



Employee Benefits

Plan Year: July 1, 2016 - December 31, 2016

Arranged and Enrolled by Mark III Brokerage, Inc.

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This will be a short Plan Year: July 1, 2016 through December 31, 2016, thereafter the Plan Year will run from January 1 to December 31

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 (i.e., marriage, divorce, birth of a child, etc.)

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

Plan Arranged By:



MedCost Flexible Spending Accounts

Plan Year: July 1, 2016 - December 31, 2016

Medical Flexible Spending Account Maximum: \$1,200.00*

Medical Spending Account Minimum: \$240.00

Dependent Care Account Maximum: \$2500.00*

What is a flexible spending account?

A flexible spending account (FSA) is a benefit that allows you to set aside money from your paycheck, before it is taxed, to pay for eligible expenses for you and your family. With an FSA, your annual pledged amount is deducted from your paycheck each pay period, in equal installments throughout the year. Every dollar you put into an FSA means more tax-free, spendable income.

There are two types of FSAs:

- **A Medical/Dental/Vision care FSA** provides for reimbursement of eligible out-of-pocket medical, dental, and vision care expenses for you, your spouse, and your dependents that are not paid for by insurance, up to your annual pledged amount.
- **A Dependent Care FSA** provides for reimbursement of work-related child care for dependents under age 13 or dependent disabled adults, up to your annual pledged amount.

How will an FSA help me save money?

You pay less in taxes, which increases your take-home pay. The amount you save in taxes depends on how much you set aside and the amount of your expenses.

Here's an example of the tax savings that are possible for an employee with a gross annual income of \$30,000 and with an annual FSA contribution of \$2,500. Using a 25% tax bracket, this employee can save \$625 by contributing to a health care FSA:

	With FSA	Without FSA
Annual Earnings	\$30,000	\$30,000
FSA Pledged Amount	\$2,500	\$0
Taxable Income	\$27,500	\$30,000
Estimated Taxes	\$6,875	\$7,500
Net Income	\$20,625	\$22,500
Estimated Out-of-Pocket Health Care Expenses	\$2,500	\$2,500
Net Income After Out-of-Pocket Health Expenses	\$18,125	\$20,000
FSA Funds Available for Eligible Expenses	\$2,500	\$0
Spendable Take Home Pay	\$20,625	\$20,000
Increase in Spendable Take Home Pay	\$625	\$0

**** This will be a short Plan Year***

Saving is Simple

- Estimate your FSA-eligible expenses for the year. Then decide how much money you want to set aside, up to \$2,400 annually.
- You will enroll in the FSA when you enroll in your benefits.
- After the plan year starts, money will be set aside from each paycheck and put into your FSA. You pay no taxes on that amount.
- As you pay for eligible expenses, you reimburse yourself from your FSA.
- Your FSA also comes with a flex debit card, which makes it easy to pay directly from your FSA for medical related expenses (The card does not work for the Dependent Care FSA).
- You have secure 24-hour access to your account balance and other valuable information through **www. MedCost.com**.

How does the flex debit card work?

Your flex debit card gives you instant access to your FSA funds with a single swipe. You can use your card at tens of thousands of locations, including most major merchants, to pay for qualified medical expenses not covered by your health insurance. Payments are deducted directly from your FSA, reducing the amount of paperwork and turnaround time for reimbursement. Always save your receipts, just in case MedCost needs verification or the IRS audits your tax return. You can always securely access your account balance and other valuable information through **www. MedCost.com**.

You can use the card to pay for

- Prescription* and health plan copayments, deductibles, and coinsurance
- “Amount due” on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices within the U.S.
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items such as
- First aid dressings and supplies like bandages and rubbing alcohol
- Contact lens solutions/supplies
- Diagnostic products like thermometers, blood pressure monitors, and cholesterol testing
- Insulin and diabetic testing supplies

**Over-the-counter medications now require a prescription to be eligible for FSA reimbursement and cannot be purchased with your flex debit card. You must complete a manual claim form for reimbursement and submit a copy of your prescription with the reimbursement request. Dependent care expenses are not accessible through the flex debit card.*



Ameritas Dental Plan

Effective Date: July 1, 2016

Combined Calendar Year Deductible

\$50.00 per individual for Type 2 (Basic) and Type 3 (Major) Procedures (3 times family limit). After the date that 3 members of a family have each satisfied their individual deductible, the entire deductible or any remaining portion of the deductible for any family member will be waived for the rest of that calendar year.

Type 1 - Preventive and Diagnostic

Type 1 benefits are payable at 100% U&C**. No deductible applies.

- Evaluations (Two per benefit period)
- Cleanings (Two per benefit period)
- Fluoride for Children (Under age 19)
- VSP Eye Exam
- Space Maintainers
- Radiographs (X-rays)
- Bitewings (Two per benefit period)

Type 2 - Basic Procedures

Type 2 benefits are payable at 80% U&C**. \$50.00 deductible applies.

- Sealants (Under 17)
- Limited Exams-problem focused
- Anesthesia
- Oral Surgery - Complex and Simple Extractions
- Periodontics (Gum Disease)
- Denture Repair
- Endodontics (Root Canal)
- Restorative Amalgam & Resin (excluding inlays & crowns)

Type 3 - Major Procedures

Type 3 Benefits are payable at 50% U&C**. \$50.00 deductible applies.

- Restorative - Inlays and Crowns
- Prosthodontics - Removable Dentures, Partial
- Crown Repair
- Prosthodontics - Fixed Pontics or Abutments

Orthodontia

Paid at 50% U&C** with a \$1,000 lifetime maximum. No deductible applies. Benefits will be payable when a Covered Expense is incurred. The Covered Expenses for a program are based on the estimated cost of the insured's program. They are pro-rated by quarter (three month periods) over the estimated length of the program, but not for more than eight quarters. The last quarterly payment for a program may be changed if the estimated and actual cost of the program differ.

Late Entrant Notice: There is a 12 month waiting period on all services except for cleanings, exams and fluoride applications for employees and/or their dependents who do not enroll when first eligible for coverage. The waiting period will be waived for employees who enroll when first eligible.

*****Usual and Customary Charge***

Dental Exclusions (deferment Period)

During the first 36 months following your or your dependent's Dental Coverage Effective Date, the initial placement of dentures, partial dentures, or bridges, if it includes the replacement of teeth all of which are missing prior to the effective date. (For currently covered insureds, Ameritas will use the employees Date of Hire to determine the 36 month period.) This exclusion will not apply if the prosthesis replaces a sound natural tooth which is extracted while the patient is insured under this Dental Coverage and which is replaced within 12 months of the extraction. During the first 36 months of coverage, the replacement of bridges, partial dentures, dentures, inlays or crowns is excluded.

EXCEPTIONS to this exclusion will be made if the replacement is made necessary by:

- a) accidental bodily injury to sound natural teeth (chewing injuries are not considered accidental bodily injuries), or
- b) the extraction of a sound natural tooth provided the replacement is completed within 12 months of the date of the injury or extraction.

