



EMPLOYEE BENEFITS HANDBOOK

JULY 1, 2025 - JUNE 30, 2026

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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.

DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at mymarkiii.com.

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



Important Points

- ✓ Your plan year runs from July 1, 2025 to June 30, 2026. This means your benefit elections will take effect July 1, 2025 unless otherwise noted.
- ✓ If you wish to add or make changes to your benefit elections, you have the option of self-enrolling or speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending and Dependent Care accounts each year! It will not automatically renew.
- ✓ **Wellness Benefits:** Certain plans have Wellness Benefits for covered screening tests. This means you can get money back for having a qualified screening test and then filing a wellness claim for the qualified screening test. Look for the wellness benefit to better you and your family!
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ All policy information can be found on your employee benefits portal at <https://mymarkiii.com/waynecountync/>.



Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.” Please contact your Group Contact for information on cancelling post-tax benefits.

Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage. Documentation is required.



marriage



divorce



childbirth/
adoption



death of a
family
member



loss of
parental
coverage



spouse gains
or loses
coverage

Welcome to Your Benefits!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. This guide is simply a brief summary of benefits offered and does not constitute a policy.



Pre-Tax Benefit Information

A “**pre-tax basis**” means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or unless you have a qualifying life event (i.e. birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

- ✓ BCBS Medical
- ✓ AdminUSA Flexible Spending Accounts
- ✓ Ameritas Dental
- ✓ CEC Vision
- ✓ MetLife Group Cancer
- ✓ Aflac Accident
- ✓ Aflac Hospital Indemnity
- ✓ Aflac Critical Illness

Post-Tax Benefit Information

A “**post-tax basis**” means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time.

- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability
- ✓ The Standard Voluntary Term Life
- ✓ MassMutual Whole Life

How to Enroll at Open Enrollment

Self-Service Enrollment

You have the option to self-enroll in your benefits through the online enrollment platform. Visit the link below to self-enroll.

To Self-Enroll Visit: <https://mymarkiii.com/waynecountync/enrollment/>

Call Center Enrollment

Dial the number below to speak with a trusted Mark III Benefits Counselor. They will explain the benefits offered and help get you enrolled.

Call Center: 1 (833) 891-7652 (M – F, 8:00 a.m. – 5:00 p.m. EST)

To avoid wait times when calling in, schedule an appointment with an enrollment counselor by visiting the link below. You can select the date and time that works best for you.

NOTE: If you don't make an appointment, you may have to wait before speaking with an enroller.

Schedule an Appointment: <https://mymarkiii.com/waynecountync/enrollment/>

Employee Benefits Portal

Use your smartphone to scan the QR code for quick access to your employee benefits portal page. Review your benefits guide online, download claim forms, and much more!



New Hires – How to Enroll in Your Benefits

Important!

- You have **30 days** from date of hire to enroll in benefits.
- **Qualify for Guaranteed Issue!** That means you will not have to answer any health questions when you first sign up for some benefits, up to guaranteed issue amounts. If you wait until the next year to enroll, you will have to answer health questions.
- **Receive up to \$100 in Wellness Benefits** by signing up with certain plans. This means you will earn an annual benefit payment if you complete a qualified health screening test, whether or not there is any out-of-pocket cost to you!

Self-Service Enrollment

- You have the option to self-enroll in your benefits through the online enrollment platform. Visit the link below to self-enroll.
 - **Self-Enroll:** <https://mymarkiii.com/waynecountync/enrollment/>

Employee Portal

- Use your smartphone to scan the QR code for quick access to your employee portal page. Review your benefits guide online, download claim forms, and much more!



Employee Benefits Portal

Find details about all of your benefits, download forms, submit claims, ask questions, and more at <https://mymarkiii.com/waynecountync/>.



