services that are incurred during your plan year and while an active participant. Eligible expenses are those incurred "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This is a broad definition that lends itself to creativity.

EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES

Fees/Co-Pays/Deductibles For:

- | | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------|
| • Acupuncture | • Surgery | • Mileage |
| • Prescription Eyeglasses/ Reading glasses/ Contact lens and supplies/ Eye Exams/ Laser Eye Surgery | • Dental/ Orthodontic Fees | • Take-home screening kits |
| • Physician | • Obstetrician | • Diabetic supplies |
| • Ambulance | • X-Rays | • Routine Physicals |
| • Psychiatrist | • Eye Exams | • Oxygen |
| • Psychologist | • Prescription Drugs | • Physical Therapy |
| • Anesthetist | • Artificial limbs & teeth | • Hearing aids and batteries |
| • Hospital | • Birth control pills, patches | • Medical equipment |
| • Chiropractor | • Orthopedic shoes/ inserts | |
| • Laboratory/ Diagnostic | • Therapeutic care for drug and alcohol addiction | |
| • Fertility Treatments | • Vaccinations & Immunizations | |

OVER-THE-COUNTER EXPENSES

Examples of medications and drugs that may be purchased in reasonable quantities with a prescription:

- | | |
|-------------------------------------|----------------------------|
| • Antacids | • First aid creams |
| • Pain relievers/ aspirin | • Cough & cold medications |
| • Ointments & creams for joint pain | • Laxatives |
| • Allergy & sinus medication | • Anti-diarrhea medicine |

THE HEALTH CARE ACCOUNT IS A PRE-FUNDED ACCOUNT

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions deposited into your account throughout the Plan Year.

Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,600.

DAY CARE/AGED ADULT CARE REIMBURSEMENT

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives. This can include stepchildren, grandchildren, adopted or foster children; refer to the Employee Guide for more details. Eligible dependents are further defined as:

- Under age 13
- Physically or mentally unable to care for themselves such as:
 - Disabled spouse
 - Disabled child
 - Elderly parents that live with you

Contribution Limits: The annual maximum contribution may not exceed the lesser of the following:

- \$5,000 (\$2,500 if married filing separately)
- Your wages for the year or your spouse's if less
- Maximum is reduced by spouse's contribution to a Day Care/Aged Adult Care FSA

ELIGIBLE DAY CARE/AGED ADULT CARE EXPENSES

- Au Pair
- Nannies
- Before and After Care
- Day Camps
- Babysitters
- Daycare for an Elderly Dependent
- Daycare for a Disabled Dependent
- Nursery School
- Private Pre School
- Sick Child Center
- Licensed Day Care Centers

Ineligible Expenses

- Overnight Camps
- Babysitting for Social Events
- Tuition Expenses Including Kindergarten
- Food Expenses (if separate from dependent care expenses)
- Care Provided By Children Under 19 (or by anyone you claim as a dependent)
- Days Your Spouse Doesn't Work (though you may still have to pay the provider)
- Kindergarten expenses are ineligible as an expense because it is primarily educational, regardless if it is half or full day, private, public, state mandated or voluntary.
- Transportation, books, clothing, food, entertainment and registration fees are ineligible if these expenses are shown separately on your bill.

| HOW THE FLEXIBLE BENEFIT PLAN WORKS | | |
|------------------------------------------------|-----------------------|--------------------|
| | Without Flex Benefits | With Flex Benefits |
| Gross Monthly Income | \$ 2,500.00 | \$ 2,500.00 |
| Eligible Pre-Tax employer medical insurance | \$ 0.00 | \$ 200.00 |
| Eligible Pre-Tax Medical Expenses | \$ 0.00 | \$ 60.00 |
| Eligible Pre-Tax Dependent Child Care Expenses | \$ 0.00 | \$ 300.00 |
| Taxable Income | \$ 2500.00 | \$ 1940.00 |
| Federal Tax (15%) | \$ 375.00 | \$ 291.00 |
| State Tax (5.75%) | \$ 125.00 | \$ 97.00 |
| FICA Tax (7.65%) | \$ 191.25 | \$ 148.41 |
| After-Tax employer medical insurance | \$ 200.00 | \$ 0.00 |
| After-Tax medical expenses | \$ 60.00 | \$ 0.00 |
| After-Tax dependent child care expenses | \$ 300.00 | \$ 0.00 |
| Monthly Spendable Income | \$ 1248.75 | \$ 1403.59 |

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/herspendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

HOW TO RECEIVE REIMBURSEMENT

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must

attach a receipt or bill from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

FORFEITING FUNDS

Plan carefully! Unused funds will be forfeited as governed by the IRS's "use-it-or-lose-it" rule. Please see the Employee Guide for additional information.

HOW TO ENROLL IN OUR FSA PLAN

Step 1

Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at www.mywealthcareonline.com/fba to help you determine your total expenses for the Plan Year.

Step 2

Complete the Enrollment Form (available from your Benefits Administrator), which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember the amount you elect will be set aside before any federal, social security, and state taxes are calculated.

BENEFITS CARD

You may also use your Benefits Card to pay for eligible expenses at approved service providers and merchants. Using your card allows you instant access to your funds with no out of pocket expense. Please keep all your itemized receipts. Flexible Benefit Administrators, Inc. may request documentation to substantiate Benefits Card Transactions to determine eligibility of an expense. You may also elect to have an additional Benefits Card for your dependent(s). Please contact Flexible Benefit Administrators, Inc. to order additional cards.



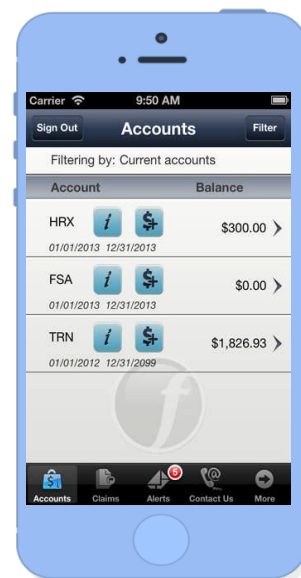
We're Going Mobile for You!

Mobile App for Flexible Benefit Administrators, Inc.

The mobile app from FBA provides a single access point for you to manage your FSA / HRA/HSA/Transit benefit accounts! Now get up to the minute info when you want it, where you want it... on the go!

FEATURES

- Check your account details
- View recent transactions
- Confirm reimbursements
- Upload receipts by taking a photo
- View account notices and alerts
- Contact FBA through the app



Download for
your Apple
Product



Download for
your Android
Product





Get **CONNECTED** with your account...
wherever, whenever.

Introducing... our convenient participant web site! With the online WealthCare Portal you can view your account status, submit claims and report your benefits card lost/stolen right from your computer.

Follow the simple steps outlined below to establish your secure user account.

- Get started by visiting www.mywealthcareonline.com/fba/ and click the new user link.
- You will be directed to the registration page.
- Follow the prompts to create your account.
 - Name
 - Email Address
 - Employee ID (Your SSN, no spaces/dashes)
 - Employer ID (FBANHCS or your benefit card number)
- Once completed, please proceed to your account.

Contact Us: 800-437-3539
Or email flexdivision@flex-admin.com





TO: Flexible Spending Account Participants

Welcome! We are excited that you have elected to participate in the Flexible Spending Account (FSA) Plan.

It is important that you carefully review the information in this memo in order to receive the maximum benefit from the Plan for you and your family.

✓ **Claim & Substantiation Forms**

In order to file a claim for an expense that you did not purchase using your FBA Benefits Card or to respond to a documentation request for a card purchase, you will need to complete and sign a coordinating form. Please visit our website tab for Participant to access the form you need. Each form contains instructions on how to submit your claim for reimbursement.

✓ **FBA Benefits Card**

If elected, you will receive an FBA Benefits Card that can be used to pay for qualified healthcare-related expenses without the need to file a paper-based claim. Your card will be mailed to your home address prior to the start of the Plan year. In addition please be sure to visit our website and log-in to your account to review your account activity at www.mywealthcareonline.com/fba/. Do not throw your card away at the end of the Plan year; a new card will be mailed to you prior to the expiration date. All cards have an initial issue date valid for 3 years. If you elect to continue your enrollment in the FSA Plan, your new elections will be placed on your existing card.

✓ **Direct Deposit**

To enroll in Direct Deposit for your FSA reimbursements, please complete a Direct Deposit form. Please visit our website tab for Participant to access the form and follow the form instructions to submit to our office. Reimbursements through Direct Deposit can be made to either a checking or savings account.

✓ **Submitting Claim Forms**

Claims are entered and reimbursements are processed weekly. To submit a claim for reimbursement, complete the proper claim form, attach supporting documentation (itemized receipts or EOB) and submit via e-mail, fax, postal mail, or online. Be sure to keep copies of the claim form and all supporting documentation for your records. In addition please be sure to visit our website and log-in to your account to review your account activity at www.mywealthcareonline.com/fba/. You may also submit claims via our online claims reimbursement system.

✓ **Reimbursements**

Please allow 2-3 business days for processing of your submitted claims once they have been received. Reimbursement checks will be sent directly to your home address. Reimbursements made through Direct Deposit are available in your bank account within 1-2 business days after processing. Always verify with your bank that funds are available before making withdrawals.



Contact Us

It is our pleasure to assist you with your questions!

Monday through Friday 8:30 am to 5:00pm EST

Toll Free **800-437-3539**

Fax Number **757-431-1155**

On the Web www.flex-admin.com

Your FBA Benefits Card



With your FBA Benefits Card you have immediate access to pay for your eligible medical expenses. This allows you to avoid the hassle of paying out of pocket for services and then filing a claim for and waiting for a reimbursement check.



Where can I use my card?

Your card can be used at any authorized medical provider who accepts MasterCard. A complete list of authorized providers and retailers is available at www.sig-is.org.

The debit card system is coded to only accept charges from qualified merchants (i.e. doctor's office, dentist's office, pharmacy, online pharmacy, etc.).



Debit card or Credit Card?

You have the option of choosing credit or debit when using your FBA Benefits Card. We recommend you utilize the card as a credit card. If you chose to use the debit option, please visit the online portal and select *My Cards* then *View PIN* to obtain your PIN for debit transactions.



Do I need to submit documentation for my card transactions?

Some transactions made when using the FBA Benefits Card do require you to submit documentation as per IRS Regulations. You only need to submit documentation to us if you receive a notice from our office requesting it. These notices will be sent to you by regular mail or email (if on file).

To receive these notifications by email, please visit the online portal and update your communication preferences.

Do I need to submit the same documentation for repeat transactions?

If you have recurring expenses such as chiropractic care or allergy shots, you are able to have these transactions coded as recurring in our system. This allows us to automatically substantiate your transaction based on the documentation you will submit with the first charge.

Remember that recurring expenses can only be coded in our system if those transactions match the exact dollar amount at the same merchant/provider as the previous charge. Recurring expense coding will renew automatically from plan year to plan year.

How do I request an additional card for my dependents?

Please contact our office to request an additional card for your eligible dependents. Requests can be made by email, mail or by fax.



Contact Us! Ph: 1-800-437-3539 Email: flexdivision@flex-admin.com
Online Chat: www.flex-admin.com Fax: 757-431-1155

I received a request for documentation, what do I need to send?

IRS regulations require substantiation for any card swipe that does not equal a 'standard' co-payment amount (i.e. \$10,\$20,\$35, etc.) or is not a recurring expense that was previously reviewed. Co-insurance will generally not match "standard" co-payment amounts.

When submitting your documentation, please ensure it includes the following:

- Date of Service
- Patient/Dependent's Name
- Amount Charged
- Provider/Merchant's Name
- Prescription Number/Name (if applicable)
- Nature of Expense

Remember cash register receipts are only acceptable for over-the-counter items and Prescription Expenses.

Can I use my card for my orthodontic payments?

Absolutely! Once you receive your ortho contract, just send a copy to our office and we will update your account. Each month that you charge your orthodontic contract payment to your card it will be automatically approved. Remember that your card swipe must match the payment plan in your contract in order for it to be automatically approved.

Why was my card declined?

There are several reasons your card may be declined.

- No available balance
- Ineligible Service Provider
- Expired Card
- Card has been Deactivated

We encourage you to review your account activity through the online portal and mobile app to ensure you have an available balance. If you need assistance with a card being declined please contact our office.

Did You Know?

How do I activate my card?

Your new card will be activated upon your first swipe. Your plan year election will automatically load on your card with your new annual election amount.

When does my card expire?

Your card is valid for three years as long as you are enrolled in the plan. We will mail you a new card prior to the new plan year if your card expires.

How do I replace a lost or stolen card?

You can report your card lost/stolen and order a replacement card through our online portal or by contacting our office at 800-437-3539.

How do I review my card transactions?

Our online portal and mobile app offer you real time access to your account transactions and balance. Log-in to

mywealthcareonline.com/fba or

download the mobile app for your smartphone or tablet from Google

Play or iTunes Store by searching for

FBA Mobile.



Contact Us! Ph: 1-800-437-3539 Email: flexdivision@flex-admin.com
Online Chat: www.flex-admin.com Fax: 757-431-1155


Access FSA Store at bit.ly/FBAFSA

FSA Store is exclusively stocked with FSA/HSA eligible products so there are no guessing games about what is and is not reimbursable by an FSA. The site also offers tools and resources to help you better understand and manage your funds.



FSA Eligibility List

Eliminate eligibility guessing games.



FSA Calculator

Estimate your annual FSA spending.



FSA Deadline Tracker

Receive deadline reminders.



FSA Learning Center


Get answers to all your FSA questions!



FIRST AID



SUN CARE



BABY CARE




COLD & ALLERGY



SKIN CARE



PAIN RELIEF



EYE CARE



FOOT CARE

Get \$5 Off Orders \$35+

With Promo Code:

FBAOE

Cannot be combined with other offers. 1 use per customer.

Effective Date: 8/1/2017:

Currently enrolled members can choose between the Standard PPO Plan and the In Network Only Plan shown below.

Eligible dependents can also be covered and will receive the same plan chosen by the employee.

Members cannot change their election until the next election period at which time the member can switch between plans without penalty.

Note: If you are not currently covered, elect coverage now, and do not have a qualifying event, you will become a late entrant **.

| Plan Benefit | Standard PPO Plan | In Network Only Plan |
|------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|
| Type 1 | 100% | 100% |
| Type 2 | 80% | 80% |
| Type 3 | 50% | 50% |
| Deductible | \$100/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum | \$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum |
| Maximum (per person) | \$850 per calendar year | \$1,350 per calendar year |
| Allowance | 90th U&C | Discounted Fee |
| Dental Rewards® | Included | Included |
| Waiting Period | None | None |
| Annual Open Enrollment | None | None |

Orthodontia Summary - Child Only Coverage

| | | |
|-------------------------------|---------|---------|
| Allowance | U&C | U&C |
| Plan Benefit | 50% | 50% |
| Lifetime Maximum (per person) | \$1,000 | \$1,000 |
| Waiting Period | None | None |

Sample Procedure Listing - Applies to both plans shown above. (Current Dental Terminology © American Dental Association.)

| Type 1 | Type 2 | Type 3 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Space Maintainers | <ul style="list-style-type: none"> Sealants (age 16 and under) Restorative Amalgams Restorative Composites Periodontics (nonsurgical & surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia | <ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical & surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |

Dental Rewards® - Applies to both plans shown above.

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

| | | |
|-------------------------|--------|-------------------------------------------------------------------------|
| Benefit Threshold | \$500 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | \$250 | Dental Rewards amount is added to the following year's maximum |
| Maximum Carryover | \$1000 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

Groups with a program similar to Dental Rewards on their previous plan are eligible for Dental Rewards Credits. To qualify for Dental Rewards Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to Ameritas.

Ameritas will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

Monthly Rates

For either plan shown above

| | 12 Pay | 10 Pay | 20 Pay |
|------------------------|----------|----------|---------|
| Employee Only (EE) | \$32.86 | \$39.43 | \$19.72 |
| EE + Spouse | \$62.58 | \$75.10 | \$37.55 |
| EE + Children | \$80.21 | \$96.25 | \$48.13 |
| EE + Spouse & Children | \$110.03 | \$132.04 | \$66.02 |

Ameritas Information

We're Here to Help! This plan was designed specifically for the associates of New Hanover County Schools. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: **800-487-5553**. For plan information any time, access our automated voice response system or go online to ameritas.com.

** Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible.

During this election period, if you are currently enrolled, you can choose between the **Standard PPO Plan** and the **In Network Only Plan** shown in this benefit highlight.

If you were not covered under the prior plan, now elect coverage, and do not have a qualifying event, you will become a late entrant. **Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.**

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

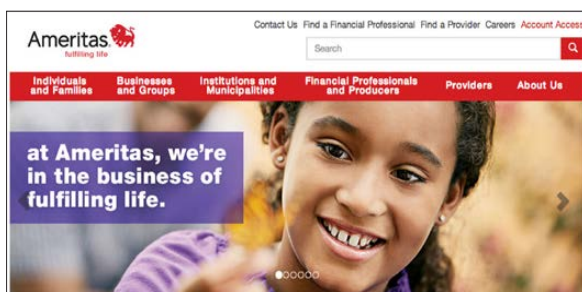
We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator

online account access for members



Sign up for easier and faster digital access to your benefits information with online Explanation of Benefits (EOB).



Create your free secure member account, and you'll have instant access to ID cards, plan benefits, your certificate of coverage, claims information and remaining benefits.

Enroll Now! Here's How.

- Go to ameritas.com to create a secure member account.
- Select the "Account Access" link in the upper right corner of the home page to see the "account access" page where you'll select the Dental/Vision/Hearing drop down.
- Choose "Secure Member Account."
- On the Login page select the "Register Now" link.
- Complete the New User Registration form.



Select **Electronic Explanation of Benefits (eEOB)**, and we'll email you whenever a claim is processed, instead of mailing you a paper statement.

To switch to eEOB and stop paper claims, select this preference on the My Profile page after you log in to your secure member account.

You can also use your online member account to access forms, read frequently asked questions or nominate your dentist to be part of our network.



The online EOB lets you know about the claims processed for everyone on your plan. It is not a bill. It's a summary of recent care charges and benefit plan payments. The easy-to-read format includes what claims were submitted, what has been paid and how your plan discounts are impacting your benefits.

HOW YOUR CLAIM WAS CALCULATED
[Return to Action Taken](#)
explanation of dental benefits

Total Amount You Owe Provider (unless previously paid) **\$ 102.00** [Printer Friendly](#)
 Your provider will bill you directly.

Ameritas Life Insurance Corp
 P. O. Box 82520
 Lincoln, NE 68501-2520
 1-800-487-5553

Date of Service:
 Member Name:
 Patient Name:
 Patient Relationship:
 Patient DOB:
 Claim Number:
 Provider Name:
 Plan Sponsor:
 Plan Number:

How Your Claim Was Calculated

| Date of Service | Service Type | Tooth/ Arch/ Quad | Submitted Procedure Code | Paid Procedure Code | Description | Charge Submitted By Provider | Provider Adjustment | Network Provider Fee | Amount Covered By Plan | Deductible Applied | Amount Covered After Deductible | % Plan Pays | Amount Payable By Plan |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|--------------------------|---------------------|-------------|------------------------------|---------------------|----------------------|------------------------|--------------------|---------------------------------|-------------|------------------------|
| 12/09/14 | TYPE 2 | 08 | D2330 | D2330 | RESTORATION | \$134.00 | -\$24.00 | \$110.00 | \$110.00 | -\$0.00 | \$110.00 | x 100% | \$110.00 |
| 12/09/14 | TYPE 2 | 09 | D2330 | D2330 | RESTORATION | \$134.00 | -\$24.00 | \$110.00 | \$110.00 | -\$0.00 | \$110.00 | x 100% | \$110.00 |
| 12/09/14 | TYPE 2 | 18 | D2392 | D2150 | RESTORATION | \$180.00 | -\$22.00 | \$158.00 | \$107.00 | -\$0.00 | \$107.00 | x 100% | \$107.00 |
| REMARK 62 - BENEFITS PROVIDED ARE BASED ON ALLOWANCE FOR AN AMALGAM RESTORATION (SILVER FILLING). THIS PLAN PROVIDES COVERAGE FOR COMPOSITE RESTORATIONS (TOOTH COLORED FILLINGS) ONLY WHEN PERFORMED ON NON-MOLAR TEETH. BENEFITS PROVIDED BY THIS PLAN ARE NOT INTENDED TO DETERMINE TREATMENT. REFER TO "TABLE OF PROCEDURES"/"DENTAL PROVISIONS"/"SCHEDULE" IN YOUR POLICY OR CERTIFICATE BOOKLET. | | | | | | | | | | | | | |
| 12/09/14 | TYPE 2 | 19 | D2392 | D2150 | RESTORATION | \$180.00 | -\$22.00 | \$158.00 | \$107.00 | -\$0.00 | \$107.00 | x 100% | \$107.00 |
| See Remark 62 above. | | | | | | | | | | | | | |
| Claim Totals | | | | | | \$626.00 | -\$92.00 | \$536.00 | | | | | \$434.00 |

Compared to paper statements, online statements are:

- **more secure.** A primary method of identity theft is stealing documents that are sent through the physical mail; receiving EOBs electronically is one way to reduce the risk.
- **more detailed.** Eliminate clutter and still receive more details on your claims than you would from a paper statement.

- **convenient.** You can access the secure member portal 24/7.
- **faster.** You don't have to wait for mail delivery.
- **better for the environment.** Online EOBs save trees and reduce carbon emissions.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 11-09) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2016 Ameritas Mutual Holding Company.



New Hanover County Schools Vision Plan

Enjoy the Simplicity of CEC!

Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want. With CEC, there's never any confusion about what's covered. It's that simple!

Why enroll in CEC? Here are a few simple reasons:



Simplicity

The CEC benefit is the simplest vision plan ever designed. It's easy-to-understand and easy-to-use.



Savings

CEC's vision benefits can save you up to 70% on routine eye care.



Network

CEC's national provider network includes private practices and major retail chains.

| | The Benefit | Rates | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|---------|---------|
| 150 Plan | <ul style="list-style-type: none"> An eye exam once a year (\$10 co-pay) A \$150 allowance for eyewear annually (\$10 co-pay) A contact lens fitting, re-fit, or evaluation once a year | 12 Pay | 10 Pay | 20 Pay | |
| | | Employee Only | \$8.40 | \$10.08 | \$5.04 |
| | | Employee + One | \$14.52 | \$17.43 | \$8.72 |
| | | Employee + Family | \$21.30 | \$25.56 | \$12.78 |
| 200 Plan | <ul style="list-style-type: none"> An eye exam once a year (\$10 co-pay) A \$200 allowance for eyewear annually (\$10 co-pay) A contact lens fitting, re-fit, or evaluation once a year | 12 Pay | 10 Pay | 20 Pay | |
| | | Employee Only | \$9.22 | \$11.07 | \$5.54 |
| | | Employee + One | \$17.87 | \$21.45 | \$10.73 |
| | | Employee + Family | \$26.27 | \$31.53 | \$15.77 |

Plan Features

Your Allowance. Your Decision.

Your eyewear allowance is completely flexible. That means you can get frames, lenses, contact lenses and/or special lens options. You can even purchase non-prescription eyewear!

Eyewear Discounts

Members who exceed their allowance are eligible for discounts on the coverage when seeing a network provider — a 20% discount for glasses and a 10% discount for contact lenses.

Members Portal

CEC's website, cecvision.com, gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card and more.



Questions about your benefits?

Our customer service team is available at 888-254-4290, Monday through Friday, 8:30 AM-7:00 PM, and Saturday, 10:00 AM-4:00 PM.

Additional Plan Features

Out-of-Network Benefit

Members who obtain exams and eyewear from a non-credentialed provider still receive their full covered benefit. The member simply submits a claim to CEC and is reimbursed for the cost of their exam (minus the co-pay) and for the cost of their eyewear, up to the amount of their eyewear allowance (minus the co-pay).

Portability Benefit

Existing CEC members who terminate employment will be able to enroll in the portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date.

LASIK Discount

Members receive up to a 50% discount on LASIK from participating providers.

Coverage for Fittings & Evaluations

Maximum coverage for contact lens fittings is \$100, and maximum coverage for contact lens evaluations is \$80.

The Importance of Vision

Routine eye care is more than just reading a chart on the wall. At your visit, your doctor will check the health of your eyes, which is important to your overall health and well-being. Undiagnosed diseases, such as diabetes, high blood pressure and glaucoma, can be detected during an annual eye exam. And as a CEC member, you can even purchase non-prescription sunglasses to protect your eyes from the sun.



of Americans need glasses or contact lenses



Studies show that eye strain and other bothersome visual symptoms occur in 50-90% of computer workers

Visit CECVision.com to find a provider

*Relative to national averages



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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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</p> | <p>\$100 per calendar year</p> |
| <p>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.</p> | <p>Up to \$300 per calendar year</p> |
| <p>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.</p> | <p>1. \$0 2. \$2,500 3. \$0 4. \$5,000</p> |
| <p>Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum</p> | <p>Actual Charges</p> |
| <p>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</p> | <p>Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used.</p> |
| <p>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</p> | <p>Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.</p> |
| <p>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</p> | <p>Actual Charges</p> |
| <p>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</p> | <p>Up to \$3,000</p> |
| <p>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.</p> | <p>(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</p> |



BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

| 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> | <p>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> |
| <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 treatment(s) in 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 an 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment. | Actual charge up to a lifetime maximum of \$150 |
| 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 | Actual charges up to \$1,500 per calendar year |
| 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. | After 60 days |
| 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 | \$100 per day |

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.

Covered Persons

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.

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

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 that 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**

New Hanover County Schools Group Cancer Rates

Tenthly Rates

| Coverage Tier | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------------------|----------|----------|----------|----------|
| Individual | \$21.18 | \$28.06 | \$23.56 | \$37.07 |
| Individual + Spouse | \$42.68 | \$57.12 | \$47.33 | \$75.44 |
| Individual + Child(ren) | \$30.23 | \$39.84 | \$33.17 | \$52.03 |
| Family | \$51.72 | \$68.92 | \$56.94 | \$90.41 |

Variable Benefit Elections

| Benefit | 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 | \$0 | \$2,500 | \$5,000 | \$5,000 |
| Colony Stimulating Factors | \$500 per month | \$500 per month | \$500 per month | \$500 per month |
| Wellness | \$100 | \$100 | \$100 | \$100 |
| Intensive Care Rider | \$0 | \$325 | \$0 | \$625 |

Underwritten by:
Humana Insurance Company

Administered by:



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"™*

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

New Hanover County Schools Group Cancer Rates

Monthly Rates

| Coverage Tier | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------------------|----------|----------|----------|----------|
| Individual | \$17.65 | \$23.38 | \$19.63 | \$30.89 |
| Individual + Spouse | \$35.57 | \$47.60 | \$39.44 | \$62.87 |
| Individual + Child(ren) | \$25.19 | \$33.20 | \$27.64 | \$43.36 |
| Family | \$43.10 | \$57.43 | \$47.45 | \$75.34 |

Variable Benefit Elections

| Benefit | 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 | \$0 | \$2,500 | \$0 | \$5,000 |
| Colony Stimulating Factors | \$500 per month | \$500 per month | \$500 per month | \$500 per month |
| Wellness | \$100 | \$100 | \$100 | \$100 |
| Intensive Care Rider | \$0 | \$325 | \$0 | \$625 |

Underwritten by:
Humana Insurance Company

Administered by:



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
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P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

New Hanover County Schools Group Cancer Rates

20-Pay Rates

| Coverage Tier | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------------------|----------|----------|----------|----------|
| Individual | \$10.59 | \$14.03 | \$11.78 | \$18.53 |
| Individual + Spouse | \$21.34 | \$28.56 | \$23.66 | \$37.72 |
| Individual + Child(ren) | \$15.11 | \$19.92 | \$16.58 | \$26.02 |
| Family | \$25.86 | \$34.46 | \$28.47 | \$45.20 |

Variable Benefit Elections

| Benefit | 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 | \$0 | \$2,500 | \$5,000 | \$5,000 |
| Colony Stimulating Factors | \$500 per month | \$500 per month | \$500 per month | \$500 per month |
| Wellness | \$100 | \$100 | \$100 | \$100 |
| Intensive Care Rider | \$0 | \$325 | \$0 | \$625 |

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Aflac Accident Plan

Plan Features

- 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

When coverage would otherwise terminate because an employee ends his employment, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- the date he fails to pay the required premium; or
- the date the class of coverage is terminated.

Coverage may not be continued:

- if the employee fails to pay any required premium; or
- if the Company receives notice of Class I plan termination.