Eligible Employees

You are eligible for insurance if you are a full-time active employee working at least 30 hours per week.

Eligible Dependents

Provides Coverage On:

- Your Spouse
- Children up to age 26.

Predetermination of Benefits

A treatment plan MAY be filed if a proposed course of treatment will exceed \$200.00. With this information, Ameritas can determine the benefits payable under this policy prior to the work actually being done. It will give the insured the amount payable, along with an idea of the out of pocket expense.

Coordination of Benefits

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

Certificate of Insurance

The Certificate of Insurance issued to you describes in detail the benefits and limitations of this plan. This brochure is for general information only.

Section 125

This policy is provided as part of the Policyholder's Section 125 Plan. Each member has the option under the Section 125 Plan of participating or not participating in this policy.

A member may change their election only during an annual election period, except for a change in family status. Examples of such events would be marriage, divorce, birth of a child, death of a spouse or child or termination of employment. Please see your plan administrator for details.

Limitations / Exclusions (This is not a complete List)

- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the 2nd bicuspid are considered cosmetic.
- Charges incurred prior to the date the individual became insured under this plan, or following the date of termination of coverage.
- Services which are not recommended by a dentist or which are not required for necessary care and treatment.
- Expenses incurred to replace lost or stolen appliances.
- Expenses incurred by an insured because of a sickness for which he/ she is eligible for benefits under Worker's Compensation Act or similar laws.

Orthodontia Limitations (This is not a complete list)

No benefit is payable for expenses incurred:

- In connection with a Treatment Program which was begun before the individual became insured for orthodontic benefits.
- During any quarter of a Treatment Program if the individual was not continuously insured for orthodontic benefits for the entire quarter.
- After the individual's insurance for orthodontic benefits terminates.

Semi-Monthly Dental Rates

Employee Only	\$15.86
Employee/Spouse	\$31.80
Employee/Child(ren)	\$33.58
Employee/Family	\$49.52

***For Claims/Customer Service Questions
call Ameritas at: (800) 487-5553***

This insurance is underwritten by Ameritas Life Insurance Corporation.



Community Eye Care Vision Plan

Effective Date: July 1, 2016

Vision Plan — Comprehensive Plan & Eyewear Plan

Polk County is pleased to provide you with the following summary of the voluntary vision benefit. The plan enables you and your family members to significantly reduce what you spend for routine eye care. The plan covers eye exams, glasses and contact lenses. And because Community Eye Care has a huge network of optometrists (OD), ophthalmologists (MD) and retail optical chains, you have easy access to every type of eye care provider.

The Community Eye Care vision benefit is simple and easy to use. It includes the following:

Comprehensive Plan

- An eye examination every 12 months (\$15 co-pay)
- An eyewear allowance of \$130 (per person) every 12 months (\$0 co-pay)
- A contact lens fitting, re-fit or evaluation every 12 months (\$35 co-pay)

Eyewear Plan

- An eyewear allowance of \$130 (per person) every 12 months (\$15 co-pay)
- A contact lens fitting, re-fit or evaluation every 12 months (\$25 co-pay)

The eyewear allowance is completely flexible. It can be applied to frames, eyeglass lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, your only out-of-pocket expense for the eyewear is the co-pay. If the eyewear you choose is more expensive than \$130, you are eligible for attractive discounts on the overage amount from most network providers: 20% for frames and lenses, and 10% for contact lenses.

Members are also eligible for discounts of up to 15% on LASIK refractive surgery performed by participating providers.

Note that maximum coverage for contact lens examinations is \$100 for fittings and \$80 for annual evaluations. Members are responsible for any charges exceeding these amounts.

How to Use Your Benefit

- 1) Select a provider from the Community Eye Care provider network.
- 2) Call the provider to make an appointment, and let them know that you have Community Eye Care coverage.
- 3) See the provider and select your eyewear.
- 4) Pay the provider your co-pays, plus any discounted amount that exceeds the \$130 eyewear allowance.

To locate a provider in your area, go to www.communityeyecare.net and search by any of the following categories:

- **County**
- **Doctor's last name**
- **Practice name**
- **Zip code**

There are no claims to file when you see an in-network provider. Network providers file claims on your behalf.

Members who obtain exams and eyewear from a non-network provider still receive their full benefit. The member simply submits a claim form to Community Eye Care and is reimbursed for the full cost of their exam (minus the co-pay) and for the cost of their eyewear, up to the amount of the allowance, (minus any co-pays). Note that a claim form can be printed from the member benefit page of the Community Eye Care website. Alternatively, members can contact Community Eye Care to obtain a form.

Semi-monthly Rates (24 deductions)

	<i>Comprehensive Plan</i>	<i>Eyewear Plan</i>
Employee Only	\$4.35	\$3.15
Employee + One	\$8.70	\$6.25
Employee + Family	\$13.48	\$9.48

Customer Service and Claims Administration

1-888-254-4290

Fax: 704-426-6044

www.communityeyecare.net

***2359 Perimeter Pointe Parkway
Suite 150
Charlotte, NC 28208***



Assurity Accident Expense PRO Plan

24-hour Accident Plan

Effective Date: July 1, 2016

Accidents happen to even the most cautious people

Recovering from an injury is tough enough, but out-of-pocket expenses for the emergency room, ambulance, hospital stay and doctors' bills can cause a financial crisis – while regular monthly bills and expenses continue to accumulate.

The solution – an Accident Expense PRO® Insurance policy

Assurity at Work®, a division of Assurity Life Insurance Company, offers employees the opportunity to protect themselves and their families from the cost of accidental injuries with an Accident Expense PRO Insurance policy/certificate. This plan pays a fixed cash benefit for medical treatments associated with a covered accident. Better still, the benefits are paid regardless of any other insurance coverage. This affordable protection may be extended to cover an employee's spouse and children, and is also portable – it may be kept in force after leaving the current employer if premiums continue to be paid.

Assurity at Work's Accident Expense PRO Benefits

The employee may choose basic coverage with a one-unit plan, or higher benefits with a two-unit plan. Our Accident Expense PRO rate structure has the same premium regardless of age or gender.