- ✓ Benefits Guide
- ✓ Plan Forms
- ✓ Product Videos
- ✓ Contact Info
- ✓ Policy Certificates
- ✓ Enrollment Info

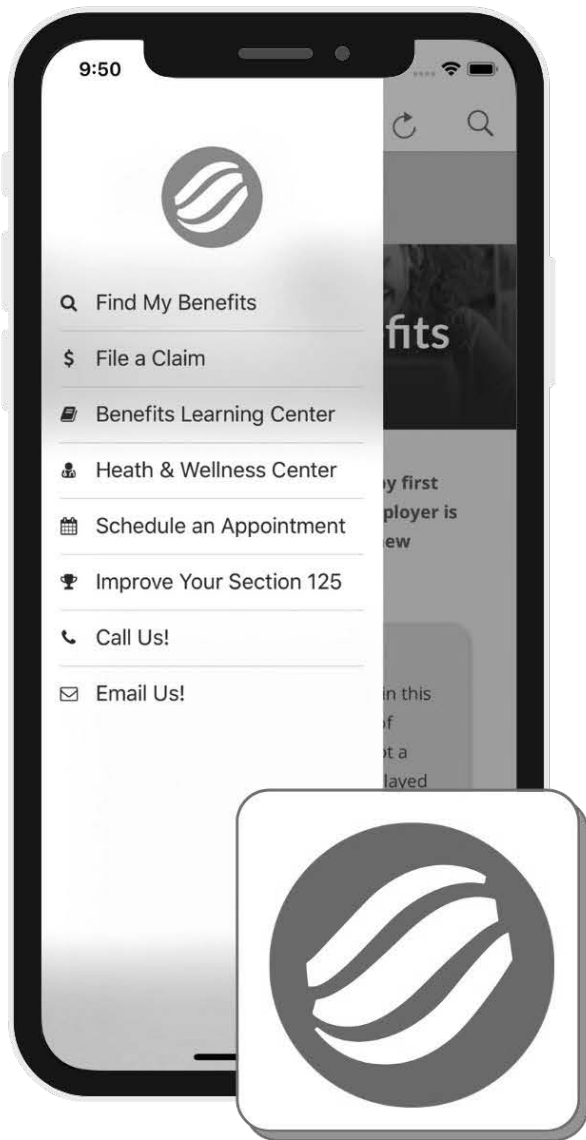


Available 24/7* from any internet enabled device for your convenience.

**As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In the case of outage, plan information can always be requested from your HR office or Mark III Employee Benefits.*

MyMark III Mobile App

Find details about all of your benefits, download forms, submit claims, ask questions, and more on the MyMark III Mobile App!



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Search for “MyMark III” to access benefit information on the go!

Available on:



*Your Trusted Benefits
Partners at your fingertips!*



Filing a Claim

Ameritas Dental

Visit <https://mymarkiii.com/waynecountync/forms/> to download your claim form or www.Ameritas.com to file online. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

CEC Vision

Visit <https://mymarkiii.com/waynecountync/forms/> to download your claim form. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

MetLife Group Cancer

Visit <https://mymarkiii.com/waynecountync/forms/> to download your claim form. You may also utilize the online claims portal simply login here <https://portal.bbadmin.com/> and submit claims in minutes.

- Please have the following information available: Claimant Name, Date of Service, Name of Service/Screening, Provider Name, and Phone Number.
- Wellness Benefits can also be called into a Bay Bridge claim's examiner at (800) 845-7519.

Group Aflac

Visit <https://mymarkiii.com/waynecountync/forms/> to download your claim form or to file online visit <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose your claim form and follow the instructions. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.

AUL Disability

Visit <https://mymarkiii.com/waynecountync/forms/> to download your claim form. Mail, fax, or email a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

Employee Benefits Portal

Use your smartphone to scan the QR code or visit the link for quick access to your employee benefits portal page. Review your benefits guide online, download claim forms, and much more!

Visit: <https://mymarkiii.com/waynecountync/>





Wellness Benefits

What is a Wellness Benefit?

Certain plans have a wellness feature built into your benefit options. This benefit gives **money back to you** for having a qualified screening test and then filing a claim for the screening test performed.