Accident Benefits – High Option

| Complete Fractures | | Closed Reduction Benefits |
|-----------------------------|----------|---------------------------|
| | EMPLOYEE | SPOUSE/CHILD(REN) |
| 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 10% 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 | | |
|-----------------------|------------------------------|---------------------------------------|
| | Employee Closed Reduction | Spouse/Child(ren) Closed Reduction |
| 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) | |
| <i>Single</i> | \$400 |
| <i>Multiple</i> | \$600 |
| If the insured fractures a bone or dislocates a joint, and tears, severs, 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 within 60 days, surgical repair within one year) | |
| <i>Injury occurs during first certificate year</i> | \$100 |
| <i>Injury occurs after first certificate year</i> | \$400 |
| Torn Knee Cartilage (treatment within 60 days, surgical repair within one year) | |
| <i>Injury occurs during first certificate year</i> | \$100 |
| <i>Injury occurs after first certificate year</i> | \$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) | |
| Repaired with crown | \$150 |
| Resulting in extraction | \$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 |
|-------------------------------------|-------------|

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 |
|-------------------------|-------------|

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 |
|---------------------|--------------|

If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

| | |
|-------------------|--------------|
| Prosthesis | \$500 |
|-------------------|--------------|

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 |
|------------------|--------------|

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

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

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

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

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

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 & 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 Toe(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

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

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.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An employee's insurance will terminate on the earliest of the following:

1. the date the Plan is terminated, for Class I insureds;
2. the 31st day after the premium due date if the required premium has not been paid;
3. the date he ceases to meet the definition of an employee as defined in the Plan, for Class I insureds; or
4. the date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

1. the date the plan is terminated, for dependents of Class I insureds;
2. the 31st day after the premium due date, if the required premium has not been paid;
3. the date the spouse or dependent child ceases to be a dependent; or
4. the premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent Children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

DEFINITIONS

Accidental injury or injuries means bodily injury or injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of covered accident.

Common carrier means an airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; a railroad train that 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.

Covered accident means an unforeseen and unexpected traumatic event resulting in bodily injury. An event meets the qualifications of covered accident if it occurs on or after the plan's effective date, occurs while coverage is in force, and is not specifically excluded.

Dependent children are your or your Spouse's natural children, step-children, legally adopted children, foster children or children placed for adoption who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. You or your Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Child's 26th birthday, but not more frequently than annually.

A newborn child will be covered from the moment of birth, if the birth occurs while the plan is in force. Foster children and adopted children shall be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home or placement for adoption. Prior notification will not be required unless an additional premium charge to add the dependent is due. If an additional premium charge is due to cover the dependent, we will cover the newborn child, foster child or adopted child from the moment of birth or placement if the child is enrolled within 30 days after the date of birth or placement.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we;

- will allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- will enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- will not disenroll or eliminate coverage of the child unless we are provided satisfactory written evidence that:
 - a. The court or administrative order is no longer in effect; or
 - b. The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return; or the child does not reside with the parent or the insurer's service area.

Dismemberment means loss of a hand – The hand is removed at or above the wrist joint; loss of a foot – The foot is removed at or above the ankle; 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 removed at or above the joint where it is attached to the hand or foot.

Doctor is defined as a person who is a legally qualified to practice medicine, licensed as a physician by the state where treatment is received, and licensed to treat the type of condition for which a claim is made. A doctor does not include you or your family member.

Employee means a person who is actively at work with the master policyholder, engaged in full-time work, and is included in the class of employees eligible for coverage.

Family member includes your spouse (who is defined as your legal wife or husband) as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. This includes step-family members and family-members-in-law.

Hospital refers to a place that is legally licensed and operated as a hospital; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; has on-site or prearranged use of X-ray equipment, laboratory, and surgical facilities; maintains permanent medical history records; and a state supported institution even though it may not have an operating room and related equipment for the surgery. A hospital is not a nursing home; an extended-care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

Hospital Intensive Care Unit refers to a specifically designed hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured. Hospital Intensive Care Units must be separate and apart from the surgical recovery room; separate and apart from rooms, beds, and wards customarily used for patient confinement; permanently equipped with special life-saving equipment to care for the critically ill or injured; and under constant and continuous observation by nursing staffs assigned to the Intensive Care Unit on an exclusive, full-time basis.

Spouse means your legal wife or husband. Coverage may only be issued to your spouse if your spouse is over 18.

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.

GROUP ACCIDENT+ INSURANCE

Policy Series CA7800



New Hanover County Schools

| HIGH OPTION - 24 HOUR PLAN | 10 pp/yr |
|---------------------------------|----------|
| Employee | \$19.44 |
| Employee and Spouse | \$27.79 |
| Employee and Dependent Children | \$37.08 |
| Family | \$45.43 |

Wellness Benefit included in Rates

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



**We've got you
under our wing.®**

aflacgroupinsurance.com | 1.800.433.3036

Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205

Published: 3/27/2017 AC78170327-135406 --- RB1-CU-NC-AC78-10PP-HIGH-24HR-WB - ZZXX10568

Product Code: AC170327-135406

GROUP ACCIDENT+ INSURANCE

Policy Series CA7800



New Hanover County Schools

| HIGH OPTION - 24 HOUR PLAN | Monthly (12pp/yr) |
|---------------------------------|-------------------|
| Employee | \$16.20 |
| Employee and Spouse | \$23.16 |
| Employee and Dependent Children | \$30.90 |
| Family | \$37.86 |

Wellness Benefit included in Rates

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



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2801 Devine Street | Columbia, South Carolina 29205

GROUP ACCIDENT+ INSURANCE

Policy Series CA7800



New Hanover County Schools

| HIGH OPTION - 24 HOUR PLAN | 20 pp/yr |
|---------------------------------|----------|
| Employee | \$9.72 |
| Employee and Spouse | \$13.90 |
| Employee and Dependent Children | \$18.54 |
| Family | \$22.72 |

Wellness Benefit included in Rates

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



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Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205

Aflac Group Hospital Indemnity Plan

Plan Description

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

When coverage would otherwise terminate because an employee ends his employment, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- the date he fails to pay the required premium; or
- the date the class of coverage is terminated.

Coverage may not be continued:

- if the employee fails to pay any required premium; or
- if the Company receives notice of Class I plan termination.

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 crewmember 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.

Terminations

An employee's insurance will terminate on the earliest of the following:

1. The date the plan is terminated, for Class I insureds;
2. The 31st day after the premium due date if the required premium has not been paid;
3. The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds; or
4. The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

1. The date the Plan is terminated, for dependents of Class I insureds;
2. The 31st day after the premium due date, if the required premium has not been paid;
3. The date the spouse or dependent child ceases to be a dependent; or
4. The premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

Definitions

Injury or Injuries – Accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered Accident – An accident, which occurs on or after the insured's effective date, while the insured's certificate is in force, and which is not specifically excluded.

Sickness – An illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Covered Person - means the insured if the certificate is issued as Individual coverage.

If the certificate is issued as:

1. Employee/Spouse coverage Covered Person means the insured and the insured's legal spouse;
2. Single Parent Family coverage Covered Person means the insured and insured's covered dependent children as defined in the applicable rider, that have been accepted for coverage;
3. Family coverage Covered Person means the insured, the insured's spouse, and the insured's covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

Covered Sickness – An illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while the insured's coverage is in force; and
2. Was not treated or for which the insured did not receive advice within 12 months before the insured's effective date; and
3. Is not excluded by name or specific description in the plan.

Doctor or Physician – A person, other than the insured, or a member of the insured's immediate family, who:

- Is licensed by the state to practice a healing art;
- Performs services which are allowed by his or her license; and
- Performs services for which benefits are provided by the Plan.

A **hospital** is not:

- A nursing home;
- An extended-care facility;
- A convalescent home;
- A rest home or a home for the aged;
- A place for alcoholics or drug addicts; or
- A mental institution.

Hospital includes any duly licensed state tax supported institution, including those community health centers and other health clinics which are certified as Medicaid providers.

Effective Date – The date as shown in the certificate schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its effective date, automatically replaces any certificate or certificates previously issued to you under the plan.

Dependent Children – means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

a. Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday, and not more frequently than annually from then forward.

b. Newborn Children of an Employee and/or his/her insured spouse and newborn Adopted Children shall automatically be covered from the moment of birth, under the same terms and conditions that apply to the natural, dependent children of covered persons.

c. Other foster children and adopted children shall be treated the same as newborn infants and are eligible for coverage on the same basis upon placement in the Employee's home, under the same terms and conditions that apply to the natural, dependent children of covered persons.

d. If a parent is required by a court or administrative order to provide health benefit plan coverage for a child, and the parent is eligible for family health benefit plan coverage through a health insurer, the health insurer:

i. Must allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.

ii. Must enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.

iii. May not disenroll or eliminate coverage of the child unless the health insurer is provided satisfactory written evidence that the court or administrative order is no longer in effect or the child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect not later than the effective date of disenrollment.

iv. Will not impose pre-ex limitations or waiting periods.

If Dependent Children are covered under the plan, Dependent Children born or placed in the Employee's home after the Effective Date of this Rider will also be covered from the moment of birth. No notice or additional premium is required and the enrollment period will be waived. The company will not impose pre-ex limitations or waiting periods for newborn children, foster and adopted children if they are enrolled upon placement or children covered by the court or administrative order.

Spouse – An employee's legal spouse who is between the ages of 18–64 and who is named on the enrollment application.

Treatment – Consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

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.

GROUP HOSPITAL INDEMNITY



| New Hanover County Schools (10 Pay Rates) | | |
|-------------------------------------------|-------------------------------|----------|
| Plan I | Employee | \$ 18.83 |
| | Employee & Spouse | \$ 37.24 |
| | Employee & Dependent Children | \$ 25.80 |
| | Family | \$ 44.21 |

| Benefit Summary | |
|--------------------------------------|--------|
| Hospital Confinement (Per Day) | \$ 100 |
| Hospital Admission (Per Confinement) | \$ 500 |
| Surgical Benefit (Up to This Amount) | \$ 750 |
| Wellness | \$ 50 |

Applicable to cases situated in AL, NC and TN

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



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2801 Devine Street | Columbia, South Carolina 29205

GROUP HOSPITAL INDEMNITY



| New Hanover County Schools (10 Pay Rates) | | |
|-------------------------------------------|-------------------------------|----------|
| Plan II | Employee | \$ 37.15 |
| | Employee & Spouse | \$ 73.40 |
| | Employee & Dependent Children | \$ 51.49 |
| | Family | \$ 87.74 |

| Benefit Summary | |
|--------------------------------------|----------|
| Hospital Confinement (Per Day) | \$ 150 |
| Hospital Admission (Per Confinement) | \$ 1,500 |
| Surgical Benefit (Up to This Amount) | \$ 1,500 |
| Wellness | \$ 50 |

Applicable to cases situated in AL, NC and TN

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

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



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GROUP HOSPITAL INDEMNITY



| New Hanover County Schools (12 Pay Rates) | | |
|-------------------------------------------|-------------------------------|----------|
| Plan I | Employee | \$ 15.69 |
| | Employee & Spouse | \$ 31.03 |
| | Employee & Dependent Children | \$ 21.50 |
| | Family | \$ 36.84 |

Benefit Summary

| | |
|--------------------------------------|--------|
| Hospital Confinement (Per Day) | \$ 100 |
| Hospital Admission (Per Confinement) | \$ 500 |
| Surgical Benefit (up to amount) | \$ 750 |
| Wellness | \$ 50 |

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



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GROUP HOSPITAL INDEMNITY



| New Hanover County Schools (12 Pay Rates) | | |
|-------------------------------------------|-------------------------------|----------|
| Plan II | Employee | \$ 30.96 |
| | Employee & Spouse | \$ 61.17 |
| | Employee & Dependent Children | \$ 42.91 |
| | Family | \$ 73.12 |

| Benefit Summary | |
|--------------------------------------|----------|
| Hospital Confinement (Per Day) | \$ 150 |
| Hospital Admission (Per Confinement) | \$ 1,500 |
| Surgical Benefit (up to amount) | \$ 1,500 |
| Wellness | \$ 50 |

Residents of Massachusetts are not eligible for Hospital Admission Benefit amounts in excess of \$500.
 Please note: Premiums shown are accurate as of publication. They are subject to change.



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GROUP HOSPITAL INDEMNITY



| New Hanover County Schools (20 Pay Rates) | | |
|-------------------------------------------|-------------------------------|----------|
| Plan I | Employee | \$ 9.41 |
| | Employee & Spouse | \$ 18.61 |
| | Employee & Dependent Children | \$ 12.90 |
| | Family | \$ 22.10 |

| Benefit Summary | |
|--------------------------------------|--------|
| Hospital Confinement (Per Day) | \$ 100 |
| Hospital Admission (Per Confinement) | \$ 500 |
| Surgical Benefit (Up to This Amount) | \$ 750 |
| Wellness | \$ 50 |

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



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GROUP HOSPITAL INDEMNITY



| New Hanover County Schools (20 Pay Rates) | | |
|-------------------------------------------|-------------------------------|----------|
| Plan II | Employee | \$ 18.58 |
| | Employee & Spouse | \$ 36.71 |
| | Employee & Dependent Children | \$ 25.75 |
| | Family | \$ 43.88 |

| Benefit Summary | |
|--------------------------------------|----------|
| Hospital Confinement (Per Day) | \$ 150 |
| Hospital Admission (Per Confinement) | \$ 1,500 |
| Surgical Benefit (Up to This Amount) | \$ 1,500 |
| Wellness | \$ 50 |

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

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



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Aflac Critical Illness with Cancer Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- Premiums are paid through convenient payroll deduction.
- There are no pre-existing condition limitations.
- The plan doesn't have a waiting period for benefits.
- Benefits do not reduce as insureds get older.
- Coverage is portable, with certain stipulations.
- Annual health screening benefit is included.

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is offered during the first three annual open enrollments and for new hires thereafter:

Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

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 who work at least **20 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Class I

All full-time and part-time benefit-eligible employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; and
- Is no longer employed by the policyholder.

The employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate. Only dependents covered under Class I coverage are eligible for continued coverage under Class II. Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.

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

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- The date he fails to pay the required premium; or
- The date the class of coverage is terminated.

Coverage may not be continued:

- If the employee fails to pay any required premium; or
- If the company receives notice of Class I plan termination.

Termination of an Employee's Insurance

An employee's insurance will terminate on the earliest of the following:

- The date the plan is terminated, for Class I insureds;
- The 31st day after the premium due date if the required premium has not been paid;
- The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds; or
- The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

- The date the Plan is terminated, for dependents of Class I insureds;
- The 31st day after the premium due date, if the required premium has not been paid;
- The date the spouse or dependent child ceases to be a dependent; or
- The premium due date following the date we receive the employee’s written request to terminate coverage for his spouse and/or all dependent children.

Group Critical Illness Benefits

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

Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

| Covered Critical Illnesses and Additional Benefits | Percentage of Face Amount/Benefit |
|----------------------------------------------------|----------------------------------------|
| Cancer (Internal or Invasive) | 100% |
| Heart Attack | 100% |
| Major Organ Transplant | 100% |
| Kidney Failure (End-Stage Renal Failure) | 100% |
| Stroke | 100% |
| Bone Marrow Transplant (Stem Cell Transplant) | 100% |
| Sudden Cardiac Arrest | 100% |
| Non-Invasive Cancer | 25% |
| Coronary Artery Bypass Surgery | 25% |
| 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.

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 +

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

| Benefit | Benefit Amount |
|--------------------------|-------------------------|
| Health Screening Benefit | \$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
- Hemocult 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

| Surgeries and Procedures Covered Under Plan | 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 and 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 an insured is 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:
 - War (declared or undeclared) or military conflicts. This does not include errorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
 - Abuse of legally-obtained prescription medication.
 - Illegal use of non-prescription drugs.

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

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

Terms You Need to Know

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a bone marrow transplant (stem cell transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid.

Cancer (internal or invasive) is a disease that meets either of the following definitions:

- A malignant tumor characterized by:
 - The uncontrolled growth and spread of malignant cells, and

- The invasion of distant tissue.
- A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology.
- Cancer (internal or invasive) also includes:
 - Melanoma that is Clark's level III or higher or Breslow depth equal to or greater than 0.77mm,
 - Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),
 - Myelodysplastic syndrome – RAEB (refractory anemia with excess blasts),
 - Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
 - Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).
- The following are not considered internal or invasive cancers:
 - Pre-malignant tumors or polyps
 - Carcinomas in situ
 - Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
 - Melanoma in situ
 - Melanoma that is diagnosed as
 - Clark's level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of this plan, a non-invasive cancer is:

- Internal carcinoma in situ
- Myelodysplastic syndrome – RA (refractory anemia)
- Myelodysplastic syndrome – RARS (refractory anemia with ring sideroblasts)

Skin cancer, as defined in this plan, is not payable under the Non-Invasive Cancer benefit.

Skin Cancer is a cancer that forms in the tissues of the skin.

The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in situ
- Melanoma that is diagnosed as
 - Clark's level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM staging

These conditions are not payable under the cancer (internal or invasive) benefit.

Cancer, Non-Invasive Cancer, or Skin Cancer must be diagnosed in one of two ways:

1. Pathological diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system.
2. Clinical diagnosis is based only on the study of symptoms. The company will accept a clinical diagnosis only if:
 - A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
 - Medical evidence exists to support the diagnosis,
 - A doctor is treating the insured for cancer or carcinoma in situ, or

- A positive diagnosis cannot otherwise be made by a doctor without jeopardizing the life of the claimant.

If a pathological or clinical diagnosis can only be made postmortem, liability shall be assumed retroactively beginning with the date of the terminal admission to the hospital for not less than 45 days before the date of death.

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- **Bone Marrow Transplant (Stem Cell Transplant):** The date the surgery occurs.
- **Cancer:** The day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- **Coronary Artery Bypass Surgery:** The date the surgery occurs.
- **Heart Attack (Myocardial Infarction):** The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- **Kidney Failure (End-Stage Renal Failure):** The date a doctor recommends that an insured begin renal dialysis.
- **Major Organ Transplant:** The date the surgery occurs.
- **Non-Invasive Cancer:** The day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- **Skin Cancer:** The date the skin biopsy samples are taken for microscopic examination.
- **Stroke:** The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- **Sudden Cardiac Arrest:** The date the pumping action of the heart fails (based on the **Sudden Cardiac Arrest** definition).
- **Transient Ischemic Attack (TIA):** The date the transient ischemic attack occurs (based on documented diagnostic tests, such as a CT scan or an MRI of the brain, a Doppler ultrasound, or an echocardiogram of the heart).
- **Coma:** The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- **Loss of Sight, Speech, or Hearing:** The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible.
- **Paralysis:** The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- **Severe Burn:** The date the burn takes place.

Dependent means the primary insured's spouse or dependent child. **Spouse** is the primary insured's legal wife or husband who is listed on his application. **Dependent Children** are the primary insured's or his spouse's natural children, foster children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. The employee or the employee's spouse must provide us with proof of this incapacity and dependency within 31 days following the dependent child's 26th birthday, but not more frequently than annually.

Newborn, adopted and foster children are equally considered under this plan. A newborn child will be covered from the moment of birth, if the birth occurs while the plan is in force. Foster children and adopted children will be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home or placement for adoption. Prior notification will not be required unless an additional premium charge to add the dependent is due. If an additional premium charge is due to cover the dependent, we will cover the newborn child, foster child or adopted child from the moment of birth or placement if the child is enrolled within 30 days after the date of birth or placement.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we:

- Will allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- Will enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- Will not dis-enroll or eliminate coverage of the child unless we are provided satisfactory written evidence that:
 - a. The court or administrative order is no longer in effect; or
 - b. The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return; or the child does not reside with the parent or the insurer's service area.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and
- Is based on clinical or laboratory investigations, as supported by your medical records.

The illness must meet the requirements outlined in this plan for the particular critical illness being diagnosed. Diagnosis must be made and treatment must be received in the United States or its territories.

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed as a doctor by the state where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.

A doctor does not include the primary insured or any of his family members. For the purposes of this definition, family member includes the primary insured's spouse as well as the following members of his immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother
- Step-Family Members and Family-Members-in-law

Employee is a person who meets eligibility requirements under Section I – Eligibility, Effective Date, and Termination, and who is covered under this plan. The employee is the primary insured under this plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to Coronary artery disease or acute coronary syndrome. Heart attack (myocardial infarction) does not include the following:

- Any other disease or injury involving the cardiovascular system
- Cardiac arrest not caused by a heart attack (myocardial infarction)

Diagnosis of a heart attack (myocardial infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function. Kidney failure (end-stage renal failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into Complete Remission because of primary treatment. Maintenance drug therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance drug therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis, which is a lung disease state defined by localized, irreversible dilation of the bronchial tree caused by destruction of the muscle and elastic tissue.
- Cardiomyopathy, which is a heart disease characterized by the measurable deterioration of the function of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid.
- Cirrhosis, which is a liver disease characterized by replacement of liver tissue by fibrosis, scar tissue, and regenerative nodules, leading to loss of liver function.

- Chronic obstructive pulmonary disease, which is a lung disease characterized by persistently poor airflow as a result of breakdown of lung tissue and dysfunction of the small airways.
- Congenital heart disease, which is heart disease characterized by abnormalities in cardiovascular structures that occur before birth.
- Coronary artery disease.
- Cystic fibrosis, which is a hereditary disease of the exocrine glands affecting the pancreas, respiratory system, and sweat glands. It is characterized by the production of abnormally viscous mucus by the affected glands.
- Hepatitis, which is a disease caused by the hepatitis A, B, or C virus and is characterized by the inflammation of the liver.
- Interstitial lung disease, which is a lung disease that affects the interstitium of the lungs.
- Lymphangioleiomyomatosis, which is a lung disease characterized by an indolent, progressive growth of smooth muscles cells throughout the lungs, pulmonary blood vessels, lymphatics, and pleurae.
- Polycystic liver disease, which is characterized by multiple variable-sized cysts lined by cuboidal epithelium.
- Pulmonary fibrosis, which is a lung disease where the lung tissue becomes thickened, stiff, and scarred due to chronic inflammation.
- Pulmonary hypertension, which is a disease characterized by increased pressure in the pulmonary artery and results in the thickening of the pulmonary arteries and the narrowing of these blood vessels, which causes the right side of the heart to become enlarged.
- Sarcoidosis, which is a disease characterized by the growth of granulomatous lesions that appear in the body.
- Valvular heart disease, which is a disease of the heart valves.

A major organ transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Pathologist is a doctor who is licensed:

- To practice medicine, and
- By the American Board of Pathology to practice pathologic anatomy.

A pathologist also includes an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or Symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these Signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- **Ischemic:** Due to advanced Arteriosclerosis or Arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- **Hemorrhagic:** Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include the following:

- Transient ischemic attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden cardiac arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
 - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
 - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.

Transient Ischemic Attack (TIA) occurs when blood flow to part of the brain is temporarily blocked or reduced. For a benefit to be payable, the TIA must be caused by one or more of the following diseases:

- Advanced arteriosclerosis
- Arteriosclerosis of the arteries of the neck or brain
- Vascular embolism
- Hypertension
- Malignant hypertension
- Brain aneurysm
- Arteriovenous malformation

The TIA must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm, which is an excessive, localized enlargement of an artery in the brain caused by a weakening of the artery wall, usually due to a defect in the vessel at birth or resulting from high blood pressure.
- Diabetes, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood and urine, and by thirst, hunger, and loss of weight.
- Encephalitis, which is a disease characterized by inflammation of the brain, usually caused by a direct viral infection or a hypersensitive reaction to a virus or foreign protein.
- Epilepsy, which is a neurological disease characterized by sudden, recurring attacks of motor, sensory, or psychic malfunction with or without loss of consciousness or convulsive seizures.
- Hyperglycemia, which is a disease where an excessive amount of glucose circulates in the blood plasma.
- Hypoglycemia, which is a disease where blood glucose concentrations fall below the necessary level to support the body's need for energy and stability throughout its cells.
- Meningitis, which is a disease caused by viral or bacterial infection and characterized by inflammation of the meninges.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease, which is a disease that affects the retina of the eye;
- Optic nerve disease, which is a disease that affects the optic nerve of the eye; or
- Hypoxia, which is a disease characterized by a deficiency in the amount of oxygen reaching the tissues of the eyes

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered

accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease, which is a progressive mental deterioration due to generalized degeneration of the brain; or
- Arteriovenous malformation, which is a congenital disease of blood vessels in the brain, brain stem, or spinal cord that is characterized by a complex, tangled web of abnormal arteries and veins connected by one or more fistulas

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome, which is an inherited disease of the kidney caused by a genetic mutation and can be characterized by hearing loss;
- Autoimmune inner ear disease, which is an inflammatory condition of the inner ear occurring when the body's immune system attacks cells in the inner ear that are mistaken for bacteria or a virus;
- Chicken pox, which is an acute contagious disease that is caused by the varicella-zoster virus and is characterized by skin eruptions, slight fever, and malaise;
- Diabetes, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood and urine, and by thirst, hunger, and loss of weight;
- Goldenhar syndrome, which is rare congenital disease that causes abnormalities in the face and head and can cause hearing loss;
- Meniere's disease, which is a disorder of the inner ear that causes spontaneous episodes of vertigo, hearing loss, ear ringing, and a feeling of fullness or pressure in the ear;
- Meningitis, which is a disease characterized by inflammation of the meninges caused by viral or bacterial infection; or
- Mumps, which is an infectious disease caused by paramyxovirus, and characterized by inflammatory swelling of the parotid and/or other salivary glands

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis, which is a progressive degeneration of the motor neurons of the central nervous system, leading to wasting of the muscles and paralysis;
- Cerebral palsy, which is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral palsy can be characterized by stiffness and movement difficulties, or by involuntary and uncontrolled movements;
- Parkinson's disease, which is a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement; or
- Poliomyelitis, which is an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. This often results in permanent disability and deformity, and is marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

The diagnosis of paralysis must be supported by neurological evidence.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must meet all of the following criteria:

- Be a full-thickness or third-degree burn, as determined by a doctor. A full-thickness burn or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Heart Event Rider

Covered Heart Procedure is one of the Category I or Category II procedures defined below:

Category I – Specified Surgeries of the Heart

Specified surgeries of the heart (open heart surgery) refers to open chest surgery, where the heart is exposed and/or manipulated for open cardiothoracic situations. We will pay benefits for the following open heart surgery procedures when they are performed as a direct result of one of the following: acute coronary syndrome, atherosclerosis, coronary artery disease, cardiomyopathy, or valvular heart disease.

- **Coronary Artery Bypass Surgery (also Coronary Artery Bypass Graft Surgery or Bypass Surgery)** is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease.
 - **Off-Pump Coronary Artery Bypass (OPCAB)** is a form of bypass surgery that does not stop the heart or use the heart-lung machine.
 - **Coronary Artery Bypass Grafting (CABG)** is used to treat a narrowing of the coronary arteries. A blood vessel is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each, but only one benefit is payable under this rider.
- **Mitral Valve Replacement or Repair** is a surgical procedure in which a patient's mitral valve is repaired or replaced by a different valve.
- **Aortic Valve Replacement or Repair** is a surgical procedure in which a patient's aortic valve is repaired or replaced by a different valve.
- **Surgical Treatment of Abdominal Aortic Aneurysm** involves opening the abdomen and repairing or removing an abdominal aortic aneurysm.

Category II – Invasive Procedures and Techniques of the Heart

We will pay Category II benefits for the following invasive procedures and techniques of the heart when they are performed as a result of one of the following: acute coronary syndrome, atherosclerosis, coronary artery disease, cardiomyopathy, or valvular heart disease.

- **AngioJet Clot Busting** clears blood clots from coronary arteries before angioplasty and stenting. The device delivers a high-pressure saline solution through the artery to the clot, breaking it up and simultaneously drawing it out.
- **Balloon Angioplasty (or Balloon Valvuloplasty)** opens a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.
- **Laser Angioplasty** uses a laser tip to burn/break down plaque in the clogged blood vessel.
- **Atherectomy** opens blocked coronary arteries or clears bypass grafts by using a device on the end of a catheter to cut or shave away atherosclerotic plaque.
- **Stent Implantation** is the implantation of a stainless steel mesh coil in a narrowed part of an artery to keep it propped open.
- **Cardiac Catheterization (also Heart Catheterization)** is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.

- **Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)** refers to the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest where it monitors the heart's rhythm. When it identifies a serious arrhythmia, it produces an electrical shock to disrupt the arrhythmia.
- **Pacemaker Placement** refers to the initial placement/implantation of a pacemaker, which sends electrical signals to make the heart beat when a person's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.
- **Valvular Heart Disease** is a disease characterized by damage to or a defect in one of the four heart valves.

Optional Benefits Rider

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

Date of Diagnosis is defined as follows:

- **Advanced Alzheimer's Disease:** The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- **Advanced Parkinson's Disease:** The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- **Benign Brain Tumor:** The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Advanced Alzheimer's Disease means Alzheimer's disease that causes the Insured to be incapacitated. Alzheimer's disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's disease. To be incapacitated due to Alzheimer's disease, the Insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning; and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's disease that causes the Insured to be incapacitated. Parkinson's disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's disease. To be incapacitated due to Parkinson's disease, the insured must:

Exhibit at least two of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses); and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a cancer. Benign brain tumor must be caused by multiple endocrine neoplasia, neurofibromatosis, or Von Hippel-Lindau syndrome.

Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.

Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.

Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

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.