Benefit	Conditions	One Unit Plan	Two Unit Plan
Accident emergency treatment	Within 72 hours after the accident by physician, urgent care facility or emergency room	\$125	\$150
Follow-up treatment	First treatment within 30 days after receiving Accident Emergency Treatment; eligible for last treatment within one year	\$25 Up to three treatments	\$35 Up to three treatments
Diagnostic exams	Requiring angiogram, CT Scan, CTA Scan, MRI, MRA or EEG within 180 days after the accident	\$100 per year	\$200 per year

Benefit	Conditions	One Unit Plan	Two Unit Plan
Hospital Admission	Within 180 days after the accident if confined for at least 20 hours	\$500	\$1,000
Hospital confinement (including Sub-Acute ICU)	Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with ICU benefit	\$100 per day Up to 90 days	\$200 per day Up to 180 days
Hospital ICU confinement	Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with hospital confinement benefit	\$200 per day Up to 15 days	\$400 per day Up to 15 days
Ambulance	To or from hospital within 48 hours of accident for air or 90 days for ground	\$500 air \$100 ground	\$500 air \$100 ground
Physical therapy treatment	First treatment within 30 days after the accident; eligible for last treatment within one year	\$25 Up to six treatments	\$35 Up to six treatments
Appliances	Prescribed within 90 days after the accident as an aid in mobility; includes crutches, wheelchairs, etc.	\$100 any insured	\$100 any insured
Specific injury and treatment benefits: <ul style="list-style-type: none"> • Fractures • Lacerations • Dislocations • Burns • Unintentional gunshot wounds • Eye injuries • Ruptured disc surgery • Tendon, ligament or rotator cuff surgery • Knee cartilage surgery • Abdominal or thoracic surgery 		\$25 - \$5,000 (According to schedule)	\$50 - \$10,000 (According to schedule)
Emergency dental work	Within 90 days after the accident	\$50-\$150 (According to schedule)	\$100-\$300 (According to schedule)

Benefit	Conditions	One Unit Plan	Two Unit Plan
Prosthetic device/ artificial limb	Prescribed within one year after the accident	\$500 For one device/ limb; \$1,000 For more than one device/limb	\$500 For one device/ limb; \$1,000 For more than one device/limb
Transportation	For an insured person's non-local treatment including hospital confinement within 180 days after the accident	\$300 per round trip Up to three round trips	\$300 per round trip Up to three round trips
Lodging	For a companion accom- panying an insured person for non-local treatment including hospital confine- ment within 180 days after the accident	\$100 per night Up to 30 nights	\$100 per night Up to 30 nights
Dismemberment (loss of toes, fingers, hands, feet, eyesight)	Within 90 days of accident	\$500-\$15,000 (According to schedule)	\$1,000-\$30,000 (According to schedule)
Blood, plasma or platelets	For transfusion, administration, cross matching, typing and processing within 90 days of the accident	\$300 employee \$200 spouse/child	\$300 employee \$200 spouse/child
Accidental death	Within 90 days after the accident; not paid if common carrier benefit paid	\$25,000 employee \$10,000 spouse \$5,000 child	\$50,000 employee \$20,000 spouse \$10,000 child
Accidental death - common carrier (commercial plane, bus, train, etc.)	Within 90 days after the accident	\$50,000 employee \$20,000 spouse \$10,000 child	\$100,000 employee \$40,000 spouse \$20,000 child

Wellness Benefit Rider

The Wellness Benefit Rider pays a benefit when a charge is incurred for a specific test or procedure from each of the two groups.

Group 1: \$50 per calendar year for each insured category (once for employee and spouse individually, once for children collectively) when a charge is incurred for one and only one of the following after the waiting period of 30 days following the issue date or 10 days following any reinstatement date.

- Annual physical
- Blood test for triglycerides
- CA 19-9 (blood test for pancreatic cancer)
- Fast blood glucose test
- Vaccinations (flu shot, pneumonia shot, tetanus shot, MMR, polio vaccine, chicken pox, diphtheria)
- Hemocult stool analysis
- PSA (blood test for prostate cancer)
- Pap smear
- Vision/hearing exams

Group 2: \$100 per calendar year for each insured category (once for employee and spouse individually, once for children collectively) when a charge is incurred for one and only one of the following after the waiting period of 30 days following the issue date or 10 days following any reinstatement date.

- Biopsy for skin cancer
- Bone marrow biopsy and aspiration
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon and cervical cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Mammography
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test (bicycle or treadmill)
- Thermography

Eligible Persons

Available to employee, spouse and dependent children (same as policy/certificate).

Issue Ages

Employee and spouse 18+; children 15 days to 25 years (age last birthday as of issue date; same as policy/certificate).

Limitations, Conditions and Exclusions

Accident Expense PRO provides limited benefit coverage.

Actively Employed

The employee must be actively employed to be eligible for coverage.

Right to Cancel

The contract contains a 30-day free look period.

Renewal

Accident Expense PRO is guaranteed renewable to age 70.

Termination

Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Waiting Period

The benefit payable under the Wellness Benefit Rider has a waiting period. Assurity will not pay benefits during the waiting period.

Exclusions

Assurity will not pay benefits for losses that are caused by or are the result of any insured person(s):

- operating, learning to operate or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the covered accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared; actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from mental or nervous disorders;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused; being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured person by a physician);
- who is a dependent child incurring injuries during birth;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- having a hernia;
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self inflicting an injury; committing or attempting to commit suicide, while sane or insane;
- traveling outside the U.S., except for those injuries that require emergency care in a hospital.

Semi-Monthly Rates		
Coverage	One Unit	Two Unit
Employee	\$9.08	\$11.03
Employee and Spouse	\$16.32	\$19.96
Employee and Children	\$14.32	\$17.62
Family	\$22.49	\$27.75

Assurity Life Insurance Company
PO Box 82533, Lincoln, NE, 68501-2533
Assurity Customer Service: 1.866.289.7337
Website: www.assurity.com

To Call in a Wellness Claim: 1.888.358-8808 Ext. 23
To Fax in a Claim/Toll Free: 1.800.869-0368



A135-0514

Policy/certificate and rider availability, features and rates may vary by state. This description of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage.

There may be other reductions of benefits, limitations and exclusions. If this description conflicts in any way with the terms of the policy, the terms of the policy prevail. For costs and complete details of the coverage, please contact your agent, Assurity Life Insurance Company or ask to review the policy/certificate for more information.

All guarantees are based on the claims-paying abilities of Assurity Life Insurance Company. This policy and riders are underwritten by Assurity Life Insurance Company, Lincoln, Neb.

Policy form Nos. Individual: WH1101 (24 hour)
Rider form Nos. Individual: Wellness Benefit Rider RW1110;

Assurity Cancer Expense PRO™ Plan

Effective Date: July 1, 2016

The key to surviving the cost of cancer

- 68 percent of cancer patients survive five or more years*
- Men have a 1 in 2 lifetime probability of developing cancer; women, 1 in 3*
- The direct medical cost for cancer in the U.S. in 2010 was \$103.8 billion*

Approximately 12 million Americans are surviving cancer**

Cure rates have climbed steadily due to medical advances, early detection and preventative care. But **treating and living with cancer can be expensive**. High health insurance deductibles and co-payments, experimental treatments, prescription prices, travel for treatment and nursing can quickly drain the family bank account.

The Cancer Expense PRO™ Solution

Assurity At Work® offers Cancer Expense Pro Insurance which provides specified benefits for the diagnosis, treatment, and prevention of cancer. It's an indemnity plan which pays over and above another health insurance benefits and can help keep cancer expenses from creating a financial crisis. Spouse and child coverage is available and additional riders can help further customize coverage. Cancer Expense PRO is guaranteed renewable for life and may be kept in force by an employee leaving the current employer as long as premiums are paid.