Qualified Screening Test*

- ✓ Hemoccult stool analysis
- ✓ Breast ultrasound
- ✓ Mammography
- ✓ CA 125 (blood test for ovarian cancer)
- ✓ CA 15-3 (blood test for breast cancer)
- ✓ CEA (blood test for colon cancer)
- ✓ Colonoscopy
- ✓ Pap smears
- ✓ Blood Screenings
- ✓ PSA (blood test for prostate cancer)
- ✓ Stress test (bicycle or treadmill)
- ✓ Electrocardiogram (EKG)
- ✓ Coronavirus Testing



*The list of screening test above is for illustrative purposes. Please see your plan provisions and limitations for a full list of qualified screening test.

Get Paid by Staying Proactive!

- ✓ MetLife Group Cancer Wellness Benefit Amount - **\$100**
- ✓ Aflac Accident Wellness Amount - **\$60**
- ✓ Aflac Hospital Indemnity Wellness Amount - **\$50**
- ✓ Aflac Critical Illness Wellness Amount - **\$100** (Employee/Spouse Only)

Download Your Wellness Claim(s)

Visit your employee benefits portal to download your wellness benefit claim form(s).

Employee Benefits Portal: <https://mymarkiii.com/waynecountync/>





HEALTHY LIVING

*Core Benefit options to keep
you and your family healthy.*



Medical Plan Summary



BCBS PPO Option 1 Medical Summary

Benefit	In-Network	Out-of-Network
Deductible	\$2,500 Individual \$5,000 Family	\$4,250 Individual \$8,500 Family
Out-of-Pocket Limit	\$4,250 Individual \$8,500 Family	\$8,500 Individual \$17,000 Family
Primary Care Visit	\$40 Copayment	30% Coinsurance
Specialist Visit	\$80 Copayment	30% Coinsurance
Preventative Care/Screenings	No Charge	Not Covered
Diagnostic Text (X-Ray, Blood Work)	20% Coinsurance	30% Coinsurance
Imaging (CT/PET scans, MRIs)	20% Coinsurance	30% Coinsurance
Facility Fee (e.g., hospital room)	20% Coinsurance	30% Coinsurance
Physician/Surgeon Fees	20% Coinsurance	30% Coinsurance
Emergency Room Care	\$250 Copayment	\$250 Copayment
Emergency Medical Transportation	20% Coinsurance	20% Coinsurance
Urgent Care	\$100 Copayment	\$100 Copayment

Drug Tier	In-Network	Out-of-Network
Tier 1	\$10 Copayment	\$10 Copayment
Tier 2	\$10 Copayment	\$10 Copayment
Tier 3	\$60 Copayment	\$60 Copayment
Tier 4	\$75 Copayment	\$75 Copayment
Tier 5	25% Coinsurance	25% Coinsurance

**\$250 prescription drug coverage. You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.

Tier of Coverage	Semi-Monthly Rates
Employee Only	\$0
Employee + Spouse	\$250.50
Employee + Child	\$152.50
Employee + Children	\$223.00
Family	\$376.00

Summary of Benefits & Coverage (SBC) Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com.

Scan the QR Code or visit <https://mymarkiii.com/waynecountync/policy-information/> to view your SBCs online.



This document is a highlight of plan benefits provided by BCBS of NC as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of covered procedures, please see your benefits administrator.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
WAYNE COUNTY: PPO Copay

Coverage Period: 7/1/2024 - 6/30/2025
 Coverage for: Individual + Family. Plan Type: PPO

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-275-9787 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$2,500 Individual/\$5,000 Family. Out-of-Network: \$4,250 Individual/\$8,500 Family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and most services that may require a copayment.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$250 prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In-Network: \$4,250 Individual/\$8,500 Family. Out-of-Network: \$8,500 Individual/\$17,000 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist? No. You can see the specialist you choose without a referral.