Group Critical Illness Advantage

New Hanover County Schools (10 Pay Rates)

| 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 | \$6.90 | \$10.10 | \$13.31 | \$16.51 | \$19.72 | \$22.92 | \$26.13 | \$29.33 | \$32.54 | \$35.75 |
| 30-39 | \$8.68 | \$13.68 | \$18.67 | \$23.66 | \$28.65 | \$33.65 | \$38.64 | \$43.63 | \$48.63 | \$53.62 |
| 40-49 | \$14.27 | \$24.86 | \$35.44 | \$46.02 | \$56.61 | \$67.19 | \$77.77 | \$88.36 | \$98.94 | \$109.53 |
| 50-59 | \$23.15 | \$42.61 | \$62.08 | \$81.54 | \$101.00 | \$120.46 | \$139.92 | \$159.39 | \$178.85 | \$198.31 |
| 60+ | \$39.58 | \$75.47 | \$111.37 | \$147.26 | \$183.15 | \$219.04 | \$254.94 | \$290.83 | \$326.72 | \$362.61 |

| NONTOBACCO - Spouse | | | | | | |
|---------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$6.90 | \$10.10 | \$13.31 | \$16.51 | \$19.72 | \$22.92 |
| 30-39 | \$8.68 | \$13.68 | \$18.67 | \$23.66 | \$28.65 | \$33.65 |
| 40-49 | \$14.27 | \$24.86 | \$35.44 | \$46.02 | \$56.61 | \$67.19 |
| 50-59 | \$23.15 | \$42.61 | \$62.08 | \$81.54 | \$101.00 | \$120.46 |
| 60+ | \$39.58 | \$75.47 | \$111.37 | \$147.26 | \$183.15 | \$219.04 |

| 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 | \$8.41 | \$13.12 | \$17.84 | \$22.55 | \$27.27 | \$31.98 | \$36.70 | \$41.41 | \$46.13 | \$50.84 |
| 30-39 | \$12.12 | \$20.55 | \$28.98 | \$37.41 | \$45.84 | \$54.27 | \$62.70 | \$71.13 | \$79.56 | \$87.99 |
| 40-49 | \$21.68 | \$39.66 | \$57.65 | \$75.63 | \$93.62 | \$111.61 | \$129.59 | \$147.58 | \$165.56 | \$183.55 |
| 50-59 | \$37.20 | \$70.72 | \$104.23 | \$137.74 | \$171.26 | \$204.77 | \$238.28 | \$271.80 | \$305.31 | \$338.82 |
| 60+ | \$65.09 | \$126.48 | \$187.88 | \$249.28 | \$310.67 | \$372.07 | \$433.47 | \$494.86 | \$556.26 | \$617.66 |

| TOBACCO - Spouse | | | | | | |
|------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$8.41 | \$13.12 | \$17.84 | \$22.55 | \$27.27 | \$31.98 |
| 30-39 | \$12.12 | \$20.55 | \$28.98 | \$37.41 | \$45.84 | \$54.27 |
| 40-49 | \$21.68 | \$39.66 | \$57.65 | \$75.63 | \$93.62 | \$111.61 |
| 50-59 | \$37.20 | \$70.72 | \$104.23 | \$137.74 | \$171.26 | \$204.77 |
| 60+ | \$65.09 | \$126.48 | \$187.88 | \$249.28 | \$310.67 | \$372.07 |

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: 1200

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

Published: Mar-17 Series C21000 CI21000-170327-142308-FyjmtW11-037ZQQH-30280

Product Code: CI170327-142308

Group Critical Illness Advantage

New Hanover County Schools (12 Pay Rates)

| 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 | \$ 5.75 | \$ 8.42 | \$ 11.09 | \$ 13.77 | \$ 16.44 | \$ 19.11 | \$ 21.78 | \$ 24.45 | \$ 27.12 | \$ 29.79 |
| 30-39 | \$ 7.24 | \$ 11.40 | \$ 15.56 | \$ 19.72 | \$ 23.88 | \$ 28.04 | \$ 32.20 | \$ 36.37 | \$ 40.53 | \$ 44.69 |
| 40-49 | \$ 11.90 | \$ 20.72 | \$ 29.54 | \$ 38.36 | \$ 47.18 | \$ 56.00 | \$ 64.82 | \$ 73.64 | \$ 82.46 | \$ 91.28 |
| 50-59 | \$ 19.30 | \$ 35.52 | \$ 51.74 | \$ 67.95 | \$ 84.17 | \$ 100.39 | \$ 116.61 | \$ 132.83 | \$ 149.05 | \$ 165.26 |
| 60+ | \$ 32.99 | \$ 62.90 | \$ 92.81 | \$ 122.72 | \$ 152.63 | \$ 182.54 | \$ 212.45 | \$ 242.36 | \$ 272.27 | \$ 302.18 |

| NONTOBACCO - Spouse | | | | | | |
|---------------------|----------|----------|----------|-----------|-----------|-----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$ 5.75 | \$ 8.42 | \$ 11.09 | \$ 13.77 | \$ 16.44 | \$ 19.11 |
| 30-39 | \$ 7.24 | \$ 11.40 | \$ 15.56 | \$ 19.72 | \$ 23.88 | \$ 28.04 |
| 40-49 | \$ 11.90 | \$ 20.72 | \$ 29.54 | \$ 38.36 | \$ 47.18 | \$ 56.00 |
| 50-59 | \$ 19.30 | \$ 35.52 | \$ 51.74 | \$ 67.95 | \$ 84.17 | \$ 100.39 |
| 60+ | \$ 32.99 | \$ 62.90 | \$ 92.81 | \$ 122.72 | \$ 152.63 | \$ 182.54 |

| 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 | \$ 7.01 | \$ 10.94 | \$ 14.87 | \$ 18.80 | \$ 22.73 | \$ 26.66 | \$ 30.59 | \$ 34.52 | \$ 38.44 | \$ 42.37 |
| 30-39 | \$ 10.11 | \$ 17.13 | \$ 24.16 | \$ 31.18 | \$ 38.21 | \$ 45.23 | \$ 52.26 | \$ 59.28 | \$ 66.31 | \$ 73.33 |
| 40-49 | \$ 18.07 | \$ 33.06 | \$ 48.04 | \$ 63.03 | \$ 78.02 | \$ 93.01 | \$ 108.00 | \$ 122.99 | \$ 137.97 | \$ 152.96 |
| 50-59 | \$ 31.01 | \$ 58.94 | \$ 86.86 | \$ 114.79 | \$ 142.72 | \$ 170.65 | \$ 198.57 | \$ 226.50 | \$ 254.43 | \$ 282.36 |
| 60+ | \$ 54.24 | \$ 105.41 | \$ 156.57 | \$ 207.74 | \$ 258.90 | \$ 310.06 | \$ 361.23 | \$ 412.39 | \$ 463.55 | \$ 514.72 |

| TOBACCO - Spouse | | | | | | |
|------------------|----------|-----------|-----------|-----------|-----------|-----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$ 7.01 | \$ 10.94 | \$ 14.87 | \$ 18.80 | \$ 22.73 | \$ 26.66 |
| 30-39 | \$ 10.11 | \$ 17.13 | \$ 24.16 | \$ 31.18 | \$ 38.21 | \$ 45.23 |
| 40-49 | \$ 18.07 | \$ 33.06 | \$ 48.04 | \$ 63.03 | \$ 78.02 | \$ 93.01 |
| 50-59 | \$ 31.01 | \$ 58.94 | \$ 86.86 | \$ 114.79 | \$ 142.72 | \$ 170.65 |
| 60+ | \$ 54.24 | \$ 105.41 | \$ 156.57 | \$ 207.74 | \$ 258.90 | \$ 310.06 |

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: 1200

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

Group Critical Illness Advantage

New Hanover County Schools (20 Pay Rates)

| 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 | \$3.45 | \$5.06 | \$6.66 | \$8.26 | \$9.86 | \$11.47 | \$13.07 | \$14.67 | \$16.28 | \$17.88 |
| 30-39 | \$4.35 | \$6.84 | \$9.34 | \$11.84 | \$14.33 | \$16.83 | \$19.32 | \$21.82 | \$24.32 | \$26.81 |
| 40-49 | \$7.14 | \$12.43 | \$17.73 | \$23.02 | \$28.31 | \$33.60 | \$38.89 | \$44.18 | \$49.48 | \$54.77 |
| 50-59 | \$11.58 | \$21.31 | \$31.04 | \$40.77 | \$50.51 | \$60.24 | \$69.97 | \$79.70 | \$89.43 | \$99.16 |
| 60+ | \$19.80 | \$37.74 | \$55.69 | \$73.63 | \$91.58 | \$109.53 | \$127.47 | \$145.42 | \$163.37 | \$181.31 |

| NONTOBACCO - Spouse | | | | | | |
|---------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$3.45 | \$5.06 | \$6.66 | \$8.26 | \$9.86 | \$11.47 |
| 30-39 | \$4.35 | \$6.84 | \$9.34 | \$11.84 | \$14.33 | \$16.83 |
| 40-49 | \$7.14 | \$12.43 | \$17.73 | \$23.02 | \$28.31 | \$33.60 |
| 50-59 | \$11.58 | \$21.31 | \$31.04 | \$40.77 | \$50.51 | \$60.24 |
| 60+ | \$19.80 | \$37.74 | \$55.69 | \$73.63 | \$91.58 | \$109.53 |

| 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 | \$4.21 | \$6.57 | \$8.92 | \$11.28 | \$13.64 | \$16.00 | \$18.35 | \$20.71 | \$23.07 | \$25.43 |
| 30-39 | \$6.07 | \$10.28 | \$14.50 | \$18.71 | \$22.93 | \$27.14 | \$31.36 | \$35.57 | \$39.79 | \$44.00 |
| 40-49 | \$10.84 | \$19.84 | \$28.83 | \$37.82 | \$46.81 | \$55.81 | \$64.80 | \$73.79 | \$82.79 | \$91.78 |
| 50-59 | \$18.61 | \$35.36 | \$52.12 | \$68.88 | \$85.63 | \$102.39 | \$119.15 | \$135.90 | \$152.66 | \$169.42 |
| 60+ | \$32.55 | \$63.25 | \$93.94 | \$124.64 | \$155.34 | \$186.04 | \$216.74 | \$247.44 | \$278.13 | \$308.83 |

| TOBACCO - Spouse | | | | | | |
|------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$4.21 | \$6.57 | \$8.92 | \$11.28 | \$13.64 | \$16.00 |
| 30-39 | \$6.07 | \$10.28 | \$14.50 | \$18.71 | \$22.93 | \$27.14 |
| 40-49 | \$10.84 | \$19.84 | \$28.83 | \$37.82 | \$46.81 | \$55.81 |
| 50-59 | \$18.61 | \$35.36 | \$52.12 | \$68.88 | \$85.63 | \$102.39 |
| 60+ | \$32.55 | \$63.25 | \$93.94 | \$124.64 | \$155.34 | \$186.04 |

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: 1200

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

Published: Mar-17 Series C21000 CI21000-170327-142229-FyjmTW8q-037ZQQH-18064

Product Code: CI170327-142229

Aflac Critical Illness without Cancer Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- Premiums are paid through convenient payroll deduction.
- There are no pre-existing condition limitations.
- The plan doesn't have a waiting period for benefits.
- Benefits do not reduce as insureds get older.
- Coverage is portable, with certain stipulations.
- Annual health screening benefit is included.

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is offered during the first three annual open enrollments and for new hires thereafter:

Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

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 who work at least **20 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Class I

All full-time and part-time benefit-eligible employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; and
- Is no longer employed by the policyholder.

The employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate. Only dependents covered under Class I coverage are eligible for continued coverage under Class II. Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.

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

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- The date he fails to pay the required premium; or
- The date the class of coverage is terminated.

Coverage may not be continued:

- If the employee fails to pay any required premium; or
- If the company receives notice of Class I plan termination

Termination of an Employee's Insurance

An employee's insurance will terminate on the earliest of the following:

- The date the plan is terminated, for Class I insureds;
- The 31st day after the premium due date if the required premium has not been paid;
- The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds; or
- The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

- The date the Plan is terminated, for dependents of Class I insureds;
- The 31st day after the premium due date, if the required premium has not been paid;
- The date the spouse or dependent child ceases to be a dependent; or
- The premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent children.

Group Critical Illness Benefits

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

Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

| Covered Critical Illnesses and Additional Benefits | Percentage of Face Amount/Benefit |
|----------------------------------------------------|----------------------------------------|
| Heart Attack | 100% |
| Major Organ Transplant | 100% |
| Kidney Failure (End-Stage Renal Failure) | 100% |
| Stroke | 100% |
| Bone Marrow Transplant (Stem Cell Transplant) | 100% |
| Sudden Cardiac Arrest | 100% |
| Coronary Artery Bypass Surgery | 25% |
| 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

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

| Benefit | Benefit Amount |
|--------------------------|-------------------------|
| Health Screening Benefit | \$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

| Surgeries and Procedures Covered Under Plan | 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 and 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 an insured is 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:
 - War (declared or undeclared) or military conflicts. This does not include terrorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
 - Abuse of legally-obtained prescription medication.
 - Illegal use of non-prescription drugs.

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

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

Terms You Need to Know

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a bone marrow transplant (stem cell transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid.

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- **Bone Marrow Transplant (Stem Cell Transplant):** The date the surgery occurs.
- **Coronary Artery Bypass Surgery:** The date the surgery occurs.
- **Heart Attack (Myocardial Infarction):** The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- **Kidney Failure (End-Stage Renal Failure):** The date a doctor recommends that an insured begin renal dialysis.
- **Major Organ Transplant:** The date the surgery occurs.
- **Stroke:** The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).

- **Sudden Cardiac Arrest:** The date the pumping action of the heart fails (based on the **Sudden Cardiac Arrest** definition).
- **Transient Ischemic Attack (TIA):** The date the transient ischemic attack occurs (based on documented diagnostic tests, such as a CT scan or an MRI of the brain, a Doppler ultrasound, or an echocardiogram of the heart).
- **Coma:** The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- **Loss of Sight, Speech, or Hearing:** The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible.
- **Paralysis:** The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- **Severe Burn:** The date the burn takes place.

Dependent means the primary insured's spouse or dependent child. **Spouse** is the primary insured's legal wife or husband who is listed on his application. **Dependent Children** are the primary insured's or his spouse's natural children, foster children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. The employee or the employee's spouse must provide us with proof of this incapacity and dependency within 31 days following the dependent child's 26th birthday, but not more frequently than annually.

Newborn, adopted and foster children are equally considered under this plan. A newborn child will be covered from the moment of birth, if the birth occurs while the plan is in force. Foster children and adopted children will be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home or placement for adoption. Prior notification will not be required unless an additional premium charge to add the dependent is due. If an additional premium charge is due to cover the dependent, we will cover the newborn child, foster child or adopted child from the moment of birth or placement if the child is enrolled within 30 days after the date of birth or placement.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we:

- Will allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- Will enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- Will not dis-enroll or eliminate coverage of the child unless we are provided satisfactory written evidence that:
 - a. The court or administrative order is no longer in effect; or
 - b. The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return; or the child does not reside with the parent or the insurer's service area.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and
- Is based on clinical or laboratory investigations, as supported by your medical records.

The illness must meet the requirements outlined in this plan for the particular critical illness being diagnosed. Diagnosis must be made and treatment must be received in the United States or its territories.

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed as a doctor by the state where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.

A doctor does not include the primary insured or any of his family members. For the purposes of this definition, family member includes the primary insured's spouse as well as the following members of his immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother
- Step-Family Members and Family-Members-in-law

Employee is a person who meets eligibility requirements under Section I – Eligibility, Effective Date, and Termination, and who is covered under this plan. The employee is the primary insured under this plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to Coronary artery disease or acute coronary syndrome. Heart attack (myocardial infarction) does not include the following:

- Any other disease or injury involving the cardiovascular system
- Cardiac arrest not caused by a heart attack (myocardial infarction)

Diagnosis of a heart attack (myocardial infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function. Kidney failure (end-stage renal failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis, which is a lung disease state defined by localized, irreversible dilation of the bronchial tree caused by destruction of the muscle and elastic tissue.
- Cardiomyopathy, which is a heart disease characterized by the measurable deterioration of the function of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid.
- Cirrhosis, which is a liver disease characterized by replacement of liver tissue by fibrosis, scar tissue, and regenerative nodules, leading to loss of liver function.
- Chronic obstructive pulmonary disease, which is a lung disease characterized by persistently poor airflow as a result of breakdown of lung tissue and dysfunction of the small airways.
- Congenital heart disease, which is heart disease characterized by abnormalities in cardiovascular structures that occur before birth.
- Coronary artery disease.
- Cystic fibrosis, which is a hereditary disease of the exocrine glands affecting the pancreas, respiratory system, and sweat glands. It is characterized by the production of abnormally viscous mucus by the affected glands.
- Hepatitis, which is a disease caused by the hepatitis A, B, or C virus and is characterized by the inflammation of the liver.
- Interstitial lung disease, which is a lung disease that affects the interstitium of the lungs.
- Lymphangioleiomyomatosis, which is a lung disease characterized by an indolent, progressive growth of smooth muscles cells throughout the lungs, pulmonary blood vessels, lymphatics, and pleurae.
- Polycystic liver disease, which is characterized by multiple variable-sized cysts lined by cuboidal epithelium.
- Pulmonary fibrosis, which is a lung disease where the lung tissue becomes thickened, stiff, and scarred due to chronic inflammation.
- Pulmonary hypertension, which is a disease characterized by increased pressure in the pulmonary artery and results in the thickening of the pulmonary arteries and the narrowing of these blood vessels, which causes the right side of the heart to become enlarged.
- Sarcoidosis, which is a disease characterized by the growth of granulomatous lesions that appear in the body.
- Valvular heart disease, which is a disease of the heart valves.

A major organ transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

A Pathologist also includes an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or Symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these Signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- **Ischemic:** Due to advanced Arteriosclerosis or Arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- **Hemorrhagic:** Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include the following:

- Transient ischemic attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden cardiac arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
 - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
 - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.

Transient Ischemic Attack (TIA) occurs when blood flow to part of the brain is temporarily blocked or reduced. For a benefit to be payable, the TIA must be caused by one or more of the following diseases:

- Advanced arteriosclerosis
- Arteriosclerosis of the arteries of the neck or brain
- Vascular embolism
- Hypertension
- Malignant hypertension
- Brain aneurysm
- Arteriovenous malformation

The TIA must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm, which is an excessive, localized enlargement of an artery in the brain caused by a weakening of the artery wall, usually due to a defect in the vessel at birth or resulting from high blood pressure.
- Diabetes, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood and urine, and by thirst, hunger, and loss of weight.
- Encephalitis, which is a disease characterized by inflammation of the brain, usually caused by a direct viral infection or a hypersensitive reaction to a virus or foreign protein.
- Epilepsy, which is a neurological disease characterized by sudden, recurring attacks of motor, sensory, or psychic malfunction with or without loss of consciousness or convulsive seizures.
- Hyperglycemia, which is a disease where an excessive amount of glucose circulates in the blood plasma.
- Hypoglycemia, which is a disease where blood glucose concentrations fall below the necessary level to support the body's need for energy and stability throughout its cells.
- Meningitis, which is a disease caused by viral or bacterial infection and characterized by inflammation of the meninges.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease, which is a disease that affects the retina of the eye;
- Optic nerve disease, which is a disease that affects the optic nerve of the eye; or
- Hypoxia, which is a disease characterized by a deficiency in the amount of oxygen reaching the tissues of the eyes

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease, which is a progressive mental deterioration due to generalized degeneration of the brain; or
- Arteriovenous malformation, which is a congenital disease of blood vessels in the brain, brain stem, or spinal cord that is characterized by a complex, tangled web of abnormal arteries and veins connected by one or more fistulas

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident. To be

considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome, which is an inherited disease of the kidney caused by a genetic mutation and can be characterized by hearing loss;
- Autoimmune inner ear disease, which is an inflammatory condition of the inner ear occurring when the body's immune system attacks cells in the inner ear that are mistaken for bacteria or a virus;
- Chicken pox, which is an acute contagious disease that is caused by the varicella-zoster virus and is characterized by skin eruptions, slight fever, and malaise;
- Diabetes, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood and urine, and by thirst, hunger, and loss of weight;
- Goldenhar syndrome, which is rare congenital disease that causes abnormalities in the face and head and can cause hearing loss;
- Meniere's disease, which is a disorder of the inner ear that causes spontaneous episodes of vertigo, hearing loss, ear ringing, and a feeling of fullness or pressure in the ear;
- Meningitis, which is a disease characterized by inflammation of the meninges caused by viral or bacterial infection; or
- Mumps, which is an infectious disease caused by paramyxovirus, and characterized by inflammatory swelling of the parotid and/or other salivary glands

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis, which is a progressive degeneration of the motor neurons of the central nervous system, leading to wasting of the muscles and paralysis;
- Cerebral palsy, which is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral palsy can be characterized by stiffness and movement difficulties, or by involuntary and uncontrolled movements;
- Parkinson's disease, which is a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement; or
- Poliomyelitis, which is an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. This often results in permanent disability and deformity, and is marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

The diagnosis of paralysis must be supported by neurological evidence.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must meet all of the following criteria:

- Be a full-thickness or third-degree burn, as determined by a doctor. A full-thickness burn or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Heart Event Rider

Covered Heart Procedure is one of the Category I or Category II procedures defined below:

Category I – Specified Surgeries of the Heart

Specified surgeries of the heart (open heart surgery) refers to open chest surgery, where the heart is exposed and/or manipulated for open cardiothoracic situations. We will pay benefits for the following open heart

surgery procedures when they are performed as a direct result of one of the following: acute coronary syndrome, atherosclerosis, coronary artery disease, cardiomyopathy, or valvular heart disease.

- **Coronary Artery Bypass Surgery (also Coronary Artery Bypass Graft Surgery or Bypass Surgery)** is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease.
 - **Off-Pump Coronary Artery Bypass (OPCAB)** is a form of bypass surgery that does not stop the heart or use the heart-lung machine.
 - **Coronary Artery Bypass Grafting (CABG)** is used to treat a narrowing of the coronary arteries. A blood vessel is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each, but only one benefit is payable under this rider.
- **Mitral Valve Replacement or Repair** is a surgical procedure in which a patient's mitral valve is repaired or replaced by a different valve.
- **Aortic Valve Replacement or Repair** is a surgical procedure in which a patient's aortic valve is repaired or replaced by a different valve.
- **Surgical Treatment of Abdominal Aortic Aneurysm** involves opening the abdomen and repairing or removing an abdominal aortic aneurysm.

Category II – Invasive Procedures and Techniques of the Heart

We will pay Category II benefits for the following invasive procedures and techniques of the heart when they are performed as a result of one of the following: acute coronary syndrome, atherosclerosis, coronary artery disease, cardiomyopathy, or valvular heart disease.

- **AngioJet Clot Busting** clears blood clots from coronary arteries before angioplasty and stenting. The device delivers a high-pressure saline solution through the artery to the clot, breaking it up and simultaneously drawing it out.
- **Balloon Angioplasty (or Balloon Valvuloplasty)** opens a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.
- **Laser Angioplasty** uses a laser tip to burn/break down plaque in the clogged blood vessel.
- **Atherectomy** opens blocked coronary arteries or clears bypass grafts by using a device on the end of a catheter to cut or shave away atherosclerotic plaque.
- **Stent Implantation** is the implantation of a stainless steel mesh coil in a narrowed part of an artery to keep it propped open.
- **Cardiac Catheterization (also Heart Catheterization)** is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.
- **Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)** refers to the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest where it monitors the heart's rhythm. When it identifies a serious arrhythmia, it produces an electrical shock to disrupt the arrhythmia.
- **Pacemaker Placement** refers to the initial placement/implantation of a pacemaker, which sends electrical signals to make the heart beat when a person's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.
- **Valvular Heart Disease** is a disease characterized by damage to or a defect in one of the four heart valves.

Optional Benefits Rider

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- **Bathing** – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;

- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Contenance – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

Date of Diagnosis is defined as follows:

- **Advanced Alzheimer’s Disease:** The date a doctor diagnoses the insured as incapacitated due to Alzheimer’s disease.
- **Advanced Parkinson’s Disease:** The date a doctor diagnoses the insured as incapacitated due to Parkinson’s disease.
- **Benign Brain Tumor:** The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Advanced Alzheimer’s Disease means Alzheimer’s disease that causes the Insured to be incapacitated. Alzheimer’s disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer’s disease. To be incapacitated due to Alzheimer’s disease, the Insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning; and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson’s Disease means Parkinson’s disease that causes the Insured to be incapacitated. Parkinson’s disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson’s disease. To be incapacitated due to Parkinson’s disease, the insured must:

Exhibit at least two of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses); and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a cancer. Benign brain tumor must be caused by multiple endocrine neoplasia, neurofibromatosis, or Von Hippel-Lindau syndrome.

Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.

Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.

Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

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.

AGCM321-NC-BK

IV (1/17)

Group Critical Illness Advantage

New Hanover County Schools (10 Pay Rates)

| 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 | \$5.08 | \$6.49 | \$7.91 | \$9.32 | \$10.73 | \$12.14 | \$13.56 | \$14.97 | \$16.38 | \$17.79 |
| 30-39 | \$5.86 | \$8.05 | \$10.24 | \$12.43 | \$14.62 | \$16.81 | \$19.00 | \$21.19 | \$23.38 | \$25.57 |
| 40-49 | \$8.70 | \$13.74 | \$18.77 | \$23.80 | \$28.83 | \$33.87 | \$38.90 | \$43.93 | \$48.96 | \$54.00 |
| 50-59 | \$11.94 | \$20.20 | \$28.47 | \$36.73 | \$45.00 | \$53.26 | \$61.53 | \$69.79 | \$78.06 | \$86.32 |
| 60+ | \$17.19 | \$30.72 | \$44.24 | \$57.76 | \$71.29 | \$84.81 | \$98.34 | \$111.86 | \$125.38 | \$138.91 |

| NONTOBACCO - Spouse | | | | | | |
|---------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$5.08 | \$6.49 | \$7.91 | \$9.32 | \$10.73 | \$12.14 |
| 30-39 | \$5.86 | \$8.05 | \$10.24 | \$12.43 | \$14.62 | \$16.81 |
| 40-49 | \$8.70 | \$13.74 | \$18.77 | \$23.80 | \$28.83 | \$33.87 |
| 50-59 | \$11.94 | \$20.20 | \$28.47 | \$36.73 | \$45.00 | \$53.26 |
| 60+ | \$17.19 | \$30.72 | \$44.24 | \$57.76 | \$71.29 | \$84.81 |

| 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 | \$6.34 | \$9.00 | \$11.67 | \$14.33 | \$17.00 | \$19.66 | \$22.33 | \$25.00 | \$27.66 | \$30.33 |
| 30-39 | \$8.86 | \$14.04 | \$19.23 | \$24.41 | \$29.60 | \$34.78 | \$39.97 | \$45.15 | \$50.34 | \$55.52 |
| 40-49 | \$14.63 | \$25.58 | \$36.54 | \$47.49 | \$58.45 | \$69.40 | \$80.36 | \$91.31 | \$102.27 | \$113.23 |
| 50-59 | \$20.87 | \$38.07 | \$55.28 | \$72.48 | \$89.68 | \$106.88 | \$124.08 | \$141.29 | \$158.49 | \$175.69 |
| 60+ | \$32.87 | \$62.08 | \$91.28 | \$120.48 | \$149.69 | \$178.89 | \$208.10 | \$237.30 | \$266.50 | \$295.71 |

| TOBACCO - Spouse | | | | | | |
|------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$6.34 | \$9.00 | \$11.67 | \$14.33 | \$17.00 | \$19.66 |
| 30-39 | \$8.86 | \$14.04 | \$19.23 | \$24.41 | \$29.60 | \$34.78 |
| 40-49 | \$14.63 | \$25.58 | \$36.54 | \$47.49 | \$58.45 | \$69.40 |
| 50-59 | \$20.87 | \$38.07 | \$55.28 | \$72.48 | \$89.68 | \$106.88 |
| 60+ | \$32.87 | \$62.08 | \$91.28 | \$120.48 | \$149.69 | \$178.89 |