Rate Structure

Age bands: 18-39, 40-49, 50-59, 60-64, 65-69, 70+ for Employee and Spouse

Child coverage to age 26

Basic Benefits

Provides benefits caused by cancer, and with a rider, certain other specified diseases for the employee, spouse and covered children with continuous benefit and premium policy for life.

Pre-Existing Conditions

Assurity will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

A pre-existing condition means a sickness or physical condition for which, during the 12 months before the Issue Date, the Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or (b) received medical consultation, diagnosis, advice or treatment from a physician or had taken prescribed medication.

* American Cancer Society, 2010 Cancer Facts and Figures

** American Cancer Society, 2012 Cancer Facts and Figures

Policy will pay the following specified benefits based on policy provisions:

Cancer Prevention and Wellness

Cancer Screening Test

Assurity will pay \$100 per calendar year for specified screening tests including the following:

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);
- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

NCI (National Cancer Institute) Consultation

Assurity will pay \$500 for consultation at a NCI designated cancer treatment center (one visit per lifetime for each covered person).

Positive Diagnosis Test

Assurity will pay \$500 for a diagnostic test that leads to a positive diagnosis of cancer (one test per lifetime for each covered person).

Additional Surgical Opinions

Assurity will pay \$200 for a second surgical opinion. Pays an additional \$200 for a third surgical opinion if the first two surgical opinions are conflicting.

Cancer Treatment

Radiation Treatment, Chemotherapy, Hormone Therapy, or Immunotherapy

Assurity will pay a \$5,000 monthly benefit when an insured person receives covered treatment. This benefit is payable for a maximum of six months per calendar year.

Self-administered Chemotherapy, Hormone Therapy, or Immunotherapy

Assurity will pay \$300 per calendar week up to \$1,200 per month. After this benefit has been paid for 24 months, the benefit is payable for a maximum of \$100 per calendar month.

Supportive Drugs and Services

Assurity will pay \$500 per calendar year for specified supportive drugs and services related to radiation treatment, chemotherapy, hormone therapy and immunotherapy.

Experimental Treatment

Assurity will pay \$5,000 per Calendar Year for experimental treatment (approved by the U.S. Food and Drug Administration, National Cancer Institute or American Cancer Society).

Bone Marrow Transplant

Assurity will pay \$10,000 for a bone marrow or stem cell transplant.

Surgery and Anesthesia

Assurity will pay a surgical benefit of \$100 to \$5,000 according to the surgical schedule. Pays an anesthesia benefit equal to 25% of the surgical benefit.

Hospital Confinement

Assurity pays \$150 for each day while the Insured is confined in the hospital for cancer up to the first 75 consecutive days of each period of confinement and \$300 per day thereafter.

Government/ Charity Hospital

Assurity will pay you \$200 for each day up to the first 75 consecutive days and \$400 per day thereafter for confinement in a government or charity hospital.

Private Duty Nursing

The policy pays up to \$100 per day while confined in the hospital for treatment of cancer when authorized by a physician when a Private Nurse is required. Maximum of 60 days per calendar year.

Physician's Attendance

Assurity will pay \$35 per day for in-hospital physician's visits.

Ambulance

Assurity will pay \$200 per day for ground transportation provided by ambulance to or from a hospital.

Transportation

Transportation benefits are payable for each of the insured person and one adult companion when such insured must travel over 50 miles for covered treatment.

Pays \$250 per person per day for coach fare on common carrier. This benefit is payable for a maximum of four days per calendar year for both, the insured person and an adult companion.

Pays \$175 per calendar week payable for a maximum of four calendar weeks per calendar year, for personal automobile expenses associated with non-local treatment.

Lodging

Pays \$60 per day for the lodging of either an insured person or an adult companion at a hotel, motel or other accommodations acceptable to us.

Prosthesis

Pays \$1,000 per day for a prosthetic device. This benefit is payable for a maximum of two per calendar year and is not payable for a hairpiece or breast prosthesis.

Breast Prosthesis

Assurity will pay \$250 for an external breast prosthesis, limited to two per lifetime.

Breast Prosthesis

Assurity will pay \$2,500 for an internal breast prosthesis, limited to one per breast per lifetime.

Hairpiece Benefit

Assurity will pay one-time benefit of \$150 for a hairpiece when hair loss is the result of cancer treatment.

Home Health Care Services

Assurity will pay \$100 per day for home care up to a maximum of 60 days per calendar year when services are provided by a licensed home health care agency if within 7 days of a hospital confinement.

Hospice Care

Assurity will pay \$100 per day for care provided by hospice if the insured person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

Reconstructive Surgery Benefit

Assurity will pay \$3,000 for Breast Transverse Rectus Abdominis Myocutaneous (TRAM) flap or Deep Inferior Epigastric Perforator (DIEM) flap limited to once per insured per lifetime.

Pays \$750 for breast reconstruction four times per lifetime.

Pays \$300 for breast symmetry four times per lifetime.

Pays \$750 for facial reconstruction two times per lifetime.

Durable Medical Equipment

Pays \$200 for braces or crutches once per calendar year.

Pays \$1,000 for a hospital bed, respirator or wheelchair once per calendar year.

Specified Disease Benefit Rider

Pays a daily benefit of \$150 for the first 75 consecutive days and \$300 per day thereafter when an insured person is confined to a hospital for treatment of one of the following 48 different specified diseases:

Addison's Disease	Mad Cow Disease	Scarlet Fever
Amyotrophic Lateral Sclerosis	Malaria	Scleroderma
Botulism	Meningitis	Sickle Cell Anemia
Brucellosis	Multiple Sclerosis	Small Pox
Bubonic Plague	Muscular Dystrophy	Systemic Lupus Erythematosus
Budd-Chiari Syndrome	Myasthenia Gravis	Tay-Sachs Disease
Cerebral Palsy	Necrotizing Fasciitis	Tetanus
Cholera	Osteomyelitis	Thalassemia
Cystic Fibrosis	Polio	Toxic Epidermal Necrolysis
Diphtheria	Primary Biliary Cirrhosis	Toxic Shock Syndrome
Encephalitis	Primary Sclerosing Cholangitis	Trichinosis
Hansen's Disease	Q Fever	Tuberculosis
Hepatitis (chronic B or C with liver failure)	Rabies	Tularemia
Histoplasmosis	Reye's Syndrome	Typhoid Fever
Huntington's Chorea	Rheumatic Fever	Whooping Cough
Legionnaires' Disease	Rocky Mountain Spotted Fever	Yellow Fever

This rider also provides \$500 per calendar year for drugs and medicines used in the treatment of a specified disease.