! All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 <u>copayment</u>	30% <u>coinsurance</u>	None
	Specialist visit	\$80 <u>copayment</u>	30% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge	30% <u>coinsurance</u>	-You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. -Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at	Tier 1 Drugs	\$10 <u>copayment</u>	\$10 <u>copayment</u>	-Prior authorization may be required or services will not be covered - Copayment applies to a 30-day supply -For Infertility dosage limits apply - *See <u>Prescription Drug</u> section.
	Tier 2 Drugs	\$10 <u>copayment</u>	\$10 <u>copayment</u>	
	Tier 3 Drugs	\$60 <u>copayment</u>	\$60 <u>copayment</u>	
	Tier 4 Drugs	\$75 <u>copayment</u>	\$75 <u>copayment</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
www.bluecrossnc.com/rxinfo	Tier 5 Drugs	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>copayment</u>	\$250 <u>copayment</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$100 <u>copayment</u>	\$100 <u>copayment</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40/office visit; 20% <u>coinsurance</u> /outpatient	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Inpatient services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you are pregnant	Office visits	20% <u>coinsurance</u>	30% <u>coinsurance</u>	.*-See Family Planning section.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
<p>If you need help recovering or have other special health needs</p>	<u>Home health care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered	
	<u>Rehabilitation services</u>	\$80 copayment/office; 20% coinsurance/outpatient	30% <u>coinsurance</u>	-* See Therapies section -Combined 30 visits for physical/occupational therapy and chiropractic services.-30 visits for speech therapy. -Limits do not apply to mental illness diagnoses.	
	<u>Habilitation services</u>	\$80 copayment/office; 20% coinsurance/outpatient	30% <u>coinsurance</u>	-Habilitation services are combined with the <u>Rehabilitation service</u> limits listed above.	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered	
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered -Limits may apply	
	<u>Hospice services</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered	
	<p>If your child needs dental or eye care</p>	Children's eye exam	No Charge	Not Covered	-Limits may apply
		Children's glasses	Not Covered	Not Covered	Excluded Service
		Children's dental check-up	Not Covered	Not Covered	Excluded Service

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Long-term care
- Cosmetic surgery
- Routine foot care other than palliative or cosmetic.
- Dental care (Adult)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Hearing aids
- Private duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross NC at 1-877-275-9787 or www.BlueConnectNC.com. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

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

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

About these Coverage Examples:



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

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- **The plan's overall deductible** \$2,500
- **Specialist copayment** \$80
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

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

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$1,750
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$4,310

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$2,500
- **Specialist copayment** \$80
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

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

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,810
Copayments	\$600
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,430

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$2,500
- **Specialist copayment** \$80
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

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

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,870
Copayments	\$480
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,350

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



Medical Plan Summary

BCBS PPO Option 2 With HSA Medical Summary



Benefit	In-Network	Out-of-Network
Deductible	\$1,600 Individual \$3,200 Family	\$3,000 Individual \$6,000 Family
Out-of-Pocket Limit	\$3,500 Individual \$5,000 Family	\$7,000 Individual \$10,000 Family
Primary Care Visit	10% Coinsurance	40% Coinsurance
Specialist Visit	10% Coinsurance	40% Coinsurance
Preventative Care/Screenings	No Charge	Not Covered
Diagnostic Text (X-Ray, Blood Work)	10% Coinsurance	40% Coinsurance
Imaging (CT/PET scans, MRIs)	10% Coinsurance	40% Coinsurance
Facility Fee (e.g., hospital room)	10% Coinsurance	40% Coinsurance
Physician/Surgeon Fees	10% Coinsurance	40% Coinsurance
Emergency Room Care	10% Coinsurance	10% Coinsurance
Emergency Medical Transportation	10% Coinsurance	10% Coinsurance
Urgent Care	10% Coinsurance	10% Coinsurance

Drug Tier	In-Network	Out-of-Network
Tier 1	10% Coinsurance	10% Coinsurance
Tier 2	10% Coinsurance	10% Coinsurance
Tier 3	10% Coinsurance	10% Coinsurance
Tier 4	10% Coinsurance	10% Coinsurance
Tier 5	10% Coinsurance	10% Coinsurance

Tier of Coverage	Semi-Monthly Rates
Employee Only	\$0
Employee + Spouse	\$217.00
Employee + Child	\$132.00
Employee + Children	\$193.00
Family	\$326.00

*Wayne County will contribute \$1,500 per HSA Policy (Not per family member on the plan).