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: 1200

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

Published: Mar-17 Series C21000 CI21000-170327-142111-FyjmwUW6y-037ZQQH-33723

Product Code: CI170327-142111

Group Critical Illness Advantage

New Hanover County Schools (12 Pay Rates)

| 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 | \$ 4.24 | \$ 5.41 | \$ 6.59 | \$ 7.77 | \$ 8.94 | \$ 10.12 | \$ 11.30 | \$ 12.47 | \$ 13.65 | \$ 14.83 |
| 30-39 | \$ 4.88 | \$ 6.71 | \$ 8.53 | \$ 10.36 | \$ 12.18 | \$ 14.01 | \$ 15.83 | \$ 17.66 | \$ 19.48 | \$ 21.31 |
| 40-49 | \$ 7.25 | \$ 11.45 | \$ 15.64 | \$ 19.84 | \$ 24.03 | \$ 28.22 | \$ 32.42 | \$ 36.61 | \$ 40.80 | \$ 45.00 |
| 50-59 | \$ 9.95 | \$ 16.84 | \$ 23.72 | \$ 30.61 | \$ 37.50 | \$ 44.39 | \$ 51.28 | \$ 58.16 | \$ 65.05 | \$ 71.94 |
| 60+ | \$ 14.33 | \$ 25.60 | \$ 36.87 | \$ 48.14 | \$ 59.41 | \$ 70.68 | \$ 81.95 | \$ 93.22 | \$ 104.49 | \$ 115.76 |

| NONTOBACCO - Spouse | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$ 4.24 | \$ 5.41 | \$ 6.59 | \$ 7.77 | \$ 8.94 | \$ 10.12 |
| 30-39 | \$ 4.88 | \$ 6.71 | \$ 8.53 | \$ 10.36 | \$ 12.18 | \$ 14.01 |
| 40-49 | \$ 7.25 | \$ 11.45 | \$ 15.64 | \$ 19.84 | \$ 24.03 | \$ 28.22 |
| 50-59 | \$ 9.95 | \$ 16.84 | \$ 23.72 | \$ 30.61 | \$ 37.50 | \$ 44.39 |
| 60+ | \$ 14.33 | \$ 25.60 | \$ 36.87 | \$ 48.14 | \$ 59.41 | \$ 70.68 |

| 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 | \$ 5.28 | \$ 7.50 | \$ 9.72 | \$ 11.95 | \$ 14.17 | \$ 16.39 | \$ 18.61 | \$ 20.83 | \$ 23.05 | \$ 25.27 |
| 30-39 | \$ 7.38 | \$ 11.70 | \$ 16.02 | \$ 20.34 | \$ 24.66 | \$ 28.99 | \$ 33.31 | \$ 37.63 | \$ 41.95 | \$ 46.27 |
| 40-49 | \$ 12.19 | \$ 21.32 | \$ 30.45 | \$ 39.58 | \$ 48.71 | \$ 57.84 | \$ 66.97 | \$ 76.10 | \$ 85.23 | \$ 94.36 |
| 50-59 | \$ 17.40 | \$ 31.73 | \$ 46.07 | \$ 60.40 | \$ 74.74 | \$ 89.07 | \$ 103.41 | \$ 117.74 | \$ 132.08 | \$ 146.41 |
| 60+ | \$ 27.40 | \$ 51.73 | \$ 76.07 | \$ 100.41 | \$ 124.74 | \$ 149.08 | \$ 173.42 | \$ 197.75 | \$ 222.09 | \$ 246.42 |

| TOBACCO - Spouse | | | | | | |
|------------------|----------|----------|----------|-----------|-----------|-----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$ 5.28 | \$ 7.50 | \$ 9.72 | \$ 11.95 | \$ 14.17 | \$ 16.39 |
| 30-39 | \$ 7.38 | \$ 11.70 | \$ 16.02 | \$ 20.34 | \$ 24.66 | \$ 28.99 |
| 40-49 | \$ 12.19 | \$ 21.32 | \$ 30.45 | \$ 39.58 | \$ 48.71 | \$ 57.84 |
| 50-59 | \$ 17.40 | \$ 31.73 | \$ 46.07 | \$ 60.40 | \$ 74.74 | \$ 89.07 |
| 60+ | \$ 27.40 | \$ 51.73 | \$ 76.07 | \$ 100.41 | \$ 124.74 | \$ 149.08 |

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: 1200

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

Group Critical Illness Advantage

New Hanover County Schools (20 Pay Rates)

| 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 | \$2.54 | \$3.24 | \$3.95 | \$4.65 | \$5.36 | \$6.07 | \$6.77 | \$7.48 | \$8.18 | \$8.89 |
| 30-39 | \$2.92 | \$4.02 | \$5.11 | \$6.21 | \$7.30 | \$8.40 | \$9.49 | \$10.59 | \$11.68 | \$12.78 |
| 40-49 | \$4.35 | \$6.86 | \$9.38 | \$11.90 | \$14.41 | \$16.93 | \$19.44 | \$21.96 | \$24.48 | \$26.99 |
| 50-59 | \$5.96 | \$10.10 | \$14.23 | \$18.36 | \$22.49 | \$26.63 | \$30.76 | \$34.89 | \$39.02 | \$43.16 |
| 60+ | \$8.59 | \$15.35 | \$22.12 | \$28.88 | \$35.64 | \$42.40 | \$49.16 | \$55.92 | \$62.69 | \$69.45 |

| NONTOBACCO - Spouse | | | | | | |
|---------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$2.54 | \$3.24 | \$3.95 | \$4.65 | \$5.36 | \$6.07 |
| 30-39 | \$2.92 | \$4.02 | \$5.11 | \$6.21 | \$7.30 | \$8.40 |
| 40-49 | \$4.35 | \$6.86 | \$9.38 | \$11.90 | \$14.41 | \$16.93 |
| 50-59 | \$5.96 | \$10.10 | \$14.23 | \$18.36 | \$22.49 | \$26.63 |
| 60+ | \$8.59 | \$15.35 | \$22.12 | \$28.88 | \$35.64 | \$42.40 |

| 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 | \$3.16 | \$4.50 | \$5.83 | \$7.16 | \$8.49 | \$9.83 | \$11.16 | \$12.49 | \$13.83 | \$15.16 |
| 30-39 | \$4.42 | \$7.02 | \$9.61 | \$12.20 | \$14.79 | \$17.39 | \$19.98 | \$22.57 | \$25.16 | \$27.76 |
| 40-49 | \$7.31 | \$12.79 | \$18.26 | \$23.74 | \$29.22 | \$34.70 | \$40.17 | \$45.65 | \$51.13 | \$56.61 |
| 50-59 | \$10.43 | \$19.03 | \$27.63 | \$36.23 | \$44.84 | \$53.44 | \$62.04 | \$70.64 | \$79.24 | \$87.84 |
| 60+ | \$16.43 | \$31.03 | \$45.64 | \$60.24 | \$74.84 | \$89.44 | \$104.04 | \$118.64 | \$133.25 | \$147.85 |

| TOBACCO - Spouse | | | | | | |
|------------------|---------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
| 18-29 | \$3.16 | \$4.50 | \$5.83 | \$7.16 | \$8.49 | \$9.83 |
| 30-39 | \$4.42 | \$7.02 | \$9.61 | \$12.20 | \$14.79 | \$17.39 |
| 40-49 | \$7.31 | \$12.79 | \$18.26 | \$23.74 | \$29.22 | \$34.70 |
| 50-59 | \$10.43 | \$19.03 | \$27.63 | \$36.23 | \$44.84 | \$53.44 |
| 60+ | \$16.43 | \$31.03 | \$45.64 | \$60.24 | \$74.84 | \$89.44 |

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: 1200

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

Published: Mar-17 Series C21000 CI21000-170327-142135-FyjmUWEW-037ZQQH-38785

Product Code: CI170327-142135

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 — at no extra charge. 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

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.

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
- \$35.00 per visit!

Questions? Call 855-423-8585

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

aflacgroupinsurance.com | 1.800.433.3036

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.

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. Continental American Insurance Company | Columbia, South Carolina



AUL Short-Term Disability Plan

Why should you consider purchasing disability insurance protection at your workplace?

Many of us lead busy lives and seldom take time to think about life's risks. Consider the following reasons many people purchase disability insurance:

- Lost wages
- Daily living expenses, such as mortgage/rent, utilities, car payment, food, childcare, eldercare, hobbies, pet care

Advantages of shopping at work include:

- Affordable group rates
- Convenient payroll deduction
- Guaranteed issue for timely applicants

Easy access

Less than 5% of disabling accidents and illnesses are work related. The other 95% are not, meaning Workers' Compensation doesn't cover them.

(Source: Council for Disability Awareness, Long-Term Disability Claims Review, 2011. http://www.disabilitycanhappen.org/research/CDA_LTD_Claims_Survey_2011.asp)

90% of disability are caused by illness.

(Source: Council for Disability Awareness, http://www.disabilitycanhappen.org/chances_disability_stats.asp, August 2012.)

64% of wage earners believe they have a 2% or less chance of being disabled for 3 months or more during their working career. The actual odds for a worker entering the workforce today are about 30%.

(Source: Social Security Administration website, ssa.gov, Fact Sheet, March 18, 2011.)

Less than half (35.6%) of the 2.9 million workers who applied for Social Security Disability Insurance (SSDI) benefits in 2011 were approved.

(Source: Social Security Administration website, ssa.gov, Monthly Statistical Snapshot, December 2012.)

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

Class Description

All Part-Time Eligible Employees working a minimum of 20 hours per week or Full-Time Eligible Employees working a minimum of 30 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 \$3,000. 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; seven (7) consecutive days and Zero (0) for an injury.

Benefit Duration

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of 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.

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

Employees that did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1000 monthly benefit without medical questions, subject to pre-existing exclusion. Employees 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. The pre-existing exclusion will apply to the increased benefit.

Exclusions and Limitations

This plan will not cover and 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 of 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.

Please refer to the Mark III website for a copy of your certificate, claim forms or an application to port form.

Customer Service

1.800.553.5318

Disability Claims

American United Life Insurance Company
c/o Custom Disability Solutions
600 Sable Oaks Drive, Suite 200
South Portland, ME 04106
Fax: 844-287-9499

OneAmerica.claims@customdisability.com

855-517-6365



AUL Short-Term Disability Monthly Rates

Benefit Duration:
13 Weeks

| Monthly Benefit | 10 Pay Premiums |
|-----------------|-----------------|
| \$500 | \$12.43 |
| \$600 | \$14.92 |
| \$700 | \$17.40 |
| \$800 | \$19.88 |
| \$900 | \$22.37 |
| \$1,000 | \$24.85 |
| \$1,100 | \$27.34 |
| \$1,200 | \$29.82 |
| \$1,300 | \$32.30 |
| \$1,400 | \$34.79 |
| \$1,500 | \$37.28 |
| \$1,600 | \$39.77 |
| \$1,700 | \$42.25 |
| \$1,800 | \$44.74 |
| \$1,900 | \$47.22 |
| \$2,000 | \$49.70 |
| \$2,100 | \$52.19 |
| \$2,200 | \$54.67 |
| \$2,300 | \$57.16 |
| \$2,400 | \$59.64 |
| \$2,500 | \$62.13 |
| \$2,600 | \$64.62 |
| \$2,700 | \$67.10 |
| \$2,800 | \$69.59 |
| \$2,900 | \$72.07 |
| \$3,000 | 74.56\$ |

Benefit Duration:
13 Weeks

| Monthly Benefit | 12 Pay Premiums |
|-----------------|-----------------|
| \$500 | \$10.36 |
| \$600 | \$12.43 |
| \$700 | \$14.50 |
| \$800 | \$16.57 |
| \$900 | \$18.64 |
| \$1,000 | \$20.71 |
| \$1,100 | \$22.78 |
| \$1,200 | \$24.85 |
| \$1,300 | \$26.92 |
| \$1,400 | \$28.99 |
| \$1,500 | \$31.07 |
| \$1,600 | \$33.14 |
| \$1,700 | \$35.21 |
| \$1,800 | \$37.28 |
| \$1,900 | \$39.35 |
| \$2,000 | \$41.42 |
| \$2,100 | \$43.49 |
| \$2,200 | \$45.56 |
| \$2,300 | \$47.63 |
| \$2,400 | \$49.70 |
| \$2,500 | \$51.78 |
| \$2,600 | \$53.85 |
| \$2,700 | \$55.92 |
| \$2,800 | \$57.99 |
| \$2,900 | \$60.06 |
| \$3,000 | \$62.13 |

Benefit Duration:
13 Weeks

| Monthly Benefit | 20 Pay Premiums |
|-----------------|-----------------|
| \$500 | \$6.21 |
| \$600 | \$7.46 |
| \$700 | \$8.70 |
| \$800 | \$9.94 |
| \$900 | \$11.18 |
| \$1,000 | \$12.43 |
| \$1,100 | \$13.67 |
| \$1,200 | \$14.91 |
| \$1,300 | \$16.15 |
| \$1,400 | \$17.40 |
| \$1,500 | \$18.64 |
| \$1,600 | \$19.88 |
| \$1,700 | \$21.12 |
| \$1,800 | \$22.37 |
| \$1,900 | \$23.61 |
| \$2,000 | \$24.85 |
| \$2,100 | \$26.10 |
| \$2,200 | \$27.34 |
| \$2,300 | \$28.58 |
| \$2,400 | \$29.82 |
| \$2,500 | \$31.07 |
| \$2,600 | \$32.31 |
| \$2,700 | \$33.55 |
| \$2,800 | \$34.79 |
| \$2,900 | \$36.04 |
| \$3,000 | \$37.28 |

AUL Long-Term Disability Plan

LTD Class Description

All Part-Time Eligible Employees working a minimum of 20 hours per week or Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

LTD 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.

LTD 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.

LTD 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 SSFRA 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 |

LTD Total 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.

LTD 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 may be 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.

Other Income Offsets

AUL will not reduce your LTD disability benefit with other disability income benefits that you might be receiving from AUL or external sources such as Social Security or other disability or income benefits you may receive, or be eligible to receive.

Waiver of Premium

AUL will waive the premium payments for your coverage while you are disabled and will continue to be waived during the elimination period and the benefit eligibility period.

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

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 LTD 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 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.

Voluntary Long-Term Disability Rates

| Monthly Benefit | 10 Pay Rates | 12 Pay Rates | 20 Pay Rates |
|-----------------|--------------|--------------|--------------|
| \$500 | \$7.68 | \$6.40 | \$3.84 |
| \$1,000 | \$15.36 | \$12.80 | \$7.68 |
| \$1,500 | \$23.04 | \$19.20 | \$11.52 |
| \$2,000 | \$30.72 | \$25.60 | \$15.36 |

Customer Service

1.800.553.5318

Disability Claims

American United Life Insurance Company
c/o Custom Disability Solutions
600 Sable Oaks Drive, Suite 200
South Portland, ME 04106
Fax: 844-287-9499

OneAmerica.claims@customdisability.com

855-517-6365

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.

Please refer to the Mark III website for a copy of your certificate or claim forms.



Texas Life Whole Life Insurance – SOLUTIONS 121

Common Issue Date: August 1, 2017

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.

Texas Life Whole Life Insurance – SOLUTIONS 121

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).

Texas Life Whole Life Insurance – SOLUTIONS 121

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 | SOLUTIONS 121 | | | Paid-up Age |
|-----|---------------|--------------------------------------------------------------|----------------------------------------------------------|-------------|
| | Face Amount | 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

TIER GUIDELINES

| Proposed Insured | Ages | Minimum | MAXIMUM LIFETIME COVERAGE LIMITS ¹ | | |
|-------------------------------------------------------------------------------------|-----------------------|-----------|-----------------------------------------------|----------------|----------------|
| | | | TIER 1 Maximum | TIER 2 Maximum | TIER 3 Maximum |
| Employee | 17 — 39 | \$ 10,000 | \$ 75,000 | \$ 150,000 | \$ 250,000 |
| | 40 — 49 | 10,000 | 50,000 | 100,000 | 250,000 |
| | 50 — 59 | 5,000 | 25,000 | 50,000 | 250,000 |
| | 60 — 70 ² | 5,000 | 15,000 | 30,000 | 250,000 |
| Spouses, Children and Grandchildren are only eligible for SOLUTIONS 121 Plan | | | | | |
| Spouse | 17 — 39 | \$ 10,000 | N/A | \$ 50,000 | \$ 75,000 |
| | 40 — 49 | 10,000 | N/A | 50,000 | 75,000 |
| | 50 — 59 | 5,000 | N/A | 25,000 | 50,000 |
| | 60 — 70 ² | 5,000 | N/A | 10,000 | 25,000 |
| Children Individual Policy | 15d — 26 ³ | \$ 10,000 | N/A | \$ 25,000 | N/A |
| Grandchildren Individual Policy | 15d — 18 ³ | \$ 10,000 | N/A | \$ 25,000 | N/A |
| Child Term Rider | | | | | |
| Children (CTR) | 15d — 18 ³ | \$ 10,000 | N/A | \$ 10,000 | N/A |

Aflac Level Term Life Insurance

Plan Features

- Guaranteed-issue amounts are available.
- Employees do not have to take a physical to be eligible for coverage; however, if the coverage elected is above the guaranteed-issue amount, evidence of insurability will be required.
- A Basic Accidental Death, Loss of Sight and Dismemberment Benefit is built into the plan. **An additional 10%** of the Death Benefit is payable for covered losses.
- The Accidental Death, Loss of Sight and Dismemberment Benefit ***Rider is included with the plan, and*** pays an **additional benefit** for covered losses.
- A Waiver of Premium for Total Disability Benefit is built into the plan (for employee only) and waives all plan premiums if the insured is totally disabled for more than six consecutive months.
- An Accelerated Benefit for Terminal Illness is built into the plan and will pay 50% of the Death Benefit if an insured is diagnosed with a terminal illness.
- Premiums are paid by convenient payroll deduction.
- This plan is portable, which means your employees can take the coverage with them (with certain stipulations).

Term Life Underwriting Guidelines

The employee must be actively at work on the date that the enrollment form is signed and on the effective date of coverage. Covered dependents must not be disabled or unable to perform their normal activities. To apply for spouse and dependent coverage, the employee must apply for be eligible for his own coverage.

Guaranteed-Issue

- **Up to \$100,000 employee, \$50,000 spouse, and \$10,000 child with no participation requirements.**

Qualified-Issue

Employee: Up to \$100,000

Spouse: Up to \$50,000, not to exceed employee's amount

Children: Up to \$25,000, not to exceed employee's amount

Individual Eligibility

Issue Ages

10-Year Term

Employee: 18–70

Spouse: 18–70

Children: 15 days–24 years

20-Year Term

Employee: 18–65

Spouse: 18–65

Children: 15 days– 24 years

30-Year Term

Employee: 18–55

Spouse: 18–55

Children: 15 days–24 years

All full-time benefit-eligible employees who work at least 16 hours weekly are eligible to apply. If an employee is eligible, his spouse and/or children are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Class I

All full-time benefit-eligible employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; and
- Is no longer employed by the policyholder.

The employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate.

Only dependents covered under Class I coverage are eligible for continued coverage under Class II.

Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.

Spouse Coverage Available

The employee may elect to apply for spouse coverage. To apply for spouse coverage, the employee must also apply. The spouse amount may not exceed the employee amount and is subject to the minimum face amount of \$5,000. If the employee does not meet **qualified-issue** 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 \$50,000.

Child Coverage Available

The employee may elect to apply for child coverage. To apply for child coverage, the employee must also apply.

Portability

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 31 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- The date he fails to pay the required premium; or
- The date the class of coverage is terminated.

Coverage may not be continued:

- If the employee fails to pay any required premium; or
- If the company receives notice of Class I plan termination.

Termination

An employee's insurance will terminate on the earliest of the following:

- The date the plan is terminated, for Class I insureds;
- The 31st day after the premium due date if the required premium has not been paid;
- The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds; or
- The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

- The date the Plan is terminated, for dependents of Class I insureds;
- The 31st day after the premium due date, if the required premium has not been paid;
- The date the spouse or dependent child ceases to be a dependent; or
- The premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent children.

If an insured's coverage terminates, we will provide benefits for valid claims that arose while his coverage was active.

Benefits

Death Benefit

While the employee's certificate is in force, we will pay this benefit when we receive proof of loss showing that the covered person has died. The amount of the **Death Benefit** will be equal the sum of the amount of life insurance shown on the certificate schedule, **plus** any life insurance provided by an optional benefit rider, **plus** any portion of premium paid beyond the month the covered person died, **plus** any applicable interest, **minus** any unpaid premium due before the death of the covered person and any accelerated benefit we paid on behalf of the covered employee.

Basic Accidental Death, Loss of Sight and Dismemberment Benefit

We will pay the Basic Accidental Death, Loss or Sight and Dismemberment Benefit if a covered person suffers one of the following as a result of an accidental injury that occurs while the certificate is in force:

- Loss of life, **or**
- Loss of both hands, **or**
- Loss of both feet, **or**
- Loss of one hand and one foot, **or**
- Loss of sight of both eyes, **or**
- Loss of one hand and sight of one eye, **or**
- Loss of one foot and sight of one eye.

We will pay the beneficiary **10%** of the amount of life insurance for this benefit as shown on the Certificate Schedule for loss of life.

For accidental loss of A) both hands, B) both feet, C) sight of both eyes, D) one hand and one foot, E) one hand and sight of one eye, **or** F) one foot and sight of one eye, we will pay **5%** of the amount of life insurance as shown on the Certificate Schedule.

Accelerated Benefit for Terminal Illness

We will pay this benefit when we receive proof of loss showing the covered person has a terminal illness that will result in death within six months. This benefit will be 50% of the amount of life insurance shown on the Certificate Schedule. The covered person's attending physician must confirm that the covered person is suffering from a terminal illness.

Total Disability Waiver of Premium

After six months of total disability, we will waive certain premiums if an employee becomes totally disabled due to a covered accidental injury or sickness (after we receive proof of loss). All premiums under the certificate for the totally disabled employee and covered eligible dependents that are due after the date of total disability will be waived (or refunded if the premiums have been paid).

Accidental Death, Loss of Sight and Dismemberment Benefit Rider*

We will pay 100% of the **Accidental Death Benefit** shown in the certificate schedule if the employee or spouse suffers accidental loss of life. This benefit is payable in addition to other benefits.

We will pay 50% of the **Accidental Death Benefit** for accidental loss of A) both hands, B) both feet, C) sight of both eyes, D) one hand and one foot, E) one hand and sight of one eye, **or** F) one foot and sight of one eye.

We will pay 125% of the **Accidental Death Benefit** for death resulting from a motor vehicle or common carrier as long as the insured:

- Is wearing a seat belt and driving or riding in a motor vehicle **or**
- Is a passenger on a common carrier.

This benefit rider is available to the employee and spouse only.

* This rider is **included** in the Term Life Plan. This Accidental Death, Loss of Sight and Dismemberment Benefit Rider provides benefits **in addition** to the Basic Accidental Death, Loss of Sight and Dismemberment Benefit contained in the certificate.

Benefit Conditions, Limitations, and Exclusions

- If a covered person, whether sane or insane, dies by suicide within two years of the date of certificate, our liability for death proceeds is limited to the premiums paid.
- If the age of a covered person has been misstated, and if the amount of premium is based on age, an adjustment of premiums will be made based on the covered person's true age.
- If age is a factor in determining eligibility or amount of insurance and there has been a misstatement of age, the insurance coverages, benefit amounts (or both) for which the covered person is insured will be adjusted in accordance with the covered person's true age. Any such misstatement of age shall neither continue insurance otherwise validly terminated nor terminate insurance otherwise validly in force.
- If it is determined after the death of a covered person that the covered person's age was misstated, the amount of insurance will be that which the premiums would have purchased at the correct age.
- If the policyholder fails to report any employee's termination of coverage while the group's master policy remains in effect, our liability will be limited to a return of premium retroactive to the date on which insurance should have been terminated, less any claims paid during this period. In no event will we refund more than two months premium.
- We must receive proof of loss within 90 days after a loss occurs or starts.
- Any change in beneficiary must be made to us in writing. The change will be effective as of the date signed.

Accidental Death, Loss of Sight and Dismemberment Basic Benefit and Rider, and Total Disability Waiver of Premium Benefit

Limitations and Exclusions

No Accidental Death, Loss of Sight and Dismemberment Benefits or Total Disability Waiver of Premium Benefits are payable or available when the death or loss:

- Was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane, or any intentionally self-inflicted injury; **or**
- Resulted from or occurred while committing an assault or felony, or resisting or fleeing from arrest; **or**
- Resulted from or occurred while participating in a riot or insurrection; **or**
- Was caused by voluntarily taking, absorbing, or inhaling poison, poison gas, or fumes; **or**
- Was intentionally inflicted by any person (If the covered person is an innocent bystander having no relationship to an altercation, it is covered.); **or**
- Was incurred during travel, flight, or descent from any kind of aircraft, unless the covered person was being transported as a fare-paying passenger on a regularly scheduled flight (This exclusion does not apply to airline employees flying while working, traveling for pleasure, or traveling to and from a job assignment.); **or**
- Was caused by disease, illness, or bacterial infection (if the infection occurs because of an injury, it is covered).

In addition to the exclusions listed above, the following limitations also apply to the Accidental Death, Loss of Sight and Dismemberment Basic Benefit and Rider:

- The loss must occur within 180 days after the accidental injury.
- This benefit terminates for the covered person when this benefit is paid.

- Substance abuse* (This does not exclude a loss brought about by the use of drugs prescribed by and used as directed by a physician.);
- War or act of war, whether declared or undeclared*;
- Service in the armed forces of any country or organization or in units auxiliary thereto*;
- Intoxication*; or
- Racing a self-propelled vehicle on a racetrack, on a public road, or at another place*.

If two or more accidents cause losses covered by this benefit, we will not pay more than 100% of the Accidental Death Benefit shown on the certificate schedule for all such losses combined. This does not apply to the Seat Belt Benefit*.

*These exclusions apply to the Accidental Death, Loss of Sight and Dismemberment Benefit Rider **only**.

In addition to the exclusions listed above, the following limitations and exclusions will also apply to the Total Disability Waiver of Premium Benefit:

Premiums will not be waived if total disability:

- Results from neurosis, psychoneurosis, psychopathy, psychosis, or mental and emotional disease or disorder without demonstrable organic cause (This exclusion will not apply to Alzheimer's disease, Parkinson's disease, or senile dementia.).
- Results from substance abuse (This exclusion will not apply to a condition brought about by the employee's use of drugs prescribed by and taken in accordance with the directions of a physician).

In addition to the exclusions listed above, the following limitations and exclusions will also apply to the Total Disability Waiver of Premium:

Premiums are only waived in the event of a total disability suffered by the named employee shown on the certificate schedule.

The employee's coverage will not continue beyond the employee's attained age of 65.

Any loss due to a pre-existing condition will not be covered if the loss begins with 12 months after the covered person's effective date of insurance. However, premiums may be waived for a loss due to a pre-existing condition of a covered person who was covered by a replaced plan and by this plan on its original effective date. If this plan's Pre-Existing Condition Exclusion has been satisfied, we will waive premiums. If the employee does not satisfy this plan's Pre-Existing Condition Exclusion, but can satisfy the replaced plan's Pre-Existing Condition Exclusion, then we will waive premiums. If the employee does not satisfy the Pre-Existing Condition Exclusion of this plan or that of the replaced plan, premiums will not be waived.

In addition to the exclusions listed above, the following limitations and exclusions will also apply to the Accelerated Benefit for Terminal Illness Benefit:

If two or more Accelerated Benefits for Terminal Illness are payable on behalf of the same covered person under the plan for the same or related sickness, injury, or other loss, we will pay only **one** Accelerated Benefit for Terminal Illness. The covered person is entitled to choose the Accelerated Benefit for Terminal Illness.

The sum of all Accelerated Benefits for Terminal Illness payable under the plan—and its optional benefits and riders—will not exceed the amount of life insurance shown on the covered person's Certificate Schedule.

Limitations and Exclusions – Accelerated Benefit for Terminal Illness

- We must receive consent of all irrevocable beneficiaries.
- We must receive a claim form for this benefit during the lifetime of the terminally ill covered person.

- Only one Accelerated Benefit for Terminal Illness for each terminal illness shall be paid on behalf of the covered person per lifetime.
- A physician must diagnose a covered terminal illness.
- We will not be liable for any payment made or action taken before we receive and acknowledge notice of the death of the terminally ill covered person.
- The employee should seek assistance from a personal tax advisor before making a claim for the Accelerated Benefit for Terminal Illness to determine any tax impact.

The Accidental Death, Loss of Sight and Dismemberment Benefit provided by the plan will not increase or decrease the Accelerated Benefit for Terminal Illness.

Definitions

Accident (Accidental) means a sudden, unexpected, violent, and external event that causes bodily injury to a covered person.

Actively At Work (Active Employment) means the person must be working:

- On a full-time basis and paid regular earnings;
- At least the minimum number of hours shown in the Certificate Schedule;
- At the employer's usual place of business; **or**
- At a location to which the employer's business requires the person to travel.

A person must be considered actively at work if the employee was actually at work on the day immediately preceding:

- A weekend;
- Holidays;
- Paid vacations;
- Any non-scheduled work day;
- Excused leave of absence (except medical leave and lay-off); **or**
- Emergency leave of absence (except emergency medical leave required by his illness or injury).

The active employment must be for an employer that has a workforce of employees who are eligible for plan coverage.

Age means the age of a covered person on his or her last birthday as of the initial effective date.

If coverage is effective after the initial effective date, **age** means age as of the last birthday preceding the request for insurance coverage.

Attained Age means the age of the employee stated on the certificate, plus the number of completed certificate years.

The attained age of any other covered person is the person's age on the date of certificate, plus the number of completed certificate years.

Beneficiary means the person or persons the employee names to receive the death proceeds in the event of the employee's death. For benefits payable other than at the employee's death, **beneficiary** means the employee.

Calendar Month means any of the named months.

Calendar Year means a 12-month period.

Common Carrier means a conveyance that:

- Is operated by a government-regulated or government-run business; **and**
- Transports persons for a fee.

Definitions (Continued)

Child means a person who is primarily dependent upon and living with the insured in a permanent parent-child relationship and a:

- Natural or adopted child of the insured or spouse;
- Child placed with the insured for adoption; **or**
- Stepchild of the insured.

Child does not include a:

- Person not meeting the above child definition;
- Child living outside of the United States (unless living with an insured); **or**
- Child on active military duty for a period in excess of 30 days.