Wellness Claims

An employee can file a wellness claim by fax, call-in or mail. Employees can call Assurity to get a wellness claim form or you may download one from **www.markiiibrokerage.com/polkcountync**. Employees can also call in their wellness claim at **(888)-358-8808 ext. 23**. The call in service requires all the information on the wellness claim form. The wellness claim form must include the name and phone number of your physician. All claims are subject to verification.

Cancer or Other Specified Disease Claims

You may file a claim for cancer or specified diseases by completing an Assurity Claim Form. Please make sure to include all pertinent information as stated on the form. You can obtain a claim form by contacting Assurity, or by downloading one from **www.markiiibrokerage.com/polkcountync**. Should you have any questions on how to file or submit a claim or regarding the Assurity Cancer Plan, please call **(888) 358-8808 ext. 23**.

Optional Riders

Intensive Care Rider – pays a \$300 or \$600 daily benefit if an insured person is confined to a Hospital's Intensive Care Unit, up to a maximum of 30 days per period of confinement. The daily benefit amount reduces by 50% when that Insured Person reaches age 70. Benefits are not payable during the 30-day waiting period.

Cancer First Occurrence Rider – pays \$2,500 or \$5,000 the first time an insured is diagnosed as having cancer. This benefit is not payable if diagnosed within the 30-day waiting period.

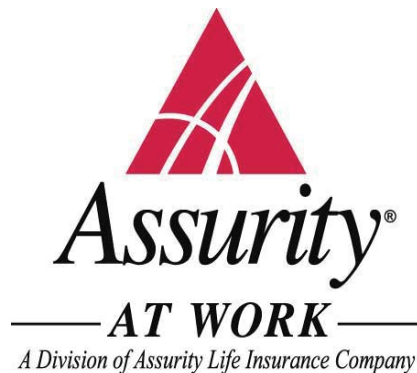
Exclusions

Assurity will not pay benefits for losses that are caused by or are the result of any insured person(s):

- injuries;
- noncancerous sickness;
- sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by cancer or as a result of cancer treatment;
- care and/or treatment received outside the United States; or
- care, confinement and/or treatment in a government or charity hospital, except as specifically provided in the Hospital Confinement - Government or Charity benefit.

Semi-Monthly (24 deductions) Rates

Coverage	Issue Ages	Base Cancer and Specified Disease Plan	Base Plan w/\$2500 1st Occurrence Rider	Base Plan w/\$300 ICU Benefit	Base Plan w/\$2500 1st Occurrence Rider and \$300 ICU Benefit	Base Plan w/\$5000 1st Occurrence Rider	Base Plan w/\$600 ICU Benefit	Base Plan w/\$5000 1st Occurrence Rider and \$600 ICU Benefit
Employee	18-39	\$5.25	\$5.54	\$6.53	\$6.82	\$5.83	\$7.80	\$8.38
	40-49	\$13.82	\$14.88	\$15.22	\$16.28	\$15.93	\$16.63	\$18.74
	50-59	\$22.94	\$24.85	\$25.00	\$26.91	\$26.75	\$27.05	\$30.86
	60-64	\$34.44	\$37.42	\$37.60	\$40.58	\$40.39	\$40.76	\$46.71
	65-69	\$41.07	\$44.63	\$45.41	\$48.97	\$48.19	\$49.75	\$56.87
	70+	\$49.95	\$54.36	\$57.04	\$61.45	\$58.77	\$64.13	\$72.95
Employee/Spouse	18-39	\$9.10	\$9.67	\$11.71	\$12.28	\$10.23	\$14.31	\$15.44
	40-49	\$25.85	\$27.85	\$28.68	\$30.68	\$29.84	\$31.51	\$35.50
	50-59	\$44.81	\$48.48	\$49.02	\$52.69	\$52.14	\$53.23	\$60.56
	60-64	\$69.14	\$74.95	\$75.60	\$81.41	\$80.76	\$82.05	\$93.67
	65-69	\$82.83	\$89.58	\$91.57	\$98.32	\$96.33	\$100.31	\$113.81
	70+	\$101.12	\$109.50	\$115.42	\$123.80	\$117.88	\$129.72	\$146.48
Employee/Child	18-39	\$6.42	\$6.77	\$8.79	\$9.14	\$7.12	\$11.16	\$11.86
	40-49	\$14.79	\$15.90	\$17.40	\$18.51	\$17.01	\$20.01	\$22.23
	50-59	\$23.92	\$25.91	\$26.81	\$28.80	\$27.90	\$29.69	\$33.67
	60-64	\$35.80	\$38.94	\$39.48	\$42.62	\$42.07	\$43.17	\$49.44
	65-69	\$42.15	\$45.85	\$46.52	\$50.22	\$49.55	\$50.89	\$58.29
	70+	\$51.32	\$55.91	\$58.47	\$63.06	\$60.50	\$65.62	\$74.80
Family	18-39	\$10.20	\$10.82	\$13.95	\$14.57	\$11.44	\$17.69	\$18.93
	40-49	\$26.92	\$28.97	\$30.87	\$32.92	\$31.01	\$34.81	\$38.90
	50-59	\$45.65	\$49.35	\$50.74	\$54.44	\$53.06	\$55.82	\$63.23
	60-64	\$69.62	\$75.45	\$76.58	\$82.41	\$81.28	\$83.53	\$95.19
	65-69	\$82.83	\$89.58	\$91.57	\$98.32	\$96.33	\$100.31	\$113.81
	70+	\$101.12	\$109.50	\$115.42	\$123.80	\$117.88	\$129.72	\$146.48



Aflac Group Critical Illness Plan

Effective Date: July 1, 2016

Benefit Amounts Available:

Employee: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000

Spouse: \$5,000, \$7,500, \$10,000, \$12,500, \$15,000, \$17,500, \$20,000, \$22,500, \$25,000

Health Screening Benefit: \$100.00

The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of policy series CAI2800.

What is Aflac critical illness insurance? Why should I consider it?

Aflac critical illness insurance provides lump sum benefits upon the diagnosis of each covered critical illness or event, including the following:

- Major Organ Transplant
- End-Stage Renal Failure
- Stroke
- Coma
- Paralysis
- Burns
- Loss of Sight
- Loss of Hearing
- Loss of Speech
- Heart Attack
- Coronary Artery Bypass Surgery
- Specific Heart Procedures

Any of these diagnoses or events would be life-changing. While major medical insurance can help with the costs of treatment, **what about the out-of-pocket expenses that pile up** while you or a loved one is out of work as a result of a covered critical illness? Aflac critical illness insurance **benefits are paid directly to you (unless otherwise assigned) to use as you see fit**. You can use the benefits to help with groceries, car payments, mortgage or rent payments—however you like.

What are some of the highlights of the Aflac critical illness plan?

- An annual Health Screening Benefit is included.
- Spouse coverage is available.
- Benefit amounts range from \$5,000 to \$50,000 for employees. The benefit amount for spouses is \$5,000 to \$25,000.
- Each dependent child is covered at 50% of the primary insured's amount at no additional charge.
- Coverage may be guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Your premiums are paid through the convenience of payroll deduction.
- Your plan is portable (with certain stipulations). That means you may be able to take your coverage with you if you leave your job.