Summary of Benefits & Coverage (SBC) Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com.

Scan the QR Code or visit <https://mymarkiii.com/waynecountync/policy-information/> to view your SBCs online.



This document is a highlight of plan benefits provided by BCBS of NC as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of covered procedures, please see your benefits administrator.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
WAYNE COUNTY: PPO coinsurance with HSA

Coverage Period: 7/1/2024 - 6/30/2025
 Coverage for: Individual + Family. Plan Type: PPO

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-275-9787 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$1,600 Individual/\$3,200 Family Member/\$3,200 Family Total. Out-of-Network: \$3,200 Individual/\$6,400 Family Member/\$6,400 Family Total.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,500 Individual/\$5,000 Family Member/\$5,000 Family Total. Out-of-Network: \$7,000 Individual/\$10,000 Family Member/\$10,000 Family Total.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-

		<u>network provider</u> for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Specialist visit	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge	40% <u>coinsurance</u>	-You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services needed are <u>preventive</u> . Then check what your plan will pay for. -Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition	Tier 1 Drugs	10% <u>coinsurance</u> after <u>deductible</u>	10% <u>coinsurance</u> after <u>deductible</u>	-Prior authorization may be required or services will not be covered *See <u>Prescription Drug</u> section.
	Tier 2 Drugs	10% <u>coinsurance</u> after <u>deductible</u>	10% <u>coinsurance</u> after <u>deductible</u>	

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about prescription drug coverage is available at www.bluecrossnc.com/rxinfo	Tier 3 Drugs	10% <u>coinsurance after deductible</u>	10% <u>coinsurance after deductible</u>	
	Tier 4 Drugs	10% <u>coinsurance after deductible</u>	10% <u>coinsurance after deductible</u>	
	Tier 5 Drugs	10% <u>coinsurance after deductible</u>	10% <u>coinsurance after deductible</u>	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Emergency room care</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	None
	<u>Urgent care</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you have a hospital stay	Physician/surgeon fees	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Outpatient services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Inpatient services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-*See Family Planning section.
	Childbirth/delivery professional services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Childbirth/delivery facility services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need help recovering or have other special health needs	Home health care	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Rehabilitation services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-*See Therapies section -Combined 30 visits for physical/occupational therapy and chiropractic services.-30 visits for speech therapy. -Limits do not apply to mental illness diagnoses.
	Habilitation services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Habilitation services are combined with the <u>Rehabilitation service</u> limits listed above.
	Skilled nursing care	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered
	Durable medical equipment	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered -Limits may apply
	Hospice services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No Charge	30% <u>coinsurance</u>	-Limits may apply
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Long-term care
- Cosmetic surgery
- Routine foot care other than palliative or cosmetic.
- Dental care (Adult)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Hearing aids
- Private duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

About these Coverage Examples:



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

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- **The plan's overall deductible** \$1,600
- **Specialist coinsurance** 10%
- **Hospital (facility) coinsurance** 10%
- **Other coinsurance** 10%

This EXAMPLE event includes services like:

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

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,600
Copayments	\$0
Coinsurance	\$980
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,640

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$1,600
- **Specialist coinsurance** 10%
- **Hospital (facility) coinsurance** 10%
- **Other coinsurance** 10%

This EXAMPLE event includes services like:

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

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,600
Copayments	\$0
Coinsurance	\$370
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,990

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,600
- **Specialist coinsurance** 10%
- **Hospital (facility) coinsurance** 10%
- **Other coinsurance** 10%

This EXAMPLE event includes services like:

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

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,600
Copayments	\$0
Coinsurance	\$120
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,720

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



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GoodRx is a great way to help save money on your prescriptions and the best thing is that it's completely **FREE** to use for your whole family. GoodRx compiles discount coupons that enable you to take advantage of the best pricing on your medications. You'll be surprised at how inexpensive you might be able to get your medications. Check GoodRx every time you get a prescription to see your possible savings.