Covered Employee means the eligible employee, when covered by the plan. Covered employee also means a person who has ported coverage as allowed by the Portability provision.

Covered Person means an eligible employee or eligible dependent who is covered under the plan. Persons eligible for coverage are shown on the schedule.

Eligible Dependents means a spouse, his or her child(ren), and the child(ren) of an eligible employee.

If a child is covered by the plan, the child's eligibility will not end if the child is and remains:

- Unmarried;
- Incapable of self-sustaining employment due to mental incapacity or physical handicap; **and**
- Chiefly dependent on the employee or spouse for support.

However, in no event will eligibility or coverage of any child continue beyond the date that the employee's coverage ends.

The employee must furnish us with proof of physical or mental incapacity within 31 days after the child's eligibility would otherwise end. Thereafter, we may require proof, but not more frequently than annually.

Eligible Employee means a person who:

- Is in active employment of the group's master policyholder; **and**
- Meets the enrollment eligibility and waiting period provisions shown in the enrollment form.

Employer means an entity that employs a workforce of persons in active Employment. **Employer** includes any division, subsidiary, or affiliated company named in the application.

Evidence of Insurability means a form acceptable to us showing that a person meets our requirements for coverage under the plan.

Home Office means the Columbia, South Carolina, executive offices of Aflac.

Illness means sickness or disease of a covered person.

Initial Effective Date means the date that coverage begins under the plan.

Injury means the bodily harm resulting directly from an accident and independently of all other causes.

Insured means an eligible employee who is covered by the plan.

Loss of Foot means the total and irrecoverable loss of use of the foot.

Loss of Hand means the total and irrecoverable loss of at least four fingers entirely on one hand.

Definitions (Continued)

Loss of Sight means clinically-proven, irreversible reduction of sight in both eyes as a result of illness or injury. The corrected visual acuity must be:

- Less than 20/200; or
- A visual field restriction to 20 degrees or less in both eyes.

There must be clear proof that blindness was due to injury, and that the condition has continued without interruption for a period of at least six consecutive months after diagnosis.

No benefit will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

The diagnosis must be made:

- By physical examination by an ophthalmologist; and
- After the effective date of insurance.

Maximum Issue Amount means the maximum sum of life insurance that we will issue on the life of the Insured under the plan and any optional benefits selected. It is shown on the Certificate Schedule.

Motor Vehicle means a vehicle licensed to operate on public roadways.

Physician means a medical doctor or other person recognized by law or regulation in the state where services are rendered as a physician. The person must be licensed and practicing in the United States.

Physician does not include:

- You;
- A person related to You by blood or marriage; or
- A medical doctor or other person practicing outside of the United States.

Planned Level Premium means the premium that we charge at the beginning of a planned level premium period for term life insurance on employees and spouses who are covered persons. The planned level premium is based on expected experience for the group and is subject to change at the end of each plan year as explained in the premium provisions of the plan.

Planned Level Premium Period means the maximum time during which a planned level premium may be charged.

Pre-Existing Condition means a condition causing total disability which a physician has treated or for which a physician has advised treatment of the employee within 12 months before the employee's effective date of insurance.

Proof means evidence satisfactory to us for insurability or for other matters which require proof.

Racing means engaging in a contest of speed against one or more other persons.

Replaced Policy means a policy or certificate, the premiums for which are paid by or through the policyholder. It must:

- Have a paid-to date within 60 days of the plan's date of application;
- Be replaced by the plan; and
- End upon issue of the plan.

At our request, the policyholder must give us proof about an employee's replaced plan.

Schedule means page(s) so labeled in the policy and the certificate. The schedule summarizes the benefits and eligibility requirements of the plan.

Seat Belt means a manufacturer or dealer-installed safety device in a common carrier or motor vehicle consisting of a strap or harness that is intended to restrain an occupant during an accident and reduce injuries.

Sickness means an illness or disease causing a loss covered by the plan. **Sickness** includes pregnancy and complications of pregnancy.

Spouse means:

1. The person recognized as the covered insured's husband or wife under the laws of the state in which the Insured lives or
2. The person recognized by the Insured's state of residence as:

- The insured's domestic partner;
- A party to a civil union with the insured;
- A reciprocal beneficiary of the insured; **or**
- Someone for whom we must provide the coverage of the plan on a spousal equivalent basis under the laws or regulations of that state.

3. Persons who, by written agreement between the company and the policyholder, may be covered by the plan on a spousal equivalent basis.

Terminal Illness means a sickness that will, with a reasonable degree of medical certainty, result in death of a covered person under the plan within six months from the date the attending physician signs a claim form.

The attending physician must confirm that the employee or covered eligible dependent suffers from a terminal illness commencing while the plan is in force.

Definitions (Continued)

Totally Disabled (Total Disability) means, for the first 12 months of a disability that the covered employee is:

- Unable to perform the substantial and material duties of his regular occupation;
- Not working in any other occupation; **and**
- Under the care of a physician for the disability.

After 12 months of total disability, **totally disabled** means that the Insured is:

- Unable to perform the duties of any gainful occupation for which he is reasonably fitted by training, education or experience; **and**
- Under the care of a physician for the disability.

We will not require care of a physician when it is no longer needed for the sound medical care of the condition causing total disability.

Waiting Period means the period during which the employee must be in the active employment of the employer before the employee is eligible for coverage under the plan. The waiting period is shown in the master application.

Notices

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

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

GROUP TERM LIFE INSURANCE



New Hanover County Schools 10 Pay Employee Rates

| N O N | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
|---------------------------------|-----------------|-----------|----------|----------|----------|-----------|-----------|----------|-----------|
| | | 25 | \$ 3.17 | \$ 4.32 | \$ 5.49 | \$ 6.65 | \$ 7.82 | \$ 13.62 | \$ 25.23 |
| | | 35 | \$ 3.82 | \$ 5.64 | \$ 7.46 | \$ 9.28 | \$ 11.10 | \$ 20.19 | \$ 38.39 |
| | | 45 | \$ 5.73 | \$ 9.46 | \$ 13.18 | \$ 16.91 | \$ 20.64 | \$ 39.28 | \$ 76.55 |
| | | 55 | \$ 9.43 | \$ 16.85 | \$ 24.28 | \$ 31.70 | \$ 39.13 | \$ 76.25 | \$ 150.51 |
| T O B A C C O | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 3.15 | \$ 4.28 | \$ 5.43 | \$ 6.57 | \$ 7.72 | \$ 13.41 | \$ 24.83 |
| | | 35 | \$ 3.73 | \$ 5.46 | \$ 7.20 | \$ 8.93 | \$ 10.66 | \$ 19.32 | \$ 36.65 |
| | | 45 | \$ 5.43 | \$ 8.86 | \$ 12.29 | \$ 15.71 | \$ 19.15 | \$ 36.28 | \$ 70.57 |
| | | 55 | \$ 8.60 | \$ 15.20 | \$ 21.80 | \$ 28.39 | \$ 35.00 | \$ 67.99 | \$ 133.97 |
| 65 | \$ 15.61 | \$ 29.21 | \$ 42.82 | \$ 56.42 | \$ 70.03 | \$ 138.05 | \$ 274.10 | | |
| | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 3.17 | \$ 4.32 | \$ 5.49 | \$ 6.65 | \$ 7.82 | \$ 13.62 | \$ 25.23 |
| | | 35 | \$ 3.61 | \$ 5.21 | \$ 6.82 | \$ 8.42 | \$ 10.03 | \$ 18.04 | \$ 34.08 |
| | | 45 | \$ 5.09 | \$ 8.17 | \$ 11.26 | \$ 14.35 | \$ 17.44 | \$ 32.87 | \$ 63.74 |
| | | 55 | \$ 7.90 | \$ 13.79 | \$ 19.69 | \$ 25.57 | \$ 31.48 | \$ 60.94 | \$ 119.87 |
| 65 | \$ 13.95 | \$ 25.90 | \$ 37.85 | \$ 49.80 | \$ 61.75 | \$ 121.50 | \$ 241.00 | | |

| T O B A C C O | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
|---------------------------------|-----------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | 25 | \$ 4.23 | \$ 6.44 | \$ 8.68 | \$ 10.89 | \$ 13.12 | \$ 24.22 | \$ 46.44 |
| | | 35 | \$ 5.59 | \$ 9.16 | \$ 12.75 | \$ 16.33 | \$ 19.92 | \$ 37.82 | \$ 73.65 |
| | | 45 | \$ 9.56 | \$ 17.12 | \$ 24.68 | \$ 32.24 | \$ 39.80 | \$ 77.60 | \$ 153.20 |
| | | 55 | \$ 17.02 | \$ 32.03 | \$ 47.05 | \$ 62.06 | \$ 77.08 | \$ 152.15 | \$ 302.30 |
| | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 4.19 | \$ 6.36 | \$ 8.55 | \$ 10.73 | \$ 12.92 | \$ 23.82 | \$ 45.63 |
| | | 35 | \$ 5.42 | \$ 8.84 | \$ 12.26 | \$ 15.67 | \$ 19.10 | \$ 36.18 | \$ 70.37 |
| | | 45 | \$ 9.10 | \$ 16.20 | \$ 23.29 | \$ 30.39 | \$ 37.49 | \$ 72.98 | \$ 143.96 |
| | | 55 | \$ 16.03 | \$ 30.06 | \$ 44.09 | \$ 58.12 | \$ 72.15 | \$ 142.29 | \$ 282.58 |
| 65 | \$ 30.93 | \$ 59.85 | \$ 88.78 | \$ 117.70 | \$ 146.63 | \$ 291.25 | \$ 580.50 | | |
| | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 4.19 | \$ 6.37 | \$ 8.56 | \$ 10.75 | \$ 12.94 | \$ 23.87 | \$ 45.73 |
| | | 35 | \$ 5.13 | \$ 8.24 | \$ 11.37 | \$ 14.48 | \$ 17.61 | \$ 33.21 | \$ 64.42 |
| | | 45 | \$ 8.30 | \$ 14.59 | \$ 20.89 | \$ 27.18 | \$ 33.48 | \$ 64.95 | \$ 127.90 |
| | | 55 | \$ 14.41 | \$ 26.80 | \$ 39.22 | \$ 51.61 | \$ 64.02 | \$ 126.02 | \$ 250.04 |
| 65 | \$ 27.74 | \$ 53.47 | \$ 79.21 | \$ 104.94 | \$ 130.68 | \$ 259.35 | \$ 516.70 | | |

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)

Rates shown are for example only. Specific rates for exact age and benefit amount will be provided at the time of enrollment.

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



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GROUP TERM LIFE INSURANCE



New Hanover County Schools 10 Pay Spouse Rates

| N O N | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|---------------------------------|-----------------|-----------|----------|----------|----------|-----------|----------|----------|
| | | 25 | \$ 1.17 | \$ 2.32 | \$ 3.49 | \$ 4.65 | \$ 5.82 | \$ 11.62 |
| | | 35 | \$ 1.82 | \$ 3.64 | \$ 5.46 | \$ 7.28 | \$ 9.10 | \$ 18.19 |
| | | 45 | \$ 3.73 | \$ 7.46 | \$ 11.18 | \$ 14.91 | \$ 18.64 | \$ 37.28 |
| | | 55 | \$ 7.01 | \$ 14.01 | \$ 21.02 | \$ 28.02 | \$ 35.03 | \$ 70.05 |
| T O B A C C O | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 1.15 | \$ 2.28 | \$ 3.43 | \$ 4.57 | \$ 5.72 | \$ 11.41 |
| | | 35 | \$ 1.73 | \$ 3.46 | \$ 5.20 | \$ 6.93 | \$ 8.66 | \$ 17.32 |
| | | 45 | \$ 3.43 | \$ 6.86 | \$ 10.29 | \$ 13.71 | \$ 17.15 | \$ 34.28 |
| | | 55 | \$ 6.23 | \$ 12.45 | \$ 18.68 | \$ 24.90 | \$ 31.13 | \$ 62.25 |
| 65 | \$ 13.61 | \$ 27.21 | \$ 40.82 | \$ 54.42 | \$ 68.03 | \$ 136.05 | | |
| T O B A C C O | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 1.17 | \$ 2.32 | \$ 3.49 | \$ 4.65 | \$ 5.82 | \$ 11.62 |
| | | 35 | \$ 1.61 | \$ 3.21 | \$ 4.82 | \$ 6.42 | \$ 8.03 | \$ 16.04 |
| | | 45 | \$ 3.09 | \$ 6.17 | \$ 9.26 | \$ 12.35 | \$ 15.44 | \$ 30.87 |
| | | 55 | \$ 5.57 | \$ 11.12 | \$ 16.69 | \$ 22.24 | \$ 27.81 | \$ 55.60 |
| 65 | \$ 11.95 | \$ 23.90 | \$ 35.85 | \$ 47.80 | \$ 59.75 | \$ 119.50 | | |

| T O B A C C O | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|---------------------------------|-----------------|-----------|----------|-----------|-----------|-----------|----------|-----------|
| | | 25 | \$ 2.23 | \$ 4.44 | \$ 6.68 | \$ 8.89 | \$ 11.12 | \$ 22.22 |
| | | 35 | \$ 3.59 | \$ 7.16 | \$ 10.75 | \$ 14.33 | \$ 17.92 | \$ 35.82 |
| | | 45 | \$ 7.56 | \$ 15.12 | \$ 22.68 | \$ 30.24 | \$ 37.80 | \$ 75.60 |
| | | 55 | \$ 14.17 | \$ 28.33 | \$ 42.50 | \$ 56.66 | \$ 70.83 | \$ 141.65 |
| T O B A C C O | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 2.19 | \$ 4.36 | \$ 6.55 | \$ 8.73 | \$ 10.92 | \$ 21.82 |
| | | 35 | \$ 3.42 | \$ 6.84 | \$ 10.26 | \$ 13.67 | \$ 17.10 | \$ 34.18 |
| | | 45 | \$ 7.10 | \$ 14.20 | \$ 21.29 | \$ 28.39 | \$ 35.49 | \$ 70.98 |
| | | 55 | \$ 13.24 | \$ 26.47 | \$ 39.71 | \$ 52.94 | \$ 66.18 | \$ 132.35 |
| 65 | \$ 28.93 | \$ 57.85 | \$ 86.78 | \$ 115.70 | \$ 144.63 | \$ 289.25 | | |
| T O B A C C O | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 2.19 | \$ 4.37 | \$ 6.56 | \$ 8.75 | \$ 10.94 | \$ 21.87 |
| | | 35 | \$ 3.13 | \$ 6.24 | \$ 9.37 | \$ 12.48 | \$ 15.61 | \$ 31.21 |
| | | 45 | \$ 6.30 | \$ 12.59 | \$ 18.89 | \$ 25.18 | \$ 31.48 | \$ 62.95 |
| | | 55 | \$ 11.71 | \$ 23.40 | \$ 35.11 | \$ 46.80 | \$ 58.51 | \$ 117.00 |
| 65 | \$ 25.74 | \$ 51.47 | \$ 77.21 | \$ 102.94 | \$ 128.68 | \$ 257.35 | | |

Spouse Rates Include: Additional Benefits for Accidental Death

Spouse face amounts can equal the employee's up to a maximum of \$50,000.

Rates shown are for example only. Specific rates for exact age and benefit amount will be provided at the time of enrollment.

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



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GROUP TERM LIFE INSURANCE



New Hanover County Schools
10 Pay Dependent Children Rates

| All Children | Face Amounts | | | | |
|---------------------------------|--------------|----------|----------|----------|----------|
| | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 |
| Ages 15 Days to 25 Years | \$3.00 | \$6.00 | \$9.00 | \$12.00 | \$15.00 |

Sold in \$ 5,000 increments only
 Maximum Benefit \$ 25,000
 Child/Children benefit can be equal to Employee benefit up to maximum \$ 25,000

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



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Published:

Mar-17

TL170328-111254 --- RB1-NC-TL9100-10PP-ADD-WOP - ZZXX01623

Product Code: TL170328-111254

GROUP TERM LIFE INSURANCE



New Hanover County Schools 12 Pay Employee Rates

| NON | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
|-----|--------------|-----------|----------|----------|----------|----------|----------|-----------|-----------|
| | | 25 | \$ 2.64 | \$ 3.61 | \$ 4.58 | \$ 5.54 | \$ 6.51 | \$ 11.36 | \$ 21.03 |
| | | 35 | \$ 3.19 | \$ 4.70 | \$ 6.22 | \$ 7.73 | \$ 9.25 | \$ 16.83 | \$ 32.00 |
| | | 45 | \$ 4.78 | \$ 7.89 | \$ 10.99 | \$ 14.09 | \$ 17.21 | \$ 32.73 | \$ 63.80 |
| | | 55 | \$ 7.86 | \$ 14.04 | \$ 20.23 | \$ 26.42 | \$ 32.60 | \$ 63.55 | \$ 125.43 |
| TOB | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 2.62 | \$ 3.58 | \$ 4.53 | \$ 5.48 | \$ 6.43 | \$ 11.18 | \$ 20.69 |
| | | 35 | \$ 3.12 | \$ 4.56 | \$ 6.01 | \$ 7.44 | \$ 8.90 | \$ 16.10 | \$ 30.54 |
| | | 45 | \$ 4.54 | \$ 7.38 | \$ 10.25 | \$ 13.09 | \$ 15.96 | \$ 30.24 | \$ 58.81 |
| | | 55 | \$ 7.17 | \$ 12.66 | \$ 18.16 | \$ 23.67 | \$ 29.16 | \$ 56.66 | \$ 111.65 |
| | | 65 | \$ 13.01 | \$ 24.34 | \$ 35.68 | \$ 47.02 | \$ 58.35 | \$ 115.05 | \$ 228.42 |
| CAC | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 2.64 | \$ 3.61 | \$ 4.58 | \$ 5.54 | \$ 6.51 | \$ 11.36 | \$ 21.03 |
| | | 35 | \$ 3.00 | \$ 4.35 | \$ 5.68 | \$ 7.01 | \$ 8.35 | \$ 15.04 | \$ 28.41 |
| | | 45 | \$ 4.25 | \$ 6.82 | \$ 9.40 | \$ 11.96 | \$ 14.54 | \$ 27.40 | \$ 53.12 |
| | | 55 | \$ 6.58 | \$ 11.50 | \$ 16.40 | \$ 21.31 | \$ 26.22 | \$ 50.79 | \$ 99.90 |
| | | 65 | \$ 11.63 | \$ 21.58 | \$ 31.55 | \$ 41.51 | \$ 51.46 | \$ 101.26 | \$ 200.83 |

| TOB | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
|-----|--------------|-----------|----------|----------|----------|----------|-----------|-----------|-----------|
| | | 25 | \$ 3.52 | \$ 5.38 | \$ 7.23 | \$ 9.07 | \$ 10.92 | \$ 20.19 | \$ 38.71 |
| | | 35 | \$ 4.65 | \$ 7.65 | \$ 10.63 | \$ 13.61 | \$ 16.60 | \$ 31.52 | \$ 61.38 |
| | | 45 | \$ 7.98 | \$ 14.27 | \$ 20.58 | \$ 26.87 | \$ 33.18 | \$ 64.67 | \$ 127.67 |
| | | 55 | \$ 14.18 | \$ 26.70 | \$ 39.20 | \$ 51.71 | \$ 64.23 | \$ 126.79 | \$ 251.93 |
| CAC | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 3.49 | \$ 5.32 | \$ 7.12 | \$ 8.94 | \$ 10.76 | \$ 19.86 | \$ 38.03 |
| | | 35 | \$ 4.52 | \$ 7.37 | \$ 10.22 | \$ 13.06 | \$ 15.92 | \$ 30.15 | \$ 58.65 |
| | | 45 | \$ 7.59 | \$ 13.50 | \$ 19.43 | \$ 25.33 | \$ 31.25 | \$ 60.82 | \$ 119.97 |
| | | 55 | \$ 13.36 | \$ 25.05 | \$ 36.75 | \$ 48.43 | \$ 60.12 | \$ 118.58 | \$ 235.50 |
| | | 65 | \$ 25.78 | \$ 49.88 | \$ 73.98 | \$ 98.09 | \$ 122.19 | \$ 242.72 | \$ 483.75 |
| O | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 3.49 | \$ 5.32 | \$ 7.14 | \$ 8.96 | \$ 10.78 | \$ 19.90 | \$ 38.11 |
| | | 35 | \$ 4.26 | \$ 6.88 | \$ 9.47 | \$ 12.07 | \$ 14.68 | \$ 27.67 | \$ 53.69 |
| | | 45 | \$ 6.92 | \$ 12.16 | \$ 17.41 | \$ 22.65 | \$ 27.90 | \$ 54.13 | \$ 106.59 |
| | | 55 | \$ 12.01 | \$ 22.34 | \$ 32.68 | \$ 43.01 | \$ 53.35 | \$ 105.02 | \$ 208.37 |
| | | 65 | \$ 23.12 | \$ 44.56 | \$ 66.01 | \$ 87.46 | \$ 108.90 | \$ 216.13 | \$ 430.58 |

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)

Rates shown are for example only. Specific rates for exact age and benefit amount will be provided at the time of enrollment.

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



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GROUP TERM LIFE INSURANCE



New Hanover County Schools 12 Pay Spouse Rates

| N O N | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|---------------------------------|-----------------|-----------|----------|----------|----------|-----------|----------|----------|
| | | 25 | \$ 0.97 | \$ 1.94 | \$ 2.91 | \$ 3.87 | \$ 4.84 | \$ 9.69 |
| | | 35 | \$ 1.52 | \$ 3.03 | \$ 4.55 | \$ 6.06 | \$ 7.58 | \$ 15.16 |
| | | 45 | \$ 3.11 | \$ 6.22 | \$ 9.32 | \$ 12.42 | \$ 15.54 | \$ 31.06 |
| | | 55 | \$ 5.84 | \$ 11.67 | \$ 17.51 | \$ 23.35 | \$ 29.18 | \$ 58.38 |
| T O B A C C O | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 0.95 | \$ 1.91 | \$ 2.86 | \$ 3.81 | \$ 4.76 | \$ 9.51 |
| | | 35 | \$ 1.45 | \$ 2.89 | \$ 4.34 | \$ 5.77 | \$ 7.23 | \$ 14.43 |
| | | 45 | \$ 2.87 | \$ 5.71 | \$ 8.58 | \$ 11.42 | \$ 14.29 | \$ 28.57 |
| | | 55 | \$ 5.19 | \$ 10.37 | \$ 15.56 | \$ 20.75 | \$ 25.93 | \$ 51.88 |
| 65 | \$ 11.34 | \$ 22.67 | \$ 34.01 | \$ 45.35 | \$ 56.68 | \$ 113.38 | | |
| | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 0.97 | \$ 1.94 | \$ 2.91 | \$ 3.87 | \$ 4.84 | \$ 9.69 |
| | | 35 | \$ 1.33 | \$ 2.68 | \$ 4.01 | \$ 5.34 | \$ 6.68 | \$ 13.37 |
| | | 45 | \$ 2.58 | \$ 5.15 | \$ 7.73 | \$ 10.29 | \$ 12.87 | \$ 25.73 |
| | | 55 | \$ 4.63 | \$ 9.27 | \$ 13.90 | \$ 18.53 | \$ 23.16 | \$ 46.34 |
| 65 | \$ 9.96 | \$ 19.91 | \$ 29.88 | \$ 39.84 | \$ 49.79 | \$ 99.59 | | |

| T O B A C C O | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|---------------------------------|-----------------|-----------|----------|----------|-----------|-----------|----------|-----------|
| | | 25 | \$ 1.85 | \$ 3.71 | \$ 5.56 | \$ 7.40 | \$ 9.25 | \$ 18.52 |
| | | 35 | \$ 2.98 | \$ 5.98 | \$ 8.96 | \$ 11.94 | \$ 14.93 | \$ 29.85 |
| | | 45 | \$ 6.31 | \$ 12.60 | \$ 18.91 | \$ 25.20 | \$ 31.51 | \$ 63.00 |
| | | 55 | \$ 11.80 | \$ 23.61 | \$ 35.41 | \$ 47.21 | \$ 59.02 | \$ 118.04 |
| | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 1.82 | \$ 3.65 | \$ 5.45 | \$ 7.27 | \$ 9.09 | \$ 18.19 |
| | | 35 | \$ 2.85 | \$ 5.70 | \$ 8.55 | \$ 11.39 | \$ 14.25 | \$ 28.48 |
| | | 45 | \$ 5.92 | \$ 11.83 | \$ 17.76 | \$ 23.66 | \$ 29.58 | \$ 59.15 |
| | | 55 | \$ 11.03 | \$ 22.06 | \$ 33.09 | \$ 44.11 | \$ 55.14 | \$ 110.29 |
| 65 | \$ 24.11 | \$ 48.21 | \$ 72.31 | \$ 96.42 | \$ 120.52 | \$ 241.05 | | |
| | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 1.82 | \$ 3.65 | \$ 5.47 | \$ 7.29 | \$ 9.11 | \$ 18.23 |
| | | 35 | \$ 2.59 | \$ 5.21 | \$ 7.80 | \$ 10.40 | \$ 13.01 | \$ 26.00 |
| | | 45 | \$ 5.25 | \$ 10.49 | \$ 15.74 | \$ 20.98 | \$ 26.23 | \$ 52.46 |
| | | 55 | \$ 9.75 | \$ 19.50 | \$ 29.25 | \$ 39.00 | \$ 48.75 | \$ 97.50 |
| 65 | \$ 21.45 | \$ 42.89 | \$ 64.34 | \$ 85.79 | \$ 107.23 | \$ 214.46 | | |

Spouse Rates Include: Additional Benefits for Accidental Death

Spouse face amounts can equal the employee's up to a maximum of \$50,000.

Rates shown are for example only. Specific rates for exact age and benefit amount will be provided at the time of enrollment.

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



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GROUP TERM LIFE INSURANCE



New Hanover County Schools
12 Pay Dependent Children Rates

| All Children | Face Amounts | | | | |
|--------------------------|--------------|----------|----------|----------|----------|
| | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 |
| Ages 15 Days to 25 Years | \$2.50 | \$5.00 | \$7.50 | \$10.00 | \$12.50 |

Sold in \$ 5,000 increments only
Maximum Benefit \$ 25,000
Child/Children benefit can be equal to Employee benefit up to maximum \$ 25,000

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



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Published:

Mar-17

TL170328-111557 --- RB1-NC-TL9100-12PP-ADD-WOP - ZZXX25284

Product Code: TL170328-111557

GROUP TERM LIFE INSURANCE



New Hanover County Schools 20 Pay Employee Rates

| N O N | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
|---------------------------------|-----------------|-----------|----------|----------|----------|----------|-----------|----------|-----------|
| | | 25 | \$ 1.59 | \$ 2.17 | \$ 2.74 | \$ 3.32 | \$ 3.91 | \$ 6.82 | \$ 12.62 |
| | | 35 | \$ 1.91 | \$ 2.82 | \$ 3.73 | \$ 4.64 | \$ 5.55 | \$ 10.10 | \$ 19.19 |
| | | 45 | \$ 2.87 | \$ 4.73 | \$ 6.60 | \$ 8.46 | \$ 10.32 | \$ 19.64 | \$ 38.28 |
| | | 55 | \$ 4.71 | \$ 8.43 | \$ 12.14 | \$ 15.85 | \$ 19.56 | \$ 38.13 | \$ 75.25 |
| T O B A C C O | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 1.58 | \$ 2.15 | \$ 2.71 | \$ 3.28 | \$ 3.86 | \$ 6.72 | \$ 12.41 |
| | | 35 | \$ 1.87 | \$ 2.73 | \$ 3.60 | \$ 4.46 | \$ 5.34 | \$ 9.66 | \$ 18.32 |
| | | 45 | \$ 2.72 | \$ 4.43 | \$ 6.14 | \$ 7.86 | \$ 9.58 | \$ 18.15 | \$ 35.28 |
| | | 55 | \$ 4.30 | \$ 7.60 | \$ 10.90 | \$ 14.20 | \$ 17.49 | \$ 34.00 | \$ 66.99 |
| 65 | \$ 7.80 | \$ 14.61 | \$ 21.41 | \$ 28.21 | \$ 35.01 | \$ 69.03 | \$ 137.05 | | |
| T O B A C C O | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 1.59 | \$ 2.17 | \$ 2.74 | \$ 3.32 | \$ 3.91 | \$ 6.82 | \$ 12.62 |
| | | 35 | \$ 1.80 | \$ 2.61 | \$ 3.41 | \$ 4.21 | \$ 5.01 | \$ 9.03 | \$ 17.04 |
| | | 45 | \$ 2.55 | \$ 4.09 | \$ 5.64 | \$ 7.17 | \$ 8.73 | \$ 16.44 | \$ 31.87 |
| | | 55 | \$ 3.95 | \$ 6.90 | \$ 9.84 | \$ 12.79 | \$ 15.73 | \$ 30.48 | \$ 59.94 |
| 65 | \$ 6.98 | \$ 12.95 | \$ 18.93 | \$ 24.90 | \$ 30.88 | \$ 60.75 | \$ 120.50 | | |

| T O B A C C O | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
|---------------------------------|-----------------|-----------|----------|----------|----------|-----------|-----------|----------|-----------|
| | | 25 | \$ 2.11 | \$ 3.23 | \$ 4.33 | \$ 5.44 | \$ 6.56 | \$ 12.12 | \$ 23.22 |
| | | 35 | \$ 2.79 | \$ 4.59 | \$ 6.37 | \$ 8.16 | \$ 9.96 | \$ 18.92 | \$ 36.82 |
| | | 45 | \$ 4.79 | \$ 8.56 | \$ 12.35 | \$ 16.12 | \$ 19.91 | \$ 38.80 | \$ 76.60 |
| | | 55 | \$ 8.50 | \$ 16.02 | \$ 23.52 | \$ 31.03 | \$ 38.53 | \$ 76.08 | \$ 151.15 |
| T O B A C C O | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 2.09 | \$ 3.19 | \$ 4.27 | \$ 5.36 | \$ 6.45 | \$ 11.92 | \$ 22.82 |
| | | 35 | \$ 2.71 | \$ 4.42 | \$ 6.13 | \$ 7.84 | \$ 9.55 | \$ 18.10 | \$ 35.18 |
| | | 45 | \$ 4.56 | \$ 8.10 | \$ 11.66 | \$ 15.20 | \$ 18.76 | \$ 36.49 | \$ 71.98 |
| | | 55 | \$ 8.02 | \$ 15.03 | \$ 22.05 | \$ 29.06 | \$ 36.08 | \$ 71.15 | \$ 141.29 |
| 65 | \$ 15.46 | \$ 29.93 | \$ 44.39 | \$ 58.85 | \$ 73.31 | \$ 145.63 | \$ 290.25 | | |
| T O B A C C O | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 | \$100,000 |
| | | 25 | \$ 2.10 | \$ 3.19 | \$ 4.28 | \$ 5.37 | \$ 6.47 | \$ 11.94 | \$ 22.87 |
| | | 35 | \$ 2.56 | \$ 4.13 | \$ 5.68 | \$ 7.24 | \$ 8.80 | \$ 16.61 | \$ 32.21 |
| | | 45 | \$ 4.15 | \$ 7.30 | \$ 10.45 | \$ 13.59 | \$ 16.74 | \$ 32.48 | \$ 63.95 |
| | | 55 | \$ 7.20 | \$ 13.41 | \$ 19.60 | \$ 25.80 | \$ 32.01 | \$ 63.02 | \$ 125.02 |
| 65 | \$ 13.87 | \$ 26.74 | \$ 39.60 | \$ 52.47 | \$ 65.34 | \$ 129.68 | \$ 258.35 | | |

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)

Rates shown are for example only. Specific rates for exact age and benefit amount will be provided at the time of enrollment.