Am I eligible for Aflac critical illness coverage? What about my family?

You are eligible to apply for Aflac critical illness coverage if you:

- Are between the ages of 18 and 69;
- Are a full-time, benefit-eligible employee;
- Are working at least 37.5 hours per week; **and**
- Are not a seasonal or temporary employee.

Your spouse must be between the ages of 18 and 69 to be eligible for coverage, and dependent children must be younger than age 26.

What core benefits does the Aflac critical illness plan feature?

First Occurrence Benefit

After the waiting period, you may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Additional Occurrence Benefit

After the waiting period, you may receive benefits for each different covered critical illness. Dates of diagnosis must be separated by at least six months.

Reoccurrence Benefit

You may receive benefits for the recurrence of any covered critical illness. Dates of diagnosis must be separated by at least 12 months.

Heart Event Rider

After the waiting period, you may receive benefits for the following covered heart surgeries and procedures:

- Coronary Artery Bypass Surgery (reduces the benefit for heart attack)
- Mitral valve replacement or repair
- Aortic valve replacement or repair
- Surgical treatment of abdominal aortic aneurysm
- AnjoJet clot busting*
- Balloon angioplasty (or balloon valvuloplasty)*
- Laser angioplasty*
- Atherectomy*
- Stent implantation*
- Cardiac catheterization*
- Automatic implantable (or internal) cardioverter defibrillator (AICD)*
- Pacemaker insertion*

**Benefits for these procedures are payable at a percentage of your maximum benefit and will reduce the benefit amounts payable for other covered heart procedures.*

Health Screening Benefit

After the waiting period, you may receive a maximum of \$100 for any one covered screening test per calendar year (regardless of the test results). This benefit is payable for you (the employee) and your covered spouse, not for dependent children. Covered screening tests include the following:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL
- 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)
- Thermograph

What else do I need to know about the Aflac critical illness plan?

You should know that the plan includes:

- **A 30-day waiting period.** This means that no benefits are payable for any insured before coverage has been in force 30 days from your effective date of coverage.
- **Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in you receiving medical advice or treatment.

We will not pay benefits for any critical illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

Certain reductions

No benefits are payable for loss resulting from:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; **or**
- Diagnosis and/or treatment received outside the United States.
- Pre-Existing Conditions (except as stated above)
- No benefits will be paid for loss which occurred prior to the effective date.

Note: 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.

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.

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

***Continental American Insurance Company
Columbia, South Carolina***

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that you may not receive any of the benefits in the plan.

As a result, please check to the coverage in all health insurance policies you already have or may have before you buy this insurance to verify the absence of any assignments or liens.

***Customer Service
800.433.3036 / Aflacgroupinsurance.com***

**Underwritten by Continental American Insurance Company
A proud member of the Aflac family of insurers**



Aflac Group Critical Illness Semi-Monthly Rates

NON-TOBACCO - Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.76	\$3.77	\$4.78	\$5.79	\$6.80	\$7.81	\$8.82	\$9.82	\$10.83	\$11.84
30-39	\$3.44	\$5.14	\$6.83	\$8.52	\$10.21	\$11.91	\$13.60	\$15.29	\$16.99	\$18.68
40-49	\$5.22	\$8.69	\$12.16	\$15.63	\$19.10	\$22.57	\$26.04	\$29.51	\$32.98	\$36.45
50-59	\$7.60	\$13.45	\$19.29	\$25.14	\$30.99	\$36.84	\$42.68	\$48.53	\$54.38	\$60.23
60-69	\$12.67	\$23.59	\$34.51	\$45.43	\$56.35	\$67.27	\$78.19	\$89.11	\$100.04	\$110.96

NON-TOBACCO - Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.76	\$3.26	\$3.77	\$4.27	\$4.78	\$5.28	\$5.79	\$6.29	\$6.80
30-39	\$3.44	\$4.29	\$5.14	\$5.98	\$6.83	\$7.68	\$8.52	\$9.37	\$10.21
40-49	\$5.22	\$6.96	\$8.69	\$10.43	\$12.16	\$13.90	\$15.63	\$17.37	\$19.10
50-59	\$7.60	\$10.52	\$13.45	\$16.37	\$19.29	\$22.22	\$25.14	\$28.06	\$30.99
60-69	\$12.67	\$18.13	\$23.59	\$29.05	\$34.51	\$39.97	\$45.43	\$50.89	\$56.35

TOBACCO - Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.30	\$4.86	\$6.41	\$7.97	\$9.52	\$11.08	\$12.63	\$14.19	\$15.74	\$17.29
30-39	\$4.42	\$7.10	\$9.77	\$12.45	\$15.12	\$17.80	\$20.47	\$23.15	\$25.82	\$28.49
40-49	\$8.60	\$15.46	\$22.31	\$29.17	\$36.02	\$42.88	\$49.73	\$56.59	\$63.44	\$70.30
50-59	\$13.34	\$24.93	\$36.52	\$48.11	\$59.70	\$71.29	\$82.88	\$94.47	\$106.07	\$117.66
60-69	\$22.64	\$43.53	\$64.42	\$85.31	\$106.21	\$127.10	\$147.99	\$168.88	\$189.77	\$210.66

TOBACCO - Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.30	\$4.08	\$4.86	\$5.64	\$6.41	\$7.19	\$7.97	\$8.74	\$9.52
30-39	\$4.42	\$5.76	\$7.10	\$8.44	\$9.77	\$11.11	\$12.45	\$13.78	\$15.12
40-49	\$8.60	\$12.03	\$15.46	\$18.89	\$22.31	\$25.74	\$29.17	\$32.60	\$36.02
50-59	\$13.34	\$19.14	\$24.93	\$30.73	\$36.52	\$42.32	\$48.11	\$53.91	\$59.70
60-69	\$22.74	\$33.09	\$43.53	\$53.98	\$64.42	\$74.87	\$85.31	\$95.76	\$106.21

AUL Short Term Disability

Effective Date: July 1, 2016

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 disabilities are caused by illness.

(Source: Council for Disability Awareness, http://www.disability-canhappen.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.)

Class Description

All Full-Time Eligible Employees working a minimum of 37.5 hours per week, electing to participate in the Voluntary Short Term Disability Insurance

Disability

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

Monthly Benefit

You can choose to insure up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000.

Elimination Period

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

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.

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.

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.

Annual Enrollment

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

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to submit an application to port your coverage.

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).

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

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.