Features

- ✓ **Search & Compare Prices.** Find the lowest local prices for your prescriptions at more than 70,000 U.S. pharmacies.
- ✓ **Get Free Coupons.** GoodRx coupons can save you up to 80% on your prescriptions at no cost to you.
- ✓ **Save your prescriptions.** Track prices and get notified with the latest saving alerts for your prescriptions.
- ✓ **Show To Your Pharmacist.** It's easy, just show the GoodRx app to your pharmacist when picking up your prescription.

How Do I Use GoodRx?

1. Download the the GoodRx app on the iTunes and Google Play App stores or enter your mobile number at <https://www.goodrx.com/mobile> to have the app texted to you.
2. Look up your prescriptions and compare prices at multiple pharmacies.
3. Click the print, email, or text button above the coupon on your computer to print or send it to your phone.
4. Show the printed coupon or the digital coupon on your phone when you drop off your prescription.

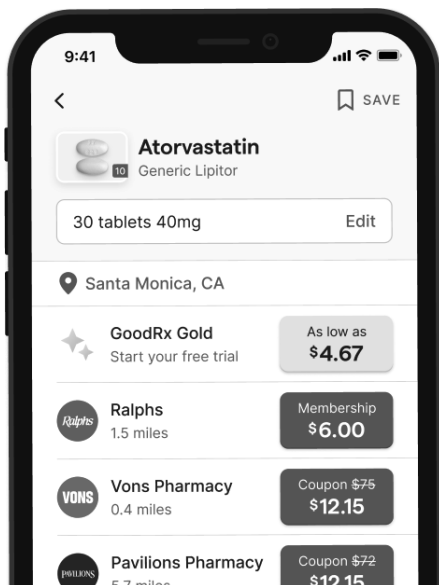
P.S. If you're picking up a prescription your doctor called in, please show your GoodRx coupon before they scan your medication to begin checkout.

Who Accepts GoodRx Discounts?

GoodRx is accepted at over 70,000 pharmacies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. That includes major chains like CVS, Walgreens, Kroger, Rite Aid, Costco, Walmart, and many more!

Access the below medications at a discounted rate!

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- ✓ Ozempic (Type II diabetes)
- ✓ Trulicity (diabetes)



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Flexible Spending Account

AdminUSA
Taking care of your business.

What is a Flexible Spending Account? (FSA)

A Flexible Spending Account (FSA) is a tax savings program that the Federal Government allows your employer to sponsor. It allows the employee to save federal, state, and Social Security taxes on the money you use to pay for eligible expenses. The tax savings will increase your take-home pay.

If you choose to participate in this valuable benefit, you and your eligible dependents can use your elected funds to pay for medical, dental, vision expenses, and dependent care expenses on a tax-free basis. Take advantage of a benefit choice that can increase your spendable income – a flexible benefits plan. You can enhance your benefits package by participating in this valuable option, available through your employer.

At the time of enrollment, you must determine how much you would like to contribute to each account offered by your employer for the coming plan year. You may participate in any or all of the accounts offered. When you participate in a flexible benefits plan, you elect to have a specified number of pretax dollars deducted from your paycheck each pay period. These dollars are subtracted from your gross earnings before taxes are taken out.

When you contribute pretax dollars to a flexible benefits plan, you lower your taxable income; therefore, you pay fewer taxes and increase your spendable income. Depending on your tax bracket, this plan can save you 30 to 40 percent on qualifying expenses.