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



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GROUP TERM LIFE INSURANCE



New Hanover County Schools 20 Pay Spouse Rates

| NON | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|------|--------------|-----------|----------|----------|----------|----------|----------|----------|
| | | 25 | \$ 0.59 | \$ 1.17 | \$ 1.74 | \$ 2.32 | \$ 2.91 | \$ 5.82 |
| | | 35 | \$ 0.91 | \$ 1.82 | \$ 2.73 | \$ 3.64 | \$ 4.55 | \$ 9.10 |
| | | 45 | \$ 1.87 | \$ 3.73 | \$ 5.60 | \$ 7.46 | \$ 9.32 | \$ 18.64 |
| | | 55 | \$ 3.50 | \$ 7.01 | \$ 10.51 | \$ 14.01 | \$ 17.51 | \$ 35.03 |
| TOB | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 0.58 | \$ 1.15 | \$ 1.71 | \$ 2.28 | \$ 2.86 | \$ 5.72 |
| | | 35 | \$ 0.87 | \$ 1.73 | \$ 2.60 | \$ 3.46 | \$ 4.34 | \$ 8.66 |
| | | 45 | \$ 1.72 | \$ 3.43 | \$ 5.14 | \$ 6.86 | \$ 8.58 | \$ 17.15 |
| | | 55 | \$ 3.11 | \$ 6.23 | \$ 9.34 | \$ 12.45 | \$ 15.56 | \$ 31.13 |
| CACO | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 0.59 | \$ 1.17 | \$ 1.74 | \$ 2.32 | \$ 2.91 | \$ 5.82 |
| | | 35 | \$ 0.80 | \$ 1.61 | \$ 2.41 | \$ 3.21 | \$ 4.01 | \$ 8.03 |
| | | 45 | \$ 1.55 | \$ 3.09 | \$ 4.64 | \$ 6.17 | \$ 7.73 | \$ 15.44 |
| | | 55 | \$ 2.78 | \$ 5.57 | \$ 8.34 | \$ 11.12 | \$ 13.90 | \$ 27.81 |
| 65 | \$ 5.98 | \$ 11.95 | \$ 17.93 | \$ 23.90 | \$ 29.88 | \$ 59.75 | | |

| TOBACCO | 30 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
|---------|--------------|-----------|----------|----------|----------|-----------|----------|----------|
| | | 25 | \$ 1.11 | \$ 2.23 | \$ 3.33 | \$ 4.44 | \$ 5.56 | \$ 11.12 |
| | | 35 | \$ 1.79 | \$ 3.59 | \$ 5.37 | \$ 7.16 | \$ 8.96 | \$ 17.92 |
| | | 45 | \$ 3.79 | \$ 7.56 | \$ 11.35 | \$ 15.12 | \$ 18.91 | \$ 37.80 |
| | | 55 | \$ 7.08 | \$ 14.17 | \$ 21.25 | \$ 28.33 | \$ 35.41 | \$ 70.83 |
| TOBACCO | 20 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 1.09 | \$ 2.19 | \$ 3.27 | \$ 4.36 | \$ 5.45 | \$ 10.92 |
| | | 35 | \$ 1.71 | \$ 3.42 | \$ 5.13 | \$ 6.84 | \$ 8.55 | \$ 17.10 |
| | | 45 | \$ 3.56 | \$ 7.10 | \$ 10.66 | \$ 14.20 | \$ 17.76 | \$ 35.49 |
| | | 55 | \$ 6.62 | \$ 13.24 | \$ 19.86 | \$ 26.47 | \$ 33.09 | \$ 66.18 |
| 65 | \$ 14.46 | \$ 28.93 | \$ 43.39 | \$ 57.85 | \$ 72.31 | \$ 144.63 | | |
| TOBACCO | 10 Year Term | Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$50,000 |
| | | 25 | \$ 1.10 | \$ 2.19 | \$ 3.28 | \$ 4.37 | \$ 5.47 | \$ 10.94 |
| | | 35 | \$ 1.56 | \$ 3.13 | \$ 4.68 | \$ 6.24 | \$ 7.80 | \$ 15.61 |
| | | 45 | \$ 3.15 | \$ 6.30 | \$ 9.45 | \$ 12.59 | \$ 15.74 | \$ 31.48 |
| | | 55 | \$ 5.85 | \$ 11.71 | \$ 17.55 | \$ 23.40 | \$ 29.25 | \$ 58.51 |
| 65 | \$ 12.87 | \$ 25.74 | \$ 38.60 | \$ 51.47 | \$ 64.34 | \$ 128.68 | | |

Spouse Rates Include: Additional Benefits for Accidental Death

Spouse face amounts can equal the employee's up to a maximum of \$50,000.

Rates shown are for example only. Specific rates for exact age and benefit amount will be provided at the time of enrollment.

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



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GROUP TERM LIFE INSURANCE



New Hanover County Schools
20 Pay Dependent Children Rates

| All Children | Face Amounts | | | | |
|--------------------------|--------------|----------|----------|----------|----------|
| | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 |
| Ages 15 Days to 25 Years | \$1.50 | \$3.00 | \$4.50 | \$6.00 | \$7.50 |

Sold in \$ 5,000 increments only
 Maximum Benefit \$ 25,000
 Child/Children benefit can be equal to Employee benefit up to maximum \$ 25,000

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



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Published:

Mar-17

TL170328-111338 --- RB1-NC-TL9100-20PP-ADD-WOP - ZZXX10409

Product Code: TL170328-111338

AUL Term Life Insurance



What you need to know about your Voluntary Term Life and AD&D Benefits

- Flexible Options:** Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary
Spouse under age 70: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 100% of the employee's amount
- Guaranteed Issue:** Employee: \$200,000 Spouse: \$50,000 Child: \$10,000
- Dependent Life Coverage:** Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).
- Accidental Death and Dismemberment (AD&D):** You must select Life coverage in order to select any AD&D coverage. Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.
- Accelerated Life Benefit:** If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.
- Guaranteed Increase In Benefit:** You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.
- Reductions:** Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

| | | |
|-------------|-----|-----|
| Age: | 70 | 75 |
| Reduces To: | 65% | 50% |



Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 10 Pay Employee Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-----------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|
| \$10,000 | \$0.64 | \$0.64 | \$0.73 | \$0.87 | \$1.15 | \$1.51 | \$2.25 | \$3.25 | \$5.05 | \$7.65 | \$12.90 | \$23.02 | \$47.88 |
| \$20,000 | \$1.28 | \$1.28 | \$1.46 | \$1.74 | \$2.30 | \$3.02 | \$4.50 | \$6.50 | \$10.10 | \$15.30 | \$25.80 | \$46.04 | \$95.76 |
| \$30,000 | \$1.92 | \$1.92 | \$2.19 | \$2.61 | \$3.45 | \$4.53 | \$6.75 | \$9.75 | \$15.15 | \$22.95 | \$38.70 | \$69.06 | \$143.64 |
| \$40,000 | \$2.56 | \$2.56 | \$2.92 | \$3.48 | \$4.60 | \$6.04 | \$9.00 | \$13.00 | \$20.20 | \$30.60 | \$51.60 | \$92.08 | \$191.52 |
| \$50,000 | \$3.20 | \$3.20 | \$3.65 | \$4.35 | \$5.75 | \$7.55 | \$11.25 | \$16.25 | \$25.25 | \$38.25 | \$64.50 | \$115.10 | \$239.40 |
| \$60,000 | \$3.84 | \$3.84 | \$4.38 | \$5.22 | \$6.90 | \$9.06 | \$13.50 | \$19.50 | \$30.30 | \$45.90 | \$77.40 | \$138.12 | \$287.28 |
| \$70,000 | \$4.48 | \$4.48 | \$5.11 | \$6.09 | \$8.05 | \$10.57 | \$15.75 | \$22.75 | \$35.35 | \$53.55 | \$90.30 | \$161.14 | \$335.16 |
| \$80,000 | \$5.12 | \$5.12 | \$5.84 | \$6.96 | \$9.20 | \$12.08 | \$18.00 | \$26.00 | \$40.40 | \$61.20 | \$103.20 | \$184.16 | \$383.04 |
| \$90,000 | \$5.76 | \$5.76 | \$6.57 | \$7.83 | \$10.35 | \$13.59 | \$20.25 | \$29.25 | \$45.45 | \$68.85 | \$116.10 | \$207.18 | \$430.92 |
| \$100,000 | \$6.40 | \$6.40 | \$7.30 | \$8.70 | \$11.50 | \$15.10 | \$22.50 | \$32.50 | \$50.50 | \$76.50 | \$129.00 | \$230.20 | \$478.80 |
| \$110,000 | \$7.04 | \$7.04 | \$8.03 | \$9.57 | \$12.65 | \$16.61 | \$24.75 | \$35.75 | \$55.55 | \$84.15 | \$141.90 | \$253.22 | \$526.68 |
| \$120,000 | \$7.68 | \$7.68 | \$8.76 | \$10.44 | \$13.80 | \$18.12 | \$27.00 | \$39.00 | \$60.60 | \$91.80 | \$154.80 | \$276.24 | \$574.56 |
| \$130,000 | \$8.32 | \$8.32 | \$9.49 | \$11.31 | \$14.95 | \$19.63 | \$29.25 | \$42.25 | \$65.65 | \$99.45 | \$167.70 | \$299.26 | \$622.44 |
| \$140,000 | \$8.96 | \$8.96 | \$10.22 | \$12.18 | \$16.10 | \$21.14 | \$31.50 | \$45.50 | \$70.70 | \$107.10 | \$180.60 | \$322.28 | \$670.32 |
| \$150,000 | \$9.60 | \$9.60 | \$10.95 | \$13.05 | \$17.25 | \$22.65 | \$33.75 | \$48.75 | \$75.75 | \$114.75 | \$193.50 | \$345.30 | \$718.20 |
| \$160,000 | \$10.24 | \$10.24 | \$11.68 | \$13.92 | \$18.40 | \$24.16 | \$36.00 | \$52.00 | \$80.80 | \$122.40 | \$206.40 | \$368.32 | \$766.08 |
| \$170,000 | \$10.88 | \$10.88 | \$12.41 | \$14.79 | \$19.55 | \$25.67 | \$38.25 | \$55.25 | \$85.85 | \$130.05 | \$219.30 | \$391.34 | \$813.96 |
| \$180,000 | \$11.52 | \$11.52 | \$13.14 | \$15.66 | \$20.70 | \$27.18 | \$40.50 | \$58.50 | \$90.90 | \$137.70 | \$232.20 | \$414.36 | \$861.84 |
| \$190,000 | \$12.16 | \$12.16 | \$13.87 | \$16.53 | \$21.85 | \$28.69 | \$42.75 | \$61.75 | \$95.95 | \$145.35 | \$245.10 | \$437.38 | \$909.72 |
| \$200,000 | \$12.80 | \$12.80 | \$14.60 | \$17.40 | \$23.00 | \$30.20 | \$45.00 | \$65.00 | \$101.00 | \$153.00 | \$258.00 | \$460.40 | \$957.60 |
| The amounts below require Statement of Insurability form | | | | | | | | | | | | | |
| \$210,000 | \$13.44 | \$13.44 | \$15.33 | \$18.27 | \$24.15 | \$31.71 | \$47.25 | \$68.25 | \$106.05 | \$160.65 | \$270.90 | \$483.42 | \$1,005.48 |
| \$220,000 | \$14.08 | \$14.08 | \$16.06 | \$19.14 | \$25.30 | \$33.22 | \$49.50 | \$71.50 | \$111.10 | \$168.30 | \$283.80 | \$506.44 | \$1,053.36 |
| \$230,000 | \$14.72 | \$14.72 | \$16.79 | \$20.01 | \$26.45 | \$34.73 | \$51.75 | \$74.75 | \$116.15 | \$175.95 | \$296.70 | \$529.46 | \$1,101.24 |
| \$240,000 | \$15.36 | \$15.36 | \$17.52 | \$20.88 | \$27.60 | \$36.24 | \$54.00 | \$78.00 | \$121.20 | \$183.60 | \$309.60 | \$552.48 | \$1,149.12 |
| \$250,000 | \$16.00 | \$16.00 | \$18.25 | \$21.75 | \$28.75 | \$37.75 | \$56.25 | \$81.25 | \$126.25 | \$191.25 | \$322.50 | \$575.50 | \$1,197.00 |
| \$260,000 | \$16.64 | \$16.64 | \$18.98 | \$22.62 | \$29.90 | \$39.26 | \$58.50 | \$84.50 | \$131.30 | \$198.90 | \$335.40 | \$598.52 | \$1,244.88 |
| \$270,000 | \$17.28 | \$17.28 | \$19.71 | \$23.49 | \$31.05 | \$40.77 | \$60.75 | \$87.75 | \$136.35 | \$206.55 | \$348.30 | \$621.54 | \$1,292.76 |
| \$280,000 | \$17.92 | \$17.92 | \$20.44 | \$24.36 | \$32.20 | \$42.28 | \$63.00 | \$91.00 | \$141.40 | \$214.20 | \$361.20 | \$644.56 | \$1,340.64 |
| \$290,000 | \$18.56 | \$18.56 | \$21.17 | \$25.23 | \$33.35 | \$43.79 | \$65.25 | \$94.25 | \$146.45 | \$221.85 | \$374.10 | \$667.58 | \$1,388.52 |
| \$300,000 | \$19.20 | \$19.20 | \$21.90 | \$26.10 | \$34.50 | \$45.30 | \$67.50 | \$97.50 | \$151.50 | \$229.50 | \$387.00 | \$690.60 | \$1,436.40 |
| \$310,000 | \$19.84 | \$19.84 | \$22.63 | \$26.97 | \$35.65 | \$46.81 | \$69.75 | \$100.75 | \$156.55 | \$237.15 | \$399.90 | \$713.62 | \$1,484.28 |
| \$320,000 | \$20.48 | \$20.48 | \$23.36 | \$27.84 | \$36.80 | \$48.32 | \$72.00 | \$104.00 | \$161.60 | \$244.80 | \$412.80 | \$736.64 | \$1,532.16 |
| \$330,000 | \$21.12 | \$21.12 | \$24.09 | \$28.71 | \$37.95 | \$49.83 | \$74.25 | \$107.25 | \$166.65 | \$252.45 | \$425.70 | \$759.66 | \$1,580.04 |
| \$340,000 | \$21.76 | \$21.76 | \$24.82 | \$29.58 | \$39.10 | \$51.34 | \$76.50 | \$110.50 | \$171.70 | \$260.10 | \$438.60 | \$782.68 | \$1,627.92 |
| \$350,000 | \$22.40 | \$22.40 | \$25.55 | \$30.45 | \$40.25 | \$52.85 | \$78.75 | \$113.75 | \$176.75 | \$267.75 | \$451.50 | \$805.70 | \$1,675.80 |
| \$360,000 | \$23.04 | \$23.04 | \$26.28 | \$31.32 | \$41.40 | \$54.36 | \$81.00 | \$117.00 | \$181.80 | \$275.40 | \$464.40 | \$828.72 | \$1,723.68 |
| \$370,000 | \$23.68 | \$23.68 | \$27.01 | \$32.19 | \$42.55 | \$55.87 | \$83.25 | \$120.25 | \$186.85 | \$283.05 | \$477.30 | \$851.74 | \$1,771.56 |
| \$380,000 | \$24.32 | \$24.32 | \$27.74 | \$33.06 | \$43.70 | \$57.38 | \$85.50 | \$123.50 | \$191.90 | \$290.70 | \$490.20 | \$874.76 | \$1,819.44 |

Note: Premiums are based on your age as of 08/01 and amount of coverage chosen.

OneAmerica[®] is the marketing name for the companies of OneAmerica.

Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 10 Pay Employee Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-------------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|------------|
| \$390,000 | \$24.96 | \$24.96 | \$28.47 | \$33.93 | \$44.85 | \$58.89 | \$87.75 | \$126.75 | \$196.95 | \$298.35 | \$503.10 | \$897.78 | \$1,867.32 |
| \$400,000 | \$25.60 | \$25.60 | \$29.20 | \$34.80 | \$46.00 | \$60.40 | \$90.00 | \$130.00 | \$202.00 | \$306.00 | \$516.00 | \$920.80 | \$1,915.20 |
| \$410,000 | \$26.24 | \$26.24 | \$29.93 | \$35.67 | \$47.15 | \$61.91 | \$92.25 | \$133.25 | \$207.05 | \$313.65 | \$528.90 | \$943.82 | \$1,963.08 |
| \$420,000 | \$26.88 | \$26.88 | \$30.66 | \$36.54 | \$48.30 | \$63.42 | \$94.50 | \$136.50 | \$212.10 | \$321.30 | \$541.80 | \$966.84 | \$2,010.96 |
| \$430,000 | \$27.52 | \$27.52 | \$31.39 | \$37.41 | \$49.45 | \$64.93 | \$96.75 | \$139.75 | \$217.15 | \$328.95 | \$554.70 | \$989.86 | \$2,058.84 |
| \$440,000 | \$28.16 | \$28.16 | \$32.12 | \$38.28 | \$50.60 | \$66.44 | \$99.00 | \$143.00 | \$222.20 | \$336.60 | \$567.60 | \$1,012.88 | \$2,106.72 |
| \$450,000 | \$28.80 | \$28.80 | \$32.85 | \$39.15 | \$51.75 | \$67.95 | \$101.25 | \$146.25 | \$227.25 | \$344.25 | \$580.50 | \$1,035.90 | \$2,154.60 |
| \$460,000 | \$29.44 | \$29.44 | \$33.58 | \$40.02 | \$52.90 | \$69.46 | \$103.50 | \$149.50 | \$232.30 | \$351.90 | \$593.40 | \$1,058.92 | \$2,202.48 |
| \$470,000 | \$30.08 | \$30.08 | \$34.31 | \$40.89 | \$54.05 | \$70.97 | \$105.75 | \$152.75 | \$237.35 | \$359.55 | \$606.30 | \$1,081.94 | \$2,250.36 |
| \$480,000 | \$30.72 | \$30.72 | \$35.04 | \$41.76 | \$55.20 | \$72.48 | \$108.00 | \$156.00 | \$242.40 | \$367.20 | \$619.20 | \$1,104.96 | \$2,298.24 |
| \$490,000 | \$31.36 | \$31.36 | \$35.77 | \$42.63 | \$56.35 | \$73.99 | \$110.25 | \$159.25 | \$247.45 | \$374.85 | \$632.10 | \$1,127.98 | \$2,346.12 |
| \$500,000 | \$32.00 | \$32.00 | \$36.50 | \$43.50 | \$57.50 | \$75.50 | \$112.50 | \$162.50 | \$252.50 | \$382.50 | \$645.00 | \$1,151.00 | \$2,394.00 |

Note: Premiums are based on your age as of 08/01 and amount of coverage chosen.

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Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 10 Pay Spouse Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-----------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|
| \$10,000 | \$0.64 | \$0.64 | \$0.73 | \$0.87 | \$1.15 | \$1.51 | \$2.25 | \$3.25 | \$5.05 | \$7.65 | \$12.90 | \$24.10 | \$47.88 |
| \$20,000 | \$1.28 | \$1.28 | \$1.46 | \$1.74 | \$2.30 | \$3.02 | \$4.50 | \$6.50 | \$10.10 | \$15.30 | \$25.80 | \$48.20 | \$95.76 |
| \$30,000 | \$1.92 | \$1.92 | \$2.19 | \$2.61 | \$3.45 | \$4.53 | \$6.75 | \$9.75 | \$15.15 | \$22.95 | \$38.70 | \$72.30 | \$143.64 |
| \$40,000 | \$2.56 | \$2.56 | \$2.92 | \$3.48 | \$4.60 | \$6.04 | \$9.00 | \$13.00 | \$20.20 | \$30.60 | \$51.60 | \$96.40 | \$191.52 |
| \$50,000 | \$3.20 | \$3.20 | \$3.65 | \$4.35 | \$5.75 | \$7.55 | \$11.25 | \$16.25 | \$25.25 | \$38.25 | \$64.50 | \$120.50 | \$239.40 |
| The amounts below require Statement of Insurability form | | | | | | | | | | | | | |
| \$60,000 | \$3.84 | \$3.84 | \$4.38 | \$5.22 | \$6.90 | \$9.06 | \$13.50 | \$19.50 | \$30.30 | \$45.90 | \$77.40 | \$144.60 | \$287.28 |
| \$70,000 | \$4.48 | \$4.48 | \$5.11 | \$6.09 | \$8.05 | \$10.57 | \$15.75 | \$22.75 | \$35.35 | \$53.55 | \$90.30 | \$168.70 | \$335.16 |
| \$80,000 | \$5.12 | \$5.12 | \$5.84 | \$6.96 | \$9.20 | \$12.08 | \$18.00 | \$26.00 | \$40.40 | \$61.20 | \$103.20 | \$192.80 | \$383.04 |
| \$90,000 | \$5.76 | \$5.76 | \$6.57 | \$7.83 | \$10.35 | \$13.59 | \$20.25 | \$29.25 | \$45.45 | \$68.85 | \$116.10 | \$216.90 | \$430.92 |
| \$100,000 | \$6.40 | \$6.40 | \$7.30 | \$8.70 | \$11.50 | \$15.10 | \$22.50 | \$32.50 | \$50.50 | \$76.50 | \$129.00 | \$241.00 | \$478.80 |
| \$110,000 | \$7.04 | \$7.04 | \$8.03 | \$9.57 | \$12.65 | \$16.61 | \$24.75 | \$35.75 | \$55.55 | \$84.15 | \$141.90 | \$265.10 | \$526.68 |
| \$120,000 | \$7.68 | \$7.68 | \$8.76 | \$10.44 | \$13.80 | \$18.12 | \$27.00 | \$39.00 | \$60.60 | \$91.80 | \$154.80 | \$289.20 | \$574.56 |
| \$130,000 | \$8.32 | \$8.32 | \$9.49 | \$11.31 | \$14.95 | \$19.63 | \$29.25 | \$42.25 | \$65.65 | \$99.45 | \$167.70 | \$313.30 | \$622.44 |
| \$140,000 | \$8.96 | \$8.96 | \$10.22 | \$12.18 | \$16.10 | \$21.14 | \$31.50 | \$45.50 | \$70.70 | \$107.10 | \$180.60 | \$337.40 | \$670.32 |
| \$150,000 | \$9.60 | \$9.60 | \$10.95 | \$13.05 | \$17.25 | \$22.65 | \$33.75 | \$48.75 | \$75.75 | \$114.75 | \$193.50 | \$361.50 | \$718.20 |
| \$160,000 | \$10.24 | \$10.24 | \$11.68 | \$13.92 | \$18.40 | \$24.16 | \$36.00 | \$52.00 | \$80.80 | \$122.40 | \$206.40 | \$385.60 | \$766.08 |
| \$170,000 | \$10.88 | \$10.88 | \$12.41 | \$14.79 | \$19.55 | \$25.67 | \$38.25 | \$55.25 | \$85.85 | \$130.05 | \$219.30 | \$409.70 | \$813.96 |
| \$180,000 | \$11.52 | \$11.52 | \$13.14 | \$15.66 | \$20.70 | \$27.18 | \$40.50 | \$58.50 | \$90.90 | \$137.70 | \$232.20 | \$433.80 | \$861.84 |
| \$190,000 | \$12.16 | \$12.16 | \$13.87 | \$16.53 | \$21.85 | \$28.69 | \$42.75 | \$61.75 | \$95.95 | \$145.35 | \$245.10 | \$457.90 | \$909.72 |
| \$200,000 | \$12.80 | \$12.80 | \$14.60 | \$17.40 | \$23.00 | \$30.20 | \$45.00 | \$65.00 | \$101.00 | \$153.00 | \$258.00 | \$482.00 | \$957.60 |
| \$210,000 | \$13.44 | \$13.44 | \$15.33 | \$18.27 | \$24.15 | \$31.71 | \$47.25 | \$68.25 | \$106.05 | \$160.65 | \$270.90 | \$506.10 | \$1,005.48 |
| \$220,000 | \$14.08 | \$14.08 | \$16.06 | \$19.14 | \$25.30 | \$33.22 | \$49.50 | \$71.50 | \$111.10 | \$168.30 | \$283.80 | \$530.20 | \$1,053.36 |
| \$230,000 | \$14.72 | \$14.72 | \$16.79 | \$20.01 | \$26.45 | \$34.73 | \$51.75 | \$74.75 | \$116.15 | \$175.95 | \$296.70 | \$554.30 | \$1,101.24 |
| \$240,000 | \$15.36 | \$15.36 | \$17.52 | \$20.88 | \$27.60 | \$36.24 | \$54.00 | \$78.00 | \$121.20 | \$183.60 | \$309.60 | \$578.40 | \$1,149.12 |
| \$250,000 | \$16.00 | \$16.00 | \$18.25 | \$21.75 | \$28.75 | \$37.75 | \$56.25 | \$81.25 | \$126.25 | \$191.25 | \$322.50 | \$602.50 | \$1,197.00 |
| \$260,000 | \$16.64 | \$16.64 | \$18.98 | \$22.62 | \$29.90 | \$39.26 | \$58.50 | \$84.50 | \$131.30 | \$198.90 | \$335.40 | \$626.60 | \$1,244.88 |
| \$270,000 | \$17.28 | \$17.28 | \$19.71 | \$23.49 | \$31.05 | \$40.77 | \$60.75 | \$87.75 | \$136.35 | \$206.55 | \$348.30 | \$650.70 | \$1,292.76 |
| \$280,000 | \$17.92 | \$17.92 | \$20.44 | \$24.36 | \$32.20 | \$42.28 | \$63.00 | \$91.00 | \$141.40 | \$214.20 | \$361.20 | \$674.80 | \$1,340.64 |
| \$290,000 | \$18.56 | \$18.56 | \$21.17 | \$25.23 | \$33.35 | \$43.79 | \$65.25 | \$94.25 | \$146.45 | \$221.85 | \$374.10 | \$698.90 | \$1,388.52 |
| \$300,000 | \$19.20 | \$19.20 | \$21.90 | \$26.10 | \$34.50 | \$45.30 | \$67.50 | \$97.50 | \$151.50 | \$229.50 | \$387.00 | \$723.00 | \$1,436.40 |
| \$310,000 | \$19.84 | \$19.84 | \$22.63 | \$26.97 | \$35.65 | \$46.81 | \$69.75 | \$100.75 | \$156.55 | \$237.15 | \$399.90 | \$747.10 | \$1,484.28 |
| \$320,000 | \$20.48 | \$20.48 | \$23.36 | \$27.84 | \$36.80 | \$48.32 | \$72.00 | \$104.00 | \$161.60 | \$244.80 | \$412.80 | \$771.20 | \$1,532.16 |
| \$330,000 | \$21.12 | \$21.12 | \$24.09 | \$28.71 | \$37.95 | \$49.83 | \$74.25 | \$107.25 | \$166.65 | \$252.45 | \$425.70 | \$795.30 | \$1,580.04 |
| \$340,000 | \$21.76 | \$21.76 | \$24.82 | \$29.58 | \$39.10 | \$51.34 | \$76.50 | \$110.50 | \$171.70 | \$260.10 | \$438.60 | \$819.40 | \$1,627.92 |
| \$350,000 | \$22.40 | \$22.40 | \$25.55 | \$30.45 | \$40.25 | \$52.85 | \$78.75 | \$113.75 | \$176.75 | \$267.75 | \$451.50 | \$843.50 | \$1,675.80 |
| \$360,000 | \$23.04 | \$23.04 | \$26.28 | \$31.32 | \$41.40 | \$54.36 | \$81.00 | \$117.00 | \$181.80 | \$275.40 | \$464.40 | \$867.60 | \$1,723.68 |
| \$370,000 | \$23.68 | \$23.68 | \$27.01 | \$32.19 | \$42.55 | \$55.87 | \$83.25 | \$120.25 | \$186.85 | \$283.05 | \$477.30 | \$891.70 | \$1,771.56 |
| \$380,000 | \$24.32 | \$24.32 | \$27.74 | \$33.06 | \$43.70 | \$57.38 | \$85.50 | \$123.50 | \$191.90 | \$290.70 | \$490.20 | \$915.80 | \$1,819.44 |