Customer Service:

800-553-5318

Disability Claims:

866-258-8744

Fax: 207-766-3448

Disability Claims E-mail: claims@disabilityrms.com

www.employeebenefits.aul.com



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

***AUL Life Short-Term Disability
Semi-Monthly Rates***

***Benefit Duration:
13 weeks***

<i>Monthly Benefit</i>	<i>Semi-Monthly Premium</i>
\$500	\$5.18
\$600	\$6.22
\$700	\$7.25
\$800	\$8.29
\$900	\$9.32
\$1,000	\$10.36
\$1,100	\$11.39
\$1,200	\$12.43
\$1,300	\$13.46
\$1,400	\$14.50
\$1,500	\$15.54
\$1,600	\$16.57
\$1,700	\$17.61
\$1,800	\$18.64
\$1,900	\$19.68
\$2,000	\$20.71

AUL Voluntary Long-Term Disability

Effective Date: July 1, 2016

Class Description

All Full-Time Eligible Employees working a minimum of 37.5 hours per week, electing to participate in the Voluntary Long Term Disability.

Monthly Benefit

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

Elimination Period

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

Benefit Duration

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

Age When Total Disability Begins	Maximum Period Benefits are Payable
Prior to Age 61	5 Years
61	Lesser of 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

Disability Definition

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

Mental & Nervous / Drug & Alcohol

Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments 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.

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.

Credit for the Satisfaction of the Pre-Existing Condition Exclusion Period

This provision applies when a Person moves from an AUL group voluntary disability income insurance plan that provided the Person short term disability coverage similar to his coverage under the Group Policy offered by the Participating Unit. Credit will be given for the satisfaction of the Pre-Existing Condition exclusion period, or portion thereof, already served under the prior AUL group voluntary short term disability income insurance plan of coverage offered by the Participating Unit **IF**:

1. Coverage under the Group Policy is elected by the Employee during the Initial Enrollment Period;
And
2. The Person changes from one AUL short term disability Plan to another AUL short term disability Plan under this Group Policy during a Scheduled Enrollment Period.

The Person's Individual Effective Date of Insurance under the prior AUL group voluntary short term disability income insurance plan of coverage offered by the Participating Unit will be used when applying the Pre-Existing Condition exclusion or limitation period.

The Group Policy Pre-Existing Condition Limitation will not apply to a Person that was not subject to the prior AUL short term disability plan's Pre-Existing Condition Limitation.

Portability

Once an employee is on the AUL disability plan for 3 months, you may be eligible to port your coverage for one year without evidence of insurability. You have 31 days from your date of termination apply. Please refer to the Mark III website for a copy of your certificate, a claim form, or an application to port form.

Annual Enrollment

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

Exclusions and Limitations

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

<i>Voluntary Long Term Disability Semi-Monthly Rates</i>	
Monthly Benefit	Semi-Monthly Deduction
\$500	\$3.20
\$1,000	\$6.40
\$1,500	\$9.60
\$2,000	\$12.80

Customer Service
800-553-5318

Disability Claims
866-258-8744

Fax: 207-766-3448

Disability Claims Email: claims@disabilityrms.com

www.employeebenefits.aul.com

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.



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

Dearborn National Term Life Plan

Basic Employee Life Insurance

This insurance is payable for death from any cause to any person you name as beneficiary.

Optional Employee Life Insurance

Your employer-sponsored basic life coverage provides important protection for you, but you may need to add to that protection. Now you can...at low group rates and through convenient payroll deductions.

To help meet this need, you have the opportunity to elect additional group life insurance under the optional portion of your program to go along with any personal insurance coverage you may have.

Optional Dependent Life Insurance

Provides coverage on:

- Your Spouse
- Unmarried Child(ren) from 15 days of age to age 19 (to age 23 if wholly dependent upon you for maintenance and support **and** if enrolled as a full-time student in an accredited school or college). Handicapped children can continue to be covered with no age limit. Children can only be covered by one parent if both work for the County.

It is your responsibility to notify Human Resources when a spouse or dependent child is no longer eligible for coverage. (ie. divorce, child no longer full-time college student, etc.)

Flexibility

Simply choose the amount of coverage that suits your needs from the selection provided, as outlined on the back of this folder.

Features

The plan features easy eligibility and simple enrollment procedures.

Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

Low Cost

Your cost is lower than for comparable insurance on an individual basis due to the "wholesale" economies inherent in group insurance. Additionally, the County absorbs the cost of administering the program which is underwritten by Dearborn National - a leader in the field of group coverage.

Eligibility

You will be eligible for this program if you are a full-time active employee.

Enrollment

Enrollment is simple - just fill out the election card provided by your employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

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Beneficiary

You have the right to designate the beneficiary of your choice under employee coverage. You are automatically the beneficiary under Dependent Life.

When Your Insurance Starts

If you enroll on or before the day you become eligible, your employer provided insurance becomes effective on the date of your eligibility if you are then actively at work; otherwise, on the day you return to active work.

If you have elected Voluntary Employee or Dependent Life Insurance, you will be notified as to when that coverage begins. Anyone electing not to enroll when first eligible or within three months thereafter can enroll later only if evidence of insurability satisfactory to the Insurance Company is provided.

Termination Of Coverage

All insurance under the plan will terminate upon the earlier of retirement, termination of employment, when the plan ceases or when you withdraw from the plan. Nevertheless, if you should die within 31 days thereafter, and you are eligible for conversion or portability, your life insurance will still be paid to your beneficiary. If any of your covered dependents should die within such 31 day period, the amount of Life Insurance on account will be paid to you.

Reductions at Age 65 & Over

If you remain in active service beyond age 65 your combined amount of Basic, AD&D and Optional Employee Life Insurance will reduce as follows:

Attained Age	Percent of Original Amount
65	65%
70	50%

(The above age reduction also applies to dependent spouse.)

Family Status Change

This provision allows you to increase your coverage by one times your basic annual salary without evidence of insurability within 31 days of the following:

- Marriage or divorce
- Death of a spouse or dependent child
- Birth or adoption of a dependent child
- Change in employment status for you or your spouse

Waiver Of Premium

Your Basic and Voluntary Life coverages include a waiver of premium provision. If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the

employee is no longer disabled or reaches age 65, whichever occurs first. Your Voluntary Dependent Life Insurance may be continued provided you remit the applicable premium to your employer.

Conversion

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy, issued by Dearborn National Life Insurance Company in any amount up to the amount of your life coverage in effect on your date of termination.

You must apply for this policy within 31 days after the date your coverage terminates. This privilege applies to Supplemental Life Insurance and Supplemental Dependent Life Insurance as well as to Basic Life Insurance.

Portability

Voluntary Life benefits are portable upon retirement or termination for the employee and/or his insured spouse. If an insured employee or spouse elects portability, he may also elect to continue Dependent Child(ren)'s coverage. Ported coverage terminates at age 70.

Accelerated Benefits Option

Dearborn National Life Insurance Company has included an Accelerated Benefit Option (ABO) as part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

Group Policy and Certificate

The insurance briefly described in this folder is subject to the terms and conditions of the Group Policy issued by Dearborn National Life Insurance Company. If you become insured, you will receive a certificate outlining your benefits under the policy.

Plan Sponsor

Polk County Government
40 Courthouse Street
Columbus, NC 28722
(828) 894-3302

Claims Procedure

Claim forms needed to file for benefits under the group insurance program can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information.