Available FSA Accounts

- **Medical, Dental, Vision* Reimbursement Account.** This account covers eligible out-of-pocket medical, dental, vision expenses that are only partially covered or not covered at all by insurance, such as deductible and co-pays and eligible “over-the-counter” medications. Your estimated non-covered expenses for the plan year are deducted uniformly from each paycheck throughout the plan year.
 - ✓ **Maximum Contribution:** \$3,300
- **Dependent Care Reimbursement Account.** This account covers eligible expenses such as daycare centers, babysitters, and after-school programs so that you and your spouse can work.
 - ✓ **Maximum Contribution:** \$5,000 (\$2,500 for married participants filing a separate income tax return).

Tax Savings

Whether you're a single person, part of a dual-income household, or a family person with a non-working spouse, a Flexible Spending Account will provide you with additional benefits and more take-home pay.

Single Person. In the illustration, the single employee earns \$21,600. She uses the flex plan to pay the premiums for medical coverage and for medical deductibles and dental care this year. This way, she increases her take home pay by \$384 this year. That's additional take home pay she can use for herself.

Working Couple. This husband and wife both work. They have two children. He makes \$25,000 and she earns \$35,000 per year. They use

the flex plan to help pay the premium for dependent medical coverage and orthodontist bills for the children. With both of them working, they also utilize the plan to pay for necessary childcare expenses. The chart shows that this couple increases their monthly take home pay by \$189 or \$2,268 this year. That gives them additional money for the emergency expenses every family has and allows them to set some money aside to fund an additional retirement plan.

Family Person with Non-Working Spouse. With grown children, and only one spouse working, this couple has no child-care expenses. The annual salary of the working spouse is \$45,000. They use the flex plan to pay the premium dependent medical coverage, meet their medical deductibles, and pay dental expenses. The flex plan gives this couple an additional \$56 monthly take home pay, or \$672 this year, a nice raise for the family budget!

**The Medical, Dental, Vision Account is the only account where participants have access to their full annual election immediately. All other accounts are reimbursed as payroll deductions are made for any eligible claim requests submitted to date.*

Claims & Reimbursements

(Unreimbursed Medical, Dental, Vision Expenses)

Does AdminUSA offer the Flex Debit Card?

Yes the debit card is available through AdminUSA. The debit card provides the benefit of paying for your expenses directly from your FSA account, without upfront costs and reimbursements. You simply present your FSA Debit card to any pharmacist, doctor, dentist, department or grocery store which carry eligible FSA items and who accept Master Card. The vendor will swipe your card and your FSA account is automatically debited for the funds. Keep in mind, however, you may be asked to substantiate your purchases to verify eligible expenses. If so, a copy of your receipt is usually sufficient. ALWAYS KEEP YOUR RECEIPTS.

Is the deductible on my major medical plan eligible for reimbursement?

Yes, however, you must submit the Explanation of Benefits Statement from your major medical carrier which indicates when the deductible was met and verifies that expenses were incurred during the plan year. We cannot accept a statement that only indicates that the deductible has been met.

How do I file a claim for expenses covered by insurance?

First, file the claim with your insurance carrier. After you receive an Explanation of Benefits Statement indicating which expenses are eligible for payment and which are not, submit a copy of the Explanation of Benefits statement to AdminUSA. If you have an HMO, simply submit your co-pay receipts from the doctor or pharmacy. Copies of checks or credit card receipts are not valid receipts for unreimbursed medical expenses.

How do I file a claim for expenses not covered by insurance?

You may pay for your expense at point of sale with your FSA debit card, or, if you are requesting reimbursement for expenses already paid, such as dental, vision, or hearing, simply submit (fax or mail) a reimbursement request form along with a copy of the bill or receipt. The receipt should include the date of service, charges, and services provided.

Dependent Care Expenses

Are there certain circumstances under which an employee's spouse is treated as if he or she is working even though the spouse is not employed?

Yes. If an employee's spouse is a full-time student or is physically or mentally not capable of self-care, he or she is treated as if working. A spouse is a full-time student if he or she is enrolled at and attends a school for the number of hours or classes that the school considers full-time. The spouse must have been a student for some part of each of five calendar months during the year.

What expenditures are eligible for reimbursement under Dependent Care Flexible Spending Accounts?