Note: Spouse premiums are based on your spouse's age as of 08/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 10 Pay Spouse Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-------------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|------------|
| \$390,000 | \$24.96 | \$24.96 | \$28.47 | \$33.93 | \$44.85 | \$58.89 | \$87.75 | \$126.75 | \$196.95 | \$298.35 | \$503.10 | \$939.90 | \$1,867.32 |
| \$400,000 | \$25.60 | \$25.60 | \$29.20 | \$34.80 | \$46.00 | \$60.40 | \$90.00 | \$130.00 | \$202.00 | \$306.00 | \$516.00 | \$964.00 | \$1,915.20 |
| \$410,000 | \$26.24 | \$26.24 | \$29.93 | \$35.67 | \$47.15 | \$61.91 | \$92.25 | \$133.25 | \$207.05 | \$313.65 | \$528.90 | \$988.10 | \$1,963.08 |
| \$420,000 | \$26.88 | \$26.88 | \$30.66 | \$36.54 | \$48.30 | \$63.42 | \$94.50 | \$136.50 | \$212.10 | \$321.30 | \$541.80 | \$1,012.20 | \$2,010.96 |
| \$430,000 | \$27.52 | \$27.52 | \$31.39 | \$37.41 | \$49.45 | \$64.93 | \$96.75 | \$139.75 | \$217.15 | \$328.95 | \$554.70 | \$1,036.30 | \$2,058.84 |
| \$440,000 | \$28.16 | \$28.16 | \$32.12 | \$38.28 | \$50.60 | \$66.44 | \$99.00 | \$143.00 | \$222.20 | \$336.60 | \$567.60 | \$1,060.40 | \$2,106.72 |
| \$450,000 | \$28.80 | \$28.80 | \$32.85 | \$39.15 | \$51.75 | \$67.95 | \$101.25 | \$146.25 | \$227.25 | \$344.25 | \$580.50 | \$1,084.50 | \$2,154.60 |
| \$460,000 | \$29.44 | \$29.44 | \$33.58 | \$40.02 | \$52.90 | \$69.46 | \$103.50 | \$149.50 | \$232.30 | \$351.90 | \$593.40 | \$1,108.60 | \$2,202.48 |
| \$470,000 | \$30.08 | \$30.08 | \$34.31 | \$40.89 | \$54.05 | \$70.97 | \$105.75 | \$152.75 | \$237.35 | \$359.55 | \$606.30 | \$1,132.70 | \$2,250.36 |
| \$480,000 | \$30.72 | \$30.72 | \$35.04 | \$41.76 | \$55.20 | \$72.48 | \$108.00 | \$156.00 | \$242.40 | \$367.20 | \$619.20 | \$1,156.80 | \$2,298.24 |
| \$490,000 | \$31.36 | \$31.36 | \$35.77 | \$42.63 | \$56.35 | \$73.99 | \$110.25 | \$159.25 | \$247.45 | \$374.85 | \$632.10 | \$1,180.90 | \$2,346.12 |
| \$500,000 | \$32.00 | \$32.00 | \$36.50 | \$43.50 | \$57.50 | \$75.50 | \$112.50 | \$162.50 | \$252.50 | \$382.50 | \$645.00 | \$1,205.00 | \$2,394.00 |

Child Options

| Life & AD&D | Child(ren) 6 months to age 19, or 25 if full-time student | Child(ren) live birth to 6 months | Deduction Amount Child(ren) |
|-------------|-----------------------------------------------------------|-----------------------------------|-----------------------------|
| Option 1: | \$2,500 | \$1,000 | \$0.67 |
| Option 2: | \$5,000 | \$1,000 | \$1.34 |
| Option 3: | \$7,500 | \$1,000 | \$2.02 |
| Option 4: | \$10,000 | \$1,000 | \$2.69 |

Note: Spouse premiums are based on your spouse's age as of 08/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 12 Pay Employee Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-----------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|
| \$10,000 | \$0.53 | \$0.53 | \$0.61 | \$0.72 | \$0.96 | \$1.26 | \$1.87 | \$2.71 | \$4.21 | \$6.37 | \$10.75 | \$19.18 | \$39.90 |
| \$20,000 | \$1.06 | \$1.06 | \$1.22 | \$1.44 | \$1.92 | \$2.52 | \$3.74 | \$5.42 | \$8.42 | \$12.74 | \$21.50 | \$38.36 | \$79.80 |
| \$30,000 | \$1.59 | \$1.59 | \$1.83 | \$2.16 | \$2.88 | \$3.78 | \$5.61 | \$8.13 | \$12.63 | \$19.11 | \$32.25 | \$57.54 | \$119.70 |
| \$40,000 | \$2.12 | \$2.12 | \$2.44 | \$2.88 | \$3.84 | \$5.04 | \$7.48 | \$10.84 | \$16.84 | \$25.48 | \$43.00 | \$76.72 | \$159.60 |
| \$50,000 | \$2.65 | \$2.65 | \$3.05 | \$3.60 | \$4.80 | \$6.30 | \$9.35 | \$13.55 | \$21.05 | \$31.85 | \$53.75 | \$95.90 | \$199.50 |
| \$60,000 | \$3.18 | \$3.18 | \$3.66 | \$4.32 | \$5.76 | \$7.56 | \$11.22 | \$16.26 | \$25.26 | \$38.22 | \$64.50 | \$115.08 | \$239.40 |
| \$70,000 | \$3.71 | \$3.71 | \$4.27 | \$5.04 | \$6.72 | \$8.82 | \$13.09 | \$18.97 | \$29.47 | \$44.59 | \$75.25 | \$134.26 | \$279.30 |
| \$80,000 | \$4.24 | \$4.24 | \$4.88 | \$5.76 | \$7.68 | \$10.08 | \$14.96 | \$21.68 | \$33.68 | \$50.96 | \$86.00 | \$153.44 | \$319.20 |
| \$90,000 | \$4.77 | \$4.77 | \$5.49 | \$6.48 | \$8.64 | \$11.34 | \$16.83 | \$24.39 | \$37.89 | \$57.33 | \$96.75 | \$172.62 | \$359.10 |
| \$100,000 | \$5.30 | \$5.30 | \$6.10 | \$7.20 | \$9.60 | \$12.60 | \$18.70 | \$27.10 | \$42.10 | \$63.70 | \$107.50 | \$191.80 | \$399.00 |
| \$110,000 | \$5.83 | \$5.83 | \$6.71 | \$7.92 | \$10.56 | \$13.86 | \$20.57 | \$29.81 | \$46.31 | \$70.07 | \$118.25 | \$210.98 | \$438.90 |
| \$120,000 | \$6.36 | \$6.36 | \$7.32 | \$8.64 | \$11.52 | \$15.12 | \$22.44 | \$32.52 | \$50.52 | \$76.44 | \$129.00 | \$230.16 | \$478.80 |
| \$130,000 | \$6.89 | \$6.89 | \$7.93 | \$9.36 | \$12.48 | \$16.38 | \$24.31 | \$35.23 | \$54.73 | \$82.81 | \$139.75 | \$249.34 | \$518.70 |
| \$140,000 | \$7.42 | \$7.42 | \$8.54 | \$10.08 | \$13.44 | \$17.64 | \$26.18 | \$37.94 | \$58.94 | \$89.18 | \$150.50 | \$268.52 | \$558.60 |
| \$150,000 | \$7.95 | \$7.95 | \$9.15 | \$10.80 | \$14.40 | \$18.90 | \$28.05 | \$40.65 | \$63.15 | \$95.55 | \$161.25 | \$287.70 | \$598.50 |
| \$160,000 | \$8.48 | \$8.48 | \$9.76 | \$11.52 | \$15.36 | \$20.16 | \$29.92 | \$43.36 | \$67.36 | \$101.92 | \$172.00 | \$306.88 | \$638.40 |
| \$170,000 | \$9.01 | \$9.01 | \$10.37 | \$12.24 | \$16.32 | \$21.42 | \$31.79 | \$46.07 | \$71.57 | \$108.29 | \$182.75 | \$326.06 | \$678.30 |
| \$180,000 | \$9.54 | \$9.54 | \$10.98 | \$12.96 | \$17.28 | \$22.68 | \$33.66 | \$48.78 | \$75.78 | \$114.66 | \$193.50 | \$345.24 | \$718.20 |
| \$190,000 | \$10.07 | \$10.07 | \$11.59 | \$13.68 | \$18.24 | \$23.94 | \$35.53 | \$51.49 | \$79.99 | \$121.03 | \$204.25 | \$364.42 | \$758.10 |
| \$200,000 | \$10.60 | \$10.60 | \$12.20 | \$14.40 | \$19.20 | \$25.20 | \$37.40 | \$54.20 | \$84.20 | \$127.40 | \$215.00 | \$383.60 | \$798.00 |
| The amounts below require Statement of Insurability form | | | | | | | | | | | | | |
| \$210,000 | \$11.13 | \$11.13 | \$12.81 | \$15.12 | \$20.16 | \$26.46 | \$39.27 | \$56.91 | \$88.41 | \$133.77 | \$225.75 | \$402.78 | \$837.90 |
| \$220,000 | \$11.66 | \$11.66 | \$13.42 | \$15.84 | \$21.12 | \$27.72 | \$41.14 | \$59.62 | \$92.62 | \$140.14 | \$236.50 | \$421.96 | \$877.80 |
| \$230,000 | \$12.19 | \$12.19 | \$14.03 | \$16.56 | \$22.08 | \$28.98 | \$43.01 | \$62.33 | \$96.83 | \$146.51 | \$247.25 | \$441.14 | \$917.70 |
| \$240,000 | \$12.72 | \$12.72 | \$14.64 | \$17.28 | \$23.04 | \$30.24 | \$44.88 | \$65.04 | \$101.04 | \$152.88 | \$258.00 | \$460.32 | \$957.60 |
| \$250,000 | \$13.25 | \$13.25 | \$15.25 | \$18.00 | \$24.00 | \$31.50 | \$46.75 | \$67.75 | \$105.25 | \$159.25 | \$268.75 | \$479.50 | \$997.50 |
| \$260,000 | \$13.78 | \$13.78 | \$15.86 | \$18.72 | \$24.96 | \$32.76 | \$48.62 | \$70.46 | \$109.46 | \$165.62 | \$279.50 | \$498.68 | \$1,037.40 |
| \$270,000 | \$14.31 | \$14.31 | \$16.47 | \$19.44 | \$25.92 | \$34.02 | \$50.49 | \$73.17 | \$113.67 | \$171.99 | \$290.25 | \$517.86 | \$1,077.30 |
| \$280,000 | \$14.84 | \$14.84 | \$17.08 | \$20.16 | \$26.88 | \$35.28 | \$52.36 | \$75.88 | \$117.88 | \$178.36 | \$301.00 | \$537.04 | \$1,117.20 |
| \$290,000 | \$15.37 | \$15.37 | \$17.69 | \$20.88 | \$27.84 | \$36.54 | \$54.23 | \$78.59 | \$122.09 | \$184.73 | \$311.75 | \$556.22 | \$1,157.10 |
| \$300,000 | \$15.90 | \$15.90 | \$18.30 | \$21.60 | \$28.80 | \$37.80 | \$56.10 | \$81.30 | \$126.30 | \$191.10 | \$322.50 | \$575.40 | \$1,197.00 |
| \$310,000 | \$16.43 | \$16.43 | \$18.91 | \$22.32 | \$29.76 | \$39.06 | \$57.97 | \$84.01 | \$130.51 | \$197.47 | \$333.25 | \$594.58 | \$1,236.90 |
| \$320,000 | \$16.96 | \$16.96 | \$19.52 | \$23.04 | \$30.72 | \$40.32 | \$59.84 | \$86.72 | \$134.72 | \$203.84 | \$344.00 | \$613.76 | \$1,276.80 |
| \$330,000 | \$17.49 | \$17.49 | \$20.13 | \$23.76 | \$31.68 | \$41.58 | \$61.71 | \$89.43 | \$138.93 | \$210.21 | \$354.75 | \$632.94 | \$1,316.70 |
| \$340,000 | \$18.02 | \$18.02 | \$20.74 | \$24.48 | \$32.64 | \$42.84 | \$63.58 | \$92.14 | \$143.14 | \$216.58 | \$365.50 | \$652.12 | \$1,356.60 |
| \$350,000 | \$18.55 | \$18.55 | \$21.35 | \$25.20 | \$33.60 | \$44.10 | \$65.45 | \$94.85 | \$147.35 | \$222.95 | \$376.25 | \$671.30 | \$1,396.50 |
| \$360,000 | \$19.08 | \$19.08 | \$21.96 | \$25.92 | \$34.56 | \$45.36 | \$67.32 | \$97.56 | \$151.56 | \$229.32 | \$387.00 | \$690.48 | \$1,436.40 |
| \$370,000 | \$19.61 | \$19.61 | \$22.57 | \$26.64 | \$35.52 | \$46.62 | \$69.19 | \$100.27 | \$155.77 | \$235.69 | \$397.75 | \$709.66 | \$1,476.30 |
| \$380,000 | \$20.14 | \$20.14 | \$23.18 | \$27.36 | \$36.48 | \$47.88 | \$71.06 | \$102.98 | \$159.98 | \$242.06 | \$408.50 | \$728.84 | \$1,516.20 |

Note: Premiums are based on your age as of 08/01 and amount of coverage chosen.

OneAmerica[®] is the marketing name for the companies of OneAmerica.

Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 12 Pay Employee Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|
| \$390,000 | \$20.67 | \$20.67 | \$23.79 | \$28.08 | \$37.44 | \$49.14 | \$72.93 | \$105.69 | \$164.19 | \$248.43 | \$419.25 | \$748.02 | \$1,556.10 |
| \$400,000 | \$21.20 | \$21.20 | \$24.40 | \$28.80 | \$38.40 | \$50.40 | \$74.80 | \$108.40 | \$168.40 | \$254.80 | \$430.00 | \$767.20 | \$1,596.00 |
| \$410,000 | \$21.73 | \$21.73 | \$25.01 | \$29.52 | \$39.36 | \$51.66 | \$76.67 | \$111.11 | \$172.61 | \$261.17 | \$440.75 | \$786.38 | \$1,635.90 |
| \$420,000 | \$22.26 | \$22.26 | \$25.62 | \$30.24 | \$40.32 | \$52.92 | \$78.54 | \$113.82 | \$176.82 | \$267.54 | \$451.50 | \$805.56 | \$1,675.80 |
| \$430,000 | \$22.79 | \$22.79 | \$26.23 | \$30.96 | \$41.28 | \$54.18 | \$80.41 | \$116.53 | \$181.03 | \$273.91 | \$462.25 | \$824.74 | \$1,715.70 |
| \$440,000 | \$23.32 | \$23.32 | \$26.84 | \$31.68 | \$42.24 | \$55.44 | \$82.28 | \$119.24 | \$185.24 | \$280.28 | \$473.00 | \$843.92 | \$1,755.60 |
| \$450,000 | \$23.85 | \$23.85 | \$27.45 | \$32.40 | \$43.20 | \$56.70 | \$84.15 | \$121.95 | \$189.45 | \$286.65 | \$483.75 | \$863.10 | \$1,795.50 |
| \$460,000 | \$24.38 | \$24.38 | \$28.06 | \$33.12 | \$44.16 | \$57.96 | \$86.02 | \$124.66 | \$193.66 | \$293.02 | \$494.50 | \$882.28 | \$1,835.40 |
| \$470,000 | \$24.91 | \$24.91 | \$28.67 | \$33.84 | \$45.12 | \$59.22 | \$87.89 | \$127.37 | \$197.87 | \$299.39 | \$505.25 | \$901.46 | \$1,875.30 |
| \$480,000 | \$25.44 | \$25.44 | \$29.28 | \$34.56 | \$46.08 | \$60.48 | \$89.76 | \$130.08 | \$202.08 | \$305.76 | \$516.00 | \$920.64 | \$1,915.20 |
| \$490,000 | \$25.97 | \$25.97 | \$29.89 | \$35.28 | \$47.04 | \$61.74 | \$91.63 | \$132.79 | \$206.29 | \$312.13 | \$526.75 | \$939.82 | \$1,955.10 |
| \$500,000 | \$26.50 | \$26.50 | \$30.50 | \$36.00 | \$48.00 | \$63.00 | \$93.50 | \$135.50 | \$210.50 | \$318.50 | \$537.50 | \$959.00 | \$1,995.00 |

Note: Premiums are based on your age as of 08/01 and amount of coverage chosen.

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Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 12 Pay Spouse Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-----------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|
| \$10,000 | \$0.53 | \$0.53 | \$0.61 | \$0.72 | \$0.96 | \$1.26 | \$1.87 | \$2.71 | \$4.21 | \$6.37 | \$10.75 | \$20.08 | \$39.90 |
| \$20,000 | \$1.06 | \$1.06 | \$1.22 | \$1.44 | \$1.92 | \$2.52 | \$3.74 | \$5.42 | \$8.42 | \$12.74 | \$21.50 | \$40.16 | \$79.80 |
| \$30,000 | \$1.59 | \$1.59 | \$1.83 | \$2.16 | \$2.88 | \$3.78 | \$5.61 | \$8.13 | \$12.63 | \$19.11 | \$32.25 | \$60.24 | \$119.70 |
| \$40,000 | \$2.12 | \$2.12 | \$2.44 | \$2.88 | \$3.84 | \$5.04 | \$7.48 | \$10.84 | \$16.84 | \$25.48 | \$43.00 | \$80.32 | \$159.60 |
| \$50,000 | \$2.65 | \$2.65 | \$3.05 | \$3.60 | \$4.80 | \$6.30 | \$9.35 | \$13.55 | \$21.05 | \$31.85 | \$53.75 | \$100.40 | \$199.50 |
| The amounts below require Statement of Insurability form | | | | | | | | | | | | | |
| \$60,000 | \$3.18 | \$3.18 | \$3.66 | \$4.32 | \$5.76 | \$7.56 | \$11.22 | \$16.26 | \$25.26 | \$38.22 | \$64.50 | \$120.48 | \$239.40 |
| \$70,000 | \$3.71 | \$3.71 | \$4.27 | \$5.04 | \$6.72 | \$8.82 | \$13.09 | \$18.97 | \$29.47 | \$44.59 | \$75.25 | \$140.56 | \$279.30 |
| \$80,000 | \$4.24 | \$4.24 | \$4.88 | \$5.76 | \$7.68 | \$10.08 | \$14.96 | \$21.68 | \$33.68 | \$50.96 | \$86.00 | \$160.64 | \$319.20 |
| \$90,000 | \$4.77 | \$4.77 | \$5.49 | \$6.48 | \$8.64 | \$11.34 | \$16.83 | \$24.39 | \$37.89 | \$57.33 | \$96.75 | \$180.72 | \$359.10 |
| \$100,000 | \$5.30 | \$5.30 | \$6.10 | \$7.20 | \$9.60 | \$12.60 | \$18.70 | \$27.10 | \$42.10 | \$63.70 | \$107.50 | \$200.80 | \$399.00 |
| \$110,000 | \$5.83 | \$5.83 | \$6.71 | \$7.92 | \$10.56 | \$13.86 | \$20.57 | \$29.81 | \$46.31 | \$70.07 | \$118.25 | \$220.88 | \$438.90 |
| \$120,000 | \$6.36 | \$6.36 | \$7.32 | \$8.64 | \$11.52 | \$15.12 | \$22.44 | \$32.52 | \$50.52 | \$76.44 | \$129.00 | \$240.96 | \$478.80 |
| \$130,000 | \$6.89 | \$6.89 | \$7.93 | \$9.36 | \$12.48 | \$16.38 | \$24.31 | \$35.23 | \$54.73 | \$82.81 | \$139.75 | \$261.04 | \$518.70 |
| \$140,000 | \$7.42 | \$7.42 | \$8.54 | \$10.08 | \$13.44 | \$17.64 | \$26.18 | \$37.94 | \$58.94 | \$89.18 | \$150.50 | \$281.12 | \$558.60 |
| \$150,000 | \$7.95 | \$7.95 | \$9.15 | \$10.80 | \$14.40 | \$18.90 | \$28.05 | \$40.65 | \$63.15 | \$95.55 | \$161.25 | \$301.20 | \$598.50 |
| \$160,000 | \$8.48 | \$8.48 | \$9.76 | \$11.52 | \$15.36 | \$20.16 | \$29.92 | \$43.36 | \$67.36 | \$101.92 | \$172.00 | \$321.28 | \$638.40 |
| \$170,000 | \$9.01 | \$9.01 | \$10.37 | \$12.24 | \$16.32 | \$21.42 | \$31.79 | \$46.07 | \$71.57 | \$108.29 | \$182.75 | \$341.36 | \$678.30 |
| \$180,000 | \$9.54 | \$9.54 | \$10.98 | \$12.96 | \$17.28 | \$22.68 | \$33.66 | \$48.78 | \$75.78 | \$114.66 | \$193.50 | \$361.44 | \$718.20 |
| \$190,000 | \$10.07 | \$10.07 | \$11.59 | \$13.68 | \$18.24 | \$23.94 | \$35.53 | \$51.49 | \$79.99 | \$121.03 | \$204.25 | \$381.52 | \$758.10 |
| \$200,000 | \$10.60 | \$10.60 | \$12.20 | \$14.40 | \$19.20 | \$25.20 | \$37.40 | \$54.20 | \$84.20 | \$127.40 | \$215.00 | \$401.60 | \$798.00 |
| \$210,000 | \$11.13 | \$11.13 | \$12.81 | \$15.12 | \$20.16 | \$26.46 | \$39.27 | \$56.91 | \$88.41 | \$133.77 | \$225.75 | \$421.68 | \$837.90 |
| \$220,000 | \$11.66 | \$11.66 | \$13.42 | \$15.84 | \$21.12 | \$27.72 | \$41.14 | \$59.62 | \$92.62 | \$140.14 | \$236.50 | \$441.76 | \$877.80 |
| \$230,000 | \$12.19 | \$12.19 | \$14.03 | \$16.56 | \$22.08 | \$28.98 | \$43.01 | \$62.33 | \$96.83 | \$146.51 | \$247.25 | \$461.84 | \$917.70 |
| \$240,000 | \$12.72 | \$12.72 | \$14.64 | \$17.28 | \$23.04 | \$30.24 | \$44.88 | \$65.04 | \$101.04 | \$152.88 | \$258.00 | \$481.92 | \$957.60 |
| \$250,000 | \$13.25 | \$13.25 | \$15.25 | \$18.00 | \$24.00 | \$31.50 | \$46.75 | \$67.75 | \$105.25 | \$159.25 | \$268.75 | \$502.00 | \$997.50 |
| \$260,000 | \$13.78 | \$13.78 | \$15.86 | \$18.72 | \$24.96 | \$32.76 | \$48.62 | \$70.46 | \$109.46 | \$165.62 | \$279.50 | \$522.08 | \$1,037.40 |
| \$270,000 | \$14.31 | \$14.31 | \$16.47 | \$19.44 | \$25.92 | \$34.02 | \$50.49 | \$73.17 | \$113.67 | \$171.99 | \$290.25 | \$542.16 | \$1,077.30 |
| \$280,000 | \$14.84 | \$14.84 | \$17.08 | \$20.16 | \$26.88 | \$35.28 | \$52.36 | \$75.88 | \$117.88 | \$178.36 | \$301.00 | \$562.24 | \$1,117.20 |
| \$290,000 | \$15.37 | \$15.37 | \$17.69 | \$20.88 | \$27.84 | \$36.54 | \$54.23 | \$78.59 | \$122.09 | \$184.73 | \$311.75 | \$582.32 | \$1,157.10 |
| \$300,000 | \$15.90 | \$15.90 | \$18.30 | \$21.60 | \$28.80 | \$37.80 | \$56.10 | \$81.30 | \$126.30 | \$191.10 | \$322.50 | \$602.40 | \$1,197.00 |
| \$310,000 | \$16.43 | \$16.43 | \$18.91 | \$22.32 | \$29.76 | \$39.06 | \$57.97 | \$84.01 | \$130.51 | \$197.47 | \$333.25 | \$622.48 | \$1,236.90 |
| \$320,000 | \$16.96 | \$16.96 | \$19.52 | \$23.04 | \$30.72 | \$40.32 | \$59.84 | \$86.72 | \$134.72 | \$203.84 | \$344.00 | \$642.56 | \$1,276.80 |
| \$330,000 | \$17.49 | \$17.49 | \$20.13 | \$23.76 | \$31.68 | \$41.58 | \$61.71 | \$89.43 | \$138.93 | \$210.21 | \$354.75 | \$662.64 | \$1,316.70 |
| \$340,000 | \$18.02 | \$18.02 | \$20.74 | \$24.48 | \$32.64 | \$42.84 | \$63.58 | \$92.14 | \$143.14 | \$216.58 | \$365.50 | \$682.72 | \$1,356.60 |
| \$350,000 | \$18.55 | \$18.55 | \$21.35 | \$25.20 | \$33.60 | \$44.10 | \$65.45 | \$94.85 | \$147.35 | \$222.95 | \$376.25 | \$702.80 | \$1,396.50 |
| \$360,000 | \$19.08 | \$19.08 | \$21.96 | \$25.92 | \$34.56 | \$45.36 | \$67.32 | \$97.56 | \$151.56 | \$229.32 | \$387.00 | \$722.88 | \$1,436.40 |
| \$370,000 | \$19.61 | \$19.61 | \$22.57 | \$26.64 | \$35.52 | \$46.62 | \$69.19 | \$100.27 | \$155.77 | \$235.69 | \$397.75 | \$742.96 | \$1,476.30 |
| \$380,000 | \$20.14 | \$20.14 | \$23.18 | \$27.36 | \$36.48 | \$47.88 | \$71.06 | \$102.98 | \$159.98 | \$242.06 | \$408.50 | \$763.04 | \$1,516.20 |

Note: Spouse premiums are based on your spouse's age as of 08/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 12 Pay Spouse Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|------------|------------|
| \$390,000 | \$20.67 | \$20.67 | \$23.79 | \$28.08 | \$37.44 | \$49.14 | \$72.93 | \$105.69 | \$164.19 | \$248.43 | \$419.25 | \$783.12 | \$1,556.10 |
| \$400,000 | \$21.20 | \$21.20 | \$24.40 | \$28.80 | \$38.40 | \$50.40 | \$74.80 | \$108.40 | \$168.40 | \$254.80 | \$430.00 | \$803.20 | \$1,596.00 |
| \$410,000 | \$21.73 | \$21.73 | \$25.01 | \$29.52 | \$39.36 | \$51.66 | \$76.67 | \$111.11 | \$172.61 | \$261.17 | \$440.75 | \$823.28 | \$1,635.90 |
| \$420,000 | \$22.26 | \$22.26 | \$25.62 | \$30.24 | \$40.32 | \$52.92 | \$78.54 | \$113.82 | \$176.82 | \$267.54 | \$451.50 | \$843.36 | \$1,675.80 |
| \$430,000 | \$22.79 | \$22.79 | \$26.23 | \$30.96 | \$41.28 | \$54.18 | \$80.41 | \$116.53 | \$181.03 | \$273.91 | \$462.25 | \$863.44 | \$1,715.70 |
| \$440,000 | \$23.32 | \$23.32 | \$26.84 | \$31.68 | \$42.24 | \$55.44 | \$82.28 | \$119.24 | \$185.24 | \$280.28 | \$473.00 | \$883.52 | \$1,755.60 |
| \$450,000 | \$23.85 | \$23.85 | \$27.45 | \$32.40 | \$43.20 | \$56.70 | \$84.15 | \$121.95 | \$189.45 | \$286.65 | \$483.75 | \$903.60 | \$1,795.50 |
| \$460,000 | \$24.38 | \$24.38 | \$28.06 | \$33.12 | \$44.16 | \$57.96 | \$86.02 | \$124.66 | \$193.66 | \$293.02 | \$494.50 | \$923.68 | \$1,835.40 |
| \$470,000 | \$24.91 | \$24.91 | \$28.67 | \$33.84 | \$45.12 | \$59.22 | \$87.89 | \$127.37 | \$197.87 | \$299.39 | \$505.25 | \$943.76 | \$1,875.30 |
| \$480,000 | \$25.44 | \$25.44 | \$29.28 | \$34.56 | \$46.08 | \$60.48 | \$89.76 | \$130.08 | \$202.08 | \$305.76 | \$516.00 | \$963.84 | \$1,915.20 |
| \$490,000 | \$25.97 | \$25.97 | \$29.89 | \$35.28 | \$47.04 | \$61.74 | \$91.63 | \$132.79 | \$206.29 | \$312.13 | \$526.75 | \$983.92 | \$1,955.10 |
| \$500,000 | \$26.50 | \$26.50 | \$30.50 | \$36.00 | \$48.00 | \$63.00 | \$93.50 | \$135.50 | \$210.50 | \$318.50 | \$537.50 | \$1,004.00 | \$1,995.00 |