This is only a brief summary of the life insurance benefits available. Some restrictions may apply. For more specific information about the coverage details, including limitations, exclusions and other requirements, please refer to your certificate booklet or contact Human Resources.

This coverage is underwritten by Dearborn National Life Insurance Company.

Schedule Of Benefits

Basic Life and AD&D Insurance

In the amount of \$15,000 at no cost to you; paid by the County

Voluntary Group Life Insurance

You choose the following amounts on yourself and your spouse:

\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$150,000, \$200,000, \$250,000, \$300,000, \$400,000, or \$500,000

Your Semi-Monthly Cost For Employee And Spouse Voluntary Group Life Insurance

(Spouse coverage based on spouse's age)

Age	Rate Per \$1,000
Less than 35	.04
35-39	.06
40-44	.10
45-49	.14
50-54	.24
55-59	.41
60-64	.65
65-69	1.02
70-74	1.62
75+	2.86

Voluntary Dependent Life Insurance

\$10,000 on each of your eligible children - \$1.00/semi-monthly

\$ 5,000 on each of your eligible children - \$0.50/semi-monthly

- Employees under age 60 must furnish evidence of insurability for amounts over \$100,000.
- Employees age 60-69 must furnish evidence of insurability for amounts over \$20,000.
- Employees age 70 and over must furnish evidence of insurability for all amounts of coverages.
- To be eligible for \$20,000 or more your spouse must furnish medical evidence of insurability.

Texas Life Whole Life Insurance - Solutions 121

Common Issue Date: August 1, 2016

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.

As an employee, you are eligible to apply once you have satisfied your employer's eligibility period.²

Why Voluntary Coverage?

- Most employees typically depend on group term life insurance.
- Today more adults than ever have only group life insurance obtained through their employers, but they carry the lowest average amounts of coverage.³
- On the other hand, adults with both individual life and group life policies have the most life insurance protection.³
- Most term policies generally expire before paying a death claim.
- When do you want a life insurance policy in force? --Answer: When you die.
- Term is for IF you die, permanent is for WHEN you die.

The SOLUTIONS Advantage

Individual Protection

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

Coverage for Your Family

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

Paid Up Insurance

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

Convenience of payroll deduction

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

Portable, Permanent

You may continue the peace of mind SOLUTIONS 121 provides, even when you change jobs or retire. Once your policy is issued, the coverage is yours to keep. If you should change jobs or retire before the policy becomes paid up, you simply pay the monthly premium directly to Texas Life by automatic bank draft or monthly bill (for monthly bill we may add a billing fee not to exceed \$2.00). Premiums are guaranteed to remain level to your age 65, or for 20 years if you purchase the policy after age 46, when the policy is fully paid-up and your death benefit reduces to a percentage of the initial face amount.

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 face amount, 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)

Accelerated Death Benefit for 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 Face Amount 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. Form ICC07-ULCL-WP-07 and Form Series ULCL-WP-07.

Coverage begins immediately

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

Sample Rates

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

<i>Solutions 121</i>				
Age	Face Amount	Monthly Premium Non-Tobacco Chronic Illness Waiver	Monthly Premium Tobacco Chronic Illness Waiver	Paid-up Age
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
- 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
- Waiver of Premium included for ages 17-59
- If you desire more coverage, you can qualify by answering just four underwriting questions.
- Coverage available for spouse, children and grandchildren²

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

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 Facts About Life, LIMRA International (2011)



Continuation of Benefits Options If You Leave Polk County Government

MedCost Medical Reimbursement Account

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. To obtain your balance, please call **MedCost at: (800) 795-1023**.

Ameritas Dental Plan

Under the group dental plan, you and your covered dependents are eligible to continue dental coverage through COBRA according to the same qualifying events listed above. Should you have any questions you may contact **Ameritas at (800) 487-5553**.

Community Eye Care Vision Plan

Under the group vision plan, you and your covered dependents are eligible to continue vision coverage through COBRA according to the same qualifying events listed above. Should you have any questions you may contact **Community Eye Care at (888) 254-4290**.

Assurity Accident Expense PRO Plan

When you leave employment, you may continue your Assurity Accident coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. Assurity will send you a letter explaining your options or you may make those arrangements by contacting **Assurity at (888) 358-8808, ext. 23**.

Assurity Cancer Expense PRO Plan

When you leave employment, you may continue your Assurity Cancer coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. Assurity will send you a letter explaining your options or you may make those arrangements by contacting **Assurity at (888) 358-8808, ext. 23**.

Aflac Critical Illness Plan

You may continue your Aflac/CAIC Critical Illness policy by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact: **Aflac at 1-800-433-3036**

AUL Short and Long Term Disability Plans

Once an employee is on the AUL disability plans for 3 months, you can port the coverage for one year at the same cost without evidence of insurability. You have 30 days from your date of termination to contact AUL to port your coverage by calling **1-800-553-5318**.

Dearborn National Term Life Insurance

When you leave employment, you may elect to continue your group term life in one of two ways:

1. You may “port” the existing group term coverage you have through your employer to a term policy. It is guaranteed issue, which means you do not have to answer any medical questions. You must apply for coverage within 31 days after the date your coverage terminates. For more information and a quote, please call **Dearborn National Life at (800) 348-4512**.

2. You may “convert” the existing group term coverage you have through your employer to an individual whole life policy. You must apply for coverage within 31 days after the date your coverage terminates. It is also guaranteed issue. For more information and a quote, please call **Dearborn National at (800) 348-4512**.

If you do not convert or port your group term life insurance, your life insurance coverage will terminate.

Texas Life Whole Life Insurance

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Texas Life at: (800) 283-9233 prompt #3**.

Benefits available to Retirees of North Carolina State and Local Governments

MetLife Dental and Superior Vision Insurance Plans for Retirees of State or Local Government Offered Through North Carolina Retired Governmental Employees' Association, Inc.

With over 54,000 members, the North Carolina Retired Governmental Employees' Association is the largest single group representing retirees before the N.C. General Assembly, the Retirement Systems Boards of Trustees, and the State Health Plan trustees. For retirees or future retirees of state or local governments in North Carolina (including teachers, legislators, National Guard, and judicial), NCRGEA is your voice for sustaining and increasing your benefits after retirement.

Additionally, there are many benefits included with membership at no additional cost (\$10,000 AD&D Insurance, bimonthly newsletter, weekly electronic legislative updates while the General Assembly is in session, a toll-free number to call for information and assistance, hearing assistance and vision care discount programs, and free district meetings).

The Association also offers optional MetLife Dental Insurance and Superior Vision Insurance plans for our members. Those premiums are conveniently deducted from your retirement benefit check monthly. Please contact us at NCRGEA, PO Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, www.ncrgea.com, for further information.

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

or scan:



Mark III
Employee Benefits

211 Greenwich Road
Charlotte, NC 28211

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