Child Options

| Life & AD&D | Child(ren) 6 months to age 19, or 25 if full-time student | Child(ren) live birth to 6 months | Deduction Amount Child(ren) |
|-------------|-----------------------------------------------------------|-----------------------------------|-----------------------------|
| Option 1: | \$2,500 | \$1,000 | \$0.56 |
| Option 2: | \$5,000 | \$1,000 | \$1.12 |
| Option 3: | \$7,500 | \$1,000 | \$1.68 |
| Option 4: | \$10,000 | \$1,000 | \$2.24 |

Note: Spouse premiums are based on your spouse's age as of 08/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 20 Pay Employee Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-----------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|
| \$10,000 | \$0.33 | \$0.33 | \$0.37 | \$0.44 | \$0.58 | \$0.76 | \$1.13 | \$1.63 | \$2.53 | \$3.83 | \$6.46 | \$11.52 | \$23.95 |
| \$20,000 | \$0.64 | \$0.64 | \$0.73 | \$0.87 | \$1.15 | \$1.51 | \$2.25 | \$3.25 | \$5.05 | \$7.65 | \$12.90 | \$23.02 | \$47.88 |
| \$30,000 | \$0.97 | \$0.97 | \$1.10 | \$1.31 | \$1.73 | \$2.27 | \$3.38 | \$4.88 | \$7.58 | \$11.48 | \$19.36 | \$34.54 | \$71.83 |
| \$40,000 | \$1.28 | \$1.28 | \$1.46 | \$1.74 | \$2.30 | \$3.02 | \$4.50 | \$6.50 | \$10.10 | \$15.30 | \$25.80 | \$46.04 | \$95.76 |
| \$50,000 | \$1.61 | \$1.61 | \$1.83 | \$2.18 | \$2.88 | \$3.78 | \$5.63 | \$8.13 | \$12.63 | \$19.13 | \$32.26 | \$57.56 | \$119.71 |
| \$60,000 | \$1.92 | \$1.92 | \$2.19 | \$2.61 | \$3.45 | \$4.53 | \$6.75 | \$9.75 | \$15.15 | \$22.95 | \$38.70 | \$69.06 | \$143.64 |
| \$70,000 | \$2.25 | \$2.25 | \$2.56 | \$3.05 | \$4.03 | \$5.29 | \$7.88 | \$11.38 | \$17.68 | \$26.78 | \$45.16 | \$80.58 | \$167.59 |
| \$80,000 | \$2.56 | \$2.56 | \$2.92 | \$3.48 | \$4.60 | \$6.04 | \$9.00 | \$13.00 | \$20.20 | \$30.60 | \$51.60 | \$92.08 | \$191.52 |
| \$90,000 | \$2.89 | \$2.89 | \$3.29 | \$3.92 | \$5.18 | \$6.80 | \$10.13 | \$14.63 | \$22.73 | \$34.43 | \$58.06 | \$103.60 | \$215.47 |
| \$100,000 | \$3.20 | \$3.20 | \$3.65 | \$4.35 | \$5.75 | \$7.55 | \$11.25 | \$16.25 | \$25.25 | \$38.25 | \$64.50 | \$115.10 | \$239.40 |
| \$110,000 | \$3.53 | \$3.53 | \$4.02 | \$4.79 | \$6.33 | \$8.31 | \$12.38 | \$17.88 | \$27.78 | \$42.08 | \$70.96 | \$126.62 | \$263.35 |
| \$120,000 | \$3.84 | \$3.84 | \$4.38 | \$5.22 | \$6.90 | \$9.06 | \$13.50 | \$19.50 | \$30.30 | \$45.90 | \$77.40 | \$138.12 | \$287.28 |
| \$130,000 | \$4.17 | \$4.17 | \$4.75 | \$5.66 | \$7.48 | \$9.82 | \$14.63 | \$21.13 | \$32.83 | \$49.73 | \$83.86 | \$149.64 | \$311.23 |
| \$140,000 | \$4.48 | \$4.48 | \$5.11 | \$6.09 | \$8.05 | \$10.57 | \$15.75 | \$22.75 | \$35.35 | \$53.55 | \$90.30 | \$161.14 | \$335.16 |
| \$150,000 | \$4.81 | \$4.81 | \$5.48 | \$6.53 | \$8.63 | \$11.33 | \$16.88 | \$24.38 | \$37.88 | \$57.38 | \$96.76 | \$172.66 | \$359.11 |
| \$160,000 | \$5.12 | \$5.12 | \$5.84 | \$6.96 | \$9.20 | \$12.08 | \$18.00 | \$26.00 | \$40.40 | \$61.20 | \$103.20 | \$184.16 | \$383.04 |
| \$170,000 | \$5.45 | \$5.45 | \$6.21 | \$7.40 | \$9.78 | \$12.84 | \$19.13 | \$27.63 | \$42.93 | \$65.03 | \$109.66 | \$195.68 | \$406.99 |
| \$180,000 | \$5.76 | \$5.76 | \$6.57 | \$7.83 | \$10.35 | \$13.59 | \$20.25 | \$29.25 | \$45.45 | \$68.85 | \$116.10 | \$207.18 | \$430.92 |
| \$190,000 | \$6.09 | \$6.09 | \$6.94 | \$8.27 | \$10.93 | \$14.35 | \$21.38 | \$30.88 | \$47.98 | \$72.68 | \$122.56 | \$218.70 | \$454.87 |
| \$200,000 | \$6.40 | \$6.40 | \$7.30 | \$8.70 | \$11.50 | \$15.10 | \$22.50 | \$32.50 | \$50.50 | \$76.50 | \$129.00 | \$230.20 | \$478.80 |
| The amounts below require Statement of Insurability form | | | | | | | | | | | | | |
| \$210,000 | \$6.73 | \$6.73 | \$7.67 | \$9.14 | \$12.08 | \$15.86 | \$23.63 | \$34.13 | \$53.03 | \$80.33 | \$135.46 | \$241.72 | \$502.75 |
| \$220,000 | \$7.04 | \$7.04 | \$8.03 | \$9.57 | \$12.65 | \$16.61 | \$24.75 | \$35.75 | \$55.55 | \$84.15 | \$141.90 | \$253.22 | \$526.68 |
| \$230,000 | \$7.37 | \$7.37 | \$8.40 | \$10.01 | \$13.23 | \$17.37 | \$25.88 | \$37.38 | \$58.08 | \$87.98 | \$148.36 | \$264.74 | \$550.63 |
| \$240,000 | \$7.68 | \$7.68 | \$8.76 | \$10.44 | \$13.80 | \$18.12 | \$27.00 | \$39.00 | \$60.60 | \$91.80 | \$154.80 | \$276.24 | \$574.56 |
| \$250,000 | \$8.01 | \$8.01 | \$9.13 | \$10.88 | \$14.38 | \$18.88 | \$28.13 | \$40.63 | \$63.13 | \$95.63 | \$161.26 | \$287.76 | \$598.51 |
| \$260,000 | \$8.32 | \$8.32 | \$9.49 | \$11.31 | \$14.95 | \$19.63 | \$29.25 | \$42.25 | \$65.65 | \$99.45 | \$167.70 | \$299.26 | \$622.44 |
| \$270,000 | \$8.65 | \$8.65 | \$9.86 | \$11.75 | \$15.53 | \$20.39 | \$30.38 | \$43.88 | \$68.18 | \$103.28 | \$174.16 | \$310.78 | \$646.39 |
| \$280,000 | \$8.96 | \$8.96 | \$10.22 | \$12.18 | \$16.10 | \$21.14 | \$31.50 | \$45.50 | \$70.70 | \$107.10 | \$180.60 | \$322.28 | \$670.32 |
| \$290,000 | \$9.29 | \$9.29 | \$10.59 | \$12.62 | \$16.68 | \$21.90 | \$32.63 | \$47.13 | \$73.23 | \$110.93 | \$187.06 | \$333.80 | \$694.27 |
| \$300,000 | \$9.60 | \$9.60 | \$10.95 | \$13.05 | \$17.25 | \$22.65 | \$33.75 | \$48.75 | \$75.75 | \$114.75 | \$193.50 | \$345.30 | \$718.20 |
| \$310,000 | \$9.93 | \$9.93 | \$11.32 | \$13.49 | \$17.83 | \$23.41 | \$34.88 | \$50.38 | \$78.28 | \$118.58 | \$199.96 | \$356.82 | \$742.15 |
| \$320,000 | \$10.24 | \$10.24 | \$11.68 | \$13.92 | \$18.40 | \$24.16 | \$36.00 | \$52.00 | \$80.80 | \$122.40 | \$206.40 | \$368.32 | \$766.08 |
| \$330,000 | \$10.57 | \$10.57 | \$12.05 | \$14.36 | \$18.98 | \$24.92 | \$37.13 | \$53.63 | \$83.33 | \$126.23 | \$212.86 | \$379.84 | \$790.03 |
| \$340,000 | \$10.88 | \$10.88 | \$12.41 | \$14.79 | \$19.55 | \$25.67 | \$38.25 | \$55.25 | \$85.85 | \$130.05 | \$219.30 | \$391.34 | \$813.96 |
| \$350,000 | \$11.21 | \$11.21 | \$12.78 | \$15.23 | \$20.13 | \$26.43 | \$39.38 | \$56.88 | \$88.38 | \$133.88 | \$225.76 | \$402.86 | \$837.91 |
| \$360,000 | \$11.52 | \$11.52 | \$13.14 | \$15.66 | \$20.70 | \$27.18 | \$40.50 | \$58.50 | \$90.90 | \$137.70 | \$232.20 | \$414.36 | \$861.84 |
| \$370,000 | \$11.85 | \$11.85 | \$13.51 | \$16.10 | \$21.28 | \$27.94 | \$41.63 | \$60.13 | \$93.43 | \$141.53 | \$238.66 | \$425.88 | \$885.79 |
| \$380,000 | \$12.16 | \$12.16 | \$13.87 | \$16.53 | \$21.85 | \$28.69 | \$42.75 | \$61.75 | \$95.95 | \$145.35 | \$245.10 | \$437.38 | \$909.72 |

Note: Premiums are based on your age as of 08/01 and amount of coverage chosen.

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You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 20 Pay Employee Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|------------|
| \$390,000 | \$12.49 | \$12.49 | \$14.24 | \$16.97 | \$22.43 | \$29.45 | \$43.88 | \$63.38 | \$98.48 | \$149.18 | \$251.56 | \$448.90 | \$933.67 |
| \$400,000 | \$12.80 | \$12.80 | \$14.60 | \$17.40 | \$23.00 | \$30.20 | \$45.00 | \$65.00 | \$101.00 | \$153.00 | \$258.00 | \$460.40 | \$957.60 |
| \$410,000 | \$13.13 | \$13.13 | \$14.97 | \$17.84 | \$23.58 | \$30.96 | \$46.13 | \$66.63 | \$103.53 | \$156.83 | \$264.46 | \$471.92 | \$981.55 |
| \$420,000 | \$13.44 | \$13.44 | \$15.33 | \$18.27 | \$24.15 | \$31.71 | \$47.25 | \$68.25 | \$106.05 | \$160.65 | \$270.90 | \$483.42 | \$1,005.48 |
| \$430,000 | \$13.77 | \$13.77 | \$15.70 | \$18.71 | \$24.73 | \$32.47 | \$48.38 | \$69.88 | \$108.58 | \$164.48 | \$277.36 | \$494.94 | \$1,029.43 |
| \$440,000 | \$14.08 | \$14.08 | \$16.06 | \$19.14 | \$25.30 | \$33.22 | \$49.50 | \$71.50 | \$111.10 | \$168.30 | \$283.80 | \$506.44 | \$1,053.36 |
| \$450,000 | \$14.41 | \$14.41 | \$16.43 | \$19.58 | \$25.88 | \$33.98 | \$50.63 | \$73.13 | \$113.63 | \$172.13 | \$290.26 | \$517.96 | \$1,077.31 |
| \$460,000 | \$14.72 | \$14.72 | \$16.79 | \$20.01 | \$26.45 | \$34.73 | \$51.75 | \$74.75 | \$116.15 | \$175.95 | \$296.70 | \$529.46 | \$1,101.24 |
| \$470,000 | \$15.05 | \$15.05 | \$17.16 | \$20.45 | \$27.03 | \$35.49 | \$52.88 | \$76.38 | \$118.68 | \$179.78 | \$303.16 | \$540.98 | \$1,125.19 |
| \$480,000 | \$15.36 | \$15.36 | \$17.52 | \$20.88 | \$27.60 | \$36.24 | \$54.00 | \$78.00 | \$121.20 | \$183.60 | \$309.60 | \$552.48 | \$1,149.12 |
| \$490,000 | \$15.69 | \$15.69 | \$17.89 | \$21.32 | \$28.18 | \$37.00 | \$55.13 | \$79.63 | \$123.73 | \$187.43 | \$316.06 | \$564.00 | \$1,173.07 |
| \$500,000 | \$16.00 | \$16.00 | \$18.25 | \$21.75 | \$28.75 | \$37.75 | \$56.25 | \$81.25 | \$126.25 | \$191.25 | \$322.50 | \$575.50 | \$1,197.00 |

Note: Premiums are based on your age as of 08/01 and amount of coverage chosen.

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Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 20 Pay Spouse Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-----------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|
| \$10,000 | \$0.33 | \$0.33 | \$0.37 | \$0.44 | \$0.58 | \$0.76 | \$1.13 | \$1.63 | \$2.53 | \$3.83 | \$6.46 | \$12.06 | \$23.95 |
| \$20,000 | \$0.64 | \$0.64 | \$0.73 | \$0.87 | \$1.15 | \$1.51 | \$2.25 | \$3.25 | \$5.05 | \$7.65 | \$12.90 | \$24.10 | \$47.88 |
| \$30,000 | \$0.97 | \$0.97 | \$1.10 | \$1.31 | \$1.73 | \$2.27 | \$3.38 | \$4.88 | \$7.58 | \$11.48 | \$19.36 | \$36.16 | \$71.83 |
| \$40,000 | \$1.28 | \$1.28 | \$1.46 | \$1.74 | \$2.30 | \$3.02 | \$4.50 | \$6.50 | \$10.10 | \$15.30 | \$25.80 | \$48.20 | \$95.76 |
| \$50,000 | \$1.61 | \$1.61 | \$1.83 | \$2.18 | \$2.88 | \$3.78 | \$5.63 | \$8.13 | \$12.63 | \$19.13 | \$32.26 | \$60.26 | \$119.71 |
| The amounts below require Statement of Insurability form | | | | | | | | | | | | | |
| \$60,000 | \$1.92 | \$1.92 | \$2.19 | \$2.61 | \$3.45 | \$4.53 | \$6.75 | \$9.75 | \$15.15 | \$22.95 | \$38.70 | \$72.30 | \$143.64 |
| \$70,000 | \$2.25 | \$2.25 | \$2.56 | \$3.05 | \$4.03 | \$5.29 | \$7.88 | \$11.38 | \$17.68 | \$26.78 | \$45.16 | \$84.36 | \$167.59 |
| \$80,000 | \$2.56 | \$2.56 | \$2.92 | \$3.48 | \$4.60 | \$6.04 | \$9.00 | \$13.00 | \$20.20 | \$30.60 | \$51.60 | \$96.40 | \$191.52 |
| \$90,000 | \$2.89 | \$2.89 | \$3.29 | \$3.92 | \$5.18 | \$6.80 | \$10.13 | \$14.63 | \$22.73 | \$34.43 | \$58.06 | \$108.46 | \$215.47 |
| \$100,000 | \$3.20 | \$3.20 | \$3.65 | \$4.35 | \$5.75 | \$7.55 | \$11.25 | \$16.25 | \$25.25 | \$38.25 | \$64.50 | \$120.50 | \$239.40 |
| \$110,000 | \$3.53 | \$3.53 | \$4.02 | \$4.79 | \$6.33 | \$8.31 | \$12.38 | \$17.88 | \$27.78 | \$42.08 | \$70.96 | \$132.56 | \$263.35 |
| \$120,000 | \$3.84 | \$3.84 | \$4.38 | \$5.22 | \$6.90 | \$9.06 | \$13.50 | \$19.50 | \$30.30 | \$45.90 | \$77.40 | \$144.60 | \$287.28 |
| \$130,000 | \$4.17 | \$4.17 | \$4.75 | \$5.66 | \$7.48 | \$9.82 | \$14.63 | \$21.13 | \$32.83 | \$49.73 | \$83.86 | \$156.66 | \$311.23 |
| \$140,000 | \$4.48 | \$4.48 | \$5.11 | \$6.09 | \$8.05 | \$10.57 | \$15.75 | \$22.75 | \$35.35 | \$53.55 | \$90.30 | \$168.70 | \$335.16 |
| \$150,000 | \$4.81 | \$4.81 | \$5.48 | \$6.53 | \$8.63 | \$11.33 | \$16.88 | \$24.38 | \$37.88 | \$57.38 | \$96.76 | \$180.76 | \$359.11 |
| \$160,000 | \$5.12 | \$5.12 | \$5.84 | \$6.96 | \$9.20 | \$12.08 | \$18.00 | \$26.00 | \$40.40 | \$61.20 | \$103.20 | \$192.80 | \$383.04 |
| \$170,000 | \$5.45 | \$5.45 | \$6.21 | \$7.40 | \$9.78 | \$12.84 | \$19.13 | \$27.63 | \$42.93 | \$65.03 | \$109.66 | \$204.86 | \$406.99 |
| \$180,000 | \$5.76 | \$5.76 | \$6.57 | \$7.83 | \$10.35 | \$13.59 | \$20.25 | \$29.25 | \$45.45 | \$68.85 | \$116.10 | \$216.90 | \$430.92 |
| \$190,000 | \$6.09 | \$6.09 | \$6.94 | \$8.27 | \$10.93 | \$14.35 | \$21.38 | \$30.88 | \$47.98 | \$72.68 | \$122.56 | \$228.96 | \$454.87 |
| \$200,000 | \$6.40 | \$6.40 | \$7.30 | \$8.70 | \$11.50 | \$15.10 | \$22.50 | \$32.50 | \$50.50 | \$76.50 | \$129.00 | \$241.00 | \$478.80 |
| \$210,000 | \$6.73 | \$6.73 | \$7.67 | \$9.14 | \$12.08 | \$15.86 | \$23.63 | \$34.13 | \$53.03 | \$80.33 | \$135.46 | \$253.06 | \$502.75 |
| \$220,000 | \$7.04 | \$7.04 | \$8.03 | \$9.57 | \$12.65 | \$16.61 | \$24.75 | \$35.75 | \$55.55 | \$84.15 | \$141.90 | \$265.10 | \$526.68 |
| \$230,000 | \$7.37 | \$7.37 | \$8.40 | \$10.01 | \$13.23 | \$17.37 | \$25.88 | \$37.38 | \$58.08 | \$87.98 | \$148.36 | \$277.16 | \$550.63 |
| \$240,000 | \$7.68 | \$7.68 | \$8.76 | \$10.44 | \$13.80 | \$18.12 | \$27.00 | \$39.00 | \$60.60 | \$91.80 | \$154.80 | \$289.20 | \$574.56 |
| \$250,000 | \$8.01 | \$8.01 | \$9.13 | \$10.88 | \$14.38 | \$18.88 | \$28.13 | \$40.63 | \$63.13 | \$95.63 | \$161.26 | \$301.26 | \$598.51 |
| \$260,000 | \$8.32 | \$8.32 | \$9.49 | \$11.31 | \$14.95 | \$19.63 | \$29.25 | \$42.25 | \$65.65 | \$99.45 | \$167.70 | \$313.30 | \$622.44 |
| \$270,000 | \$8.65 | \$8.65 | \$9.86 | \$11.75 | \$15.53 | \$20.39 | \$30.38 | \$43.88 | \$68.18 | \$103.28 | \$174.16 | \$325.36 | \$646.39 |
| \$280,000 | \$8.96 | \$8.96 | \$10.22 | \$12.18 | \$16.10 | \$21.14 | \$31.50 | \$45.50 | \$70.70 | \$107.10 | \$180.60 | \$337.40 | \$670.32 |
| \$290,000 | \$9.29 | \$9.29 | \$10.59 | \$12.62 | \$16.68 | \$21.90 | \$32.63 | \$47.13 | \$73.23 | \$110.93 | \$187.06 | \$349.46 | \$694.27 |
| \$300,000 | \$9.60 | \$9.60 | \$10.95 | \$13.05 | \$17.25 | \$22.65 | \$33.75 | \$48.75 | \$75.75 | \$114.75 | \$193.50 | \$361.50 | \$718.20 |
| \$310,000 | \$9.93 | \$9.93 | \$11.32 | \$13.49 | \$17.83 | \$23.41 | \$34.88 | \$50.38 | \$78.28 | \$118.58 | \$199.96 | \$373.56 | \$742.15 |
| \$320,000 | \$10.24 | \$10.24 | \$11.68 | \$13.92 | \$18.40 | \$24.16 | \$36.00 | \$52.00 | \$80.80 | \$122.40 | \$206.40 | \$385.60 | \$766.08 |
| \$330,000 | \$10.57 | \$10.57 | \$12.05 | \$14.36 | \$18.98 | \$24.92 | \$37.13 | \$53.63 | \$83.33 | \$126.23 | \$212.86 | \$397.66 | \$790.03 |
| \$340,000 | \$10.88 | \$10.88 | \$12.41 | \$14.79 | \$19.55 | \$25.67 | \$38.25 | \$55.25 | \$85.85 | \$130.05 | \$219.30 | \$409.70 | \$813.96 |
| \$350,000 | \$11.21 | \$11.21 | \$12.78 | \$15.23 | \$20.13 | \$26.43 | \$39.38 | \$56.88 | \$88.38 | \$133.88 | \$225.76 | \$421.76 | \$837.91 |
| \$360,000 | \$11.52 | \$11.52 | \$13.14 | \$15.66 | \$20.70 | \$27.18 | \$40.50 | \$58.50 | \$90.90 | \$137.70 | \$232.20 | \$433.80 | \$861.84 |
| \$370,000 | \$11.85 | \$11.85 | \$13.51 | \$16.10 | \$21.28 | \$27.94 | \$41.63 | \$60.13 | \$93.43 | \$141.53 | \$238.66 | \$445.86 | \$885.79 |
| \$380,000 | \$12.16 | \$12.16 | \$13.87 | \$16.53 | \$21.85 | \$28.69 | \$42.75 | \$61.75 | \$95.95 | \$145.35 | \$245.10 | \$457.90 | \$909.72 |

Note: Spouse premiums are based on your spouse's age as of 08/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica[®] is the marketing name for the companies of OneAmerica.

Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 20 Pay Spouse Options

| Life & AD&D | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 + |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|------------|
| \$390,000 | \$12.49 | \$12.49 | \$14.24 | \$16.97 | \$22.43 | \$29.45 | \$43.88 | \$63.38 | \$98.48 | \$149.18 | \$251.56 | \$469.96 | \$933.67 |
| \$400,000 | \$12.80 | \$12.80 | \$14.60 | \$17.40 | \$23.00 | \$30.20 | \$45.00 | \$65.00 | \$101.00 | \$153.00 | \$258.00 | \$482.00 | \$957.60 |
| \$410,000 | \$13.13 | \$13.13 | \$14.97 | \$17.84 | \$23.58 | \$30.96 | \$46.13 | \$66.63 | \$103.53 | \$156.83 | \$264.46 | \$494.06 | \$981.55 |
| \$420,000 | \$13.44 | \$13.44 | \$15.33 | \$18.27 | \$24.15 | \$31.71 | \$47.25 | \$68.25 | \$106.05 | \$160.65 | \$270.90 | \$506.10 | \$1,005.48 |
| \$430,000 | \$13.77 | \$13.77 | \$15.70 | \$18.71 | \$24.73 | \$32.47 | \$48.38 | \$69.88 | \$108.58 | \$164.48 | \$277.36 | \$518.16 | \$1,029.43 |
| \$440,000 | \$14.08 | \$14.08 | \$16.06 | \$19.14 | \$25.30 | \$33.22 | \$49.50 | \$71.50 | \$111.10 | \$168.30 | \$283.80 | \$530.20 | \$1,053.36 |
| \$450,000 | \$14.41 | \$14.41 | \$16.43 | \$19.58 | \$25.88 | \$33.98 | \$50.63 | \$73.13 | \$113.63 | \$172.13 | \$290.26 | \$542.26 | \$1,077.31 |
| \$460,000 | \$14.72 | \$14.72 | \$16.79 | \$20.01 | \$26.45 | \$34.73 | \$51.75 | \$74.75 | \$116.15 | \$175.95 | \$296.70 | \$554.30 | \$1,101.24 |
| \$470,000 | \$15.05 | \$15.05 | \$17.16 | \$20.45 | \$27.03 | \$35.49 | \$52.88 | \$76.38 | \$118.68 | \$179.78 | \$303.16 | \$566.36 | \$1,125.19 |
| \$480,000 | \$15.36 | \$15.36 | \$17.52 | \$20.88 | \$27.60 | \$36.24 | \$54.00 | \$78.00 | \$121.20 | \$183.60 | \$309.60 | \$578.40 | \$1,149.12 |
| \$490,000 | \$15.69 | \$15.69 | \$17.89 | \$21.32 | \$28.18 | \$37.00 | \$55.13 | \$79.63 | \$123.73 | \$187.43 | \$316.06 | \$590.46 | \$1,173.07 |
| \$500,000 | \$16.00 | \$16.00 | \$18.25 | \$21.75 | \$28.75 | \$37.75 | \$56.25 | \$81.25 | \$126.25 | \$191.25 | \$322.50 | \$602.50 | \$1,197.00 |

Child Options

| Life & AD&D | Child(ren) 6 months to age 19, or 25 if full-time student | Child(ren) live birth to 6 months | Deduction Amount Child(ren) |
|-------------|-----------------------------------------------------------|-----------------------------------|-----------------------------|
| Option 1: | \$2,500 | \$1,000 | \$0.34 |
| Option 2: | \$5,000 | \$1,000 | \$0.67 |
| Option 3: | \$7,500 | \$1,000 | \$1.01 |
| Option 4: | \$10,000 | \$1,000 | \$1.34 |

Note: Spouse premiums are based on your spouse's age as of 08/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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Continuing Your Benefits

Ameritas Dental Plans

Under the Ameritas Dental Plans, you and your covered dependents are eligible to continue coverage through COBRA according to the “qualifying events”.

If you and your dependents are enrolled in the dental plan, you will be eligible to continue coverage through COBRA for a specified time after you leave your employment. 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 dental coverage through COBRA. While you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. Examples of an ineligible dependent would be when your child graduates from college or reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment.

AUL Short-Term and/or Long-Term Disability

Once an employee is on 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. For more information, contact AUL at **1-800-553-5318**.

Texas Life Whole Life

When you leave employment, you may continue your Texas Life Whole Life coverage by having the premiums that are currently deducted from your paycheck drafted from your bank account. You may do that by contacting Texas Life at **1.800. 283.9233 prompt #2**.

To Continue Other Policies

You may continue your **Aflac Group Accident, Aflac Group Critical Illness, Aflac Group Hospital Indemnity, Aflac Term Life, Community Eye Care Vision, and Humana Cancer** policies by having the premiums that are currently being deducted from your paycheck drafted from your bank account or billed to your home.

For more information, contact:

Aflac Group at 1-800-433-3036

Humana Cancer Plan at 1-800-845-7519

Community Eye Care at 1-888-254-4290

Contact Information for Questions and Claims

Aflac Group

Columbia, SC

Customer Service

1-800-433-3036

www.aflacgroupinsurance.com

Ameritas Dental

Customer Service

1-800-487-5553

www.ameritasgroup.com

Community Eye Care

Customer Service

1-888-254-4290

Fax: 704-426-6044

www.communityeyecare.net

2359 Perimeter Pointe Parkway, Suite 150

Charlotte, NC 28208

Humana Cancer Plan

1-800-845-7519

American United Life (AUL)

Claims Email

OneAmerica.claims@customdisability.com

Customer Service

1-844-287-9499

Texas Life Insurance Company

PO Box 830

Waco, TX 76703-0830

1-800-283-9233

Mark III Brokerage

211 Greenwich Rd

Charlotte, NC 28211

1-800-532-1044 x217

www.markiiibrokerage.com/nhcs