Eligible expenses are defined as those that enable the participant and the participant's spouse to work or to look for work. These include the following:

- Child care centers that care for six or more children, and that meet the IRS's definition of a qualified day care center;
- Caregivers for a disabled spouse or dependent who lives with the participant;
- Babysitters;
- Nursery schools; and
- Household expenses, provided that a portion of these expenses are incurred to ensure the qualifying dependent's well-being and protection.

A stipulation by the IRS is that the service provider must be over 18 years of age, and cannot be an individual for whom a personal tax exemption may be claimed.

What expenditures are prohibited for reimbursement under Dependent Care Flexible Spending Accounts?

Expenditures that are prohibited for reimbursement include the following:

- Babysitting for social events;
- Educational expenses
- Charges for overnight camp; and
- Expenses that the participant will take as a child care tax credit on their in-come tax return.

Is there a maximum amount of expense that may be reimbursed by a Dependent Care Flexible Spending Account?

Yes. The maximum annual contribution is \$5,000 (\$2,500 for married participants filing a separate income tax return), but no more than the lesser of the earned income of the employee or their spouse. If your spouse is a full-time student or incapacitated the maximum annual election is \$2,400 for one child or \$4,800 for two or more children.

Who is a qualifying dependent for purposes of a Dependent Care Flexible Spending Account?

A dependent under the age of 13 who qualified as a dependent for income tax purposes; a Spouse who is physically or mentally unable to care for himself or herself; a dependent who is unable to care for himself or herself and who qualifies as a dependent for income tax purposes; or if the qualifying person is not under age 13, dependent care expenses incurred outside the home can be reimbursed only if the qualifying person regularly spends at least 8 hours a day in the employee's household.

Must an employee provide any information regarding the dependent care service provider on his income tax return?

Yes, the employee must provide the name, address, and taxpayer identification number of the person performing the services on the income tax return filed for the year in which the services were performed. If the service provider is a tax-exempt organization, its name and address must be provided on the employee's tax return. If the preceding information is not provided, the tax exclusion can be maintained if the employee demonstrates to the IRS that the employee exercised due-diligence in trying to obtain the information. The employee may demonstrate the exercise of due-diligence by furnishing a copy of the service provider's driver's license or Social Security card.

Do I need to provide AdminUSA with any documentation?

Yes, if you participate in the dependent care account, please complete a Dependent Care Documentation form (enclosed). You must provide AdminUSA the name(s) of your child(ren), the name(s) of the provider(s) and taxpayer ID#. You must confirm that your spouse earns more than what you are having withheld in dependent care expenses.

How do I file a claim for dependent care expenses?

If your provider accepts Mastercard, you may use your FSA debit card for payment (and later submit paper-work to AdminUSA for substantiation) or you may complete a Dependent Care Expense Claim Form along with a receipt or statement from the dependent care provider. Claims may be mailed or faxed to (252) 265-5998. The receipt must show the dates of service and the name of the dependent for whom care was provided.

General Information

Claims can be submitted for reimbursement for qualified expenses incurred during the plan year. Each plan allows for a "run-out" period at the end of the plan year where claims incurred during the plan year can be submitted. These expenses MUST be for services performed during your plan year. (Refer to your plan summary for the "run-out" time period allowed.) Reimbursements are based on when service is provided, not when service is billed or paid.

When should I submit a claim?

You may submit a claim any time for qualified expenses incurred during the plan year.

Can I submit a claim after the plan year ends?

Yes. You will have a period of time after the end of the plan year within which to submit claims that occurred during the plan year. Refer to your plan summary for the exact length of time that your plan allows. Note: Your expenses MUST be for services performed during your plan year.

How do I submit my request for reimbursement?

Fax your claim to AdminUSA at (252) 265-5998 using a fax claim form with proof of service documentation (register receipts, etc.). Mail claim to AdminUSA, PO Box 8178, Wilson, NC 27893.

How do I get my reimbursement?

To get your money faster, sign up for direct de-posit (see enclosed form) or receive a check mailed to your home address.

What is the maximum amount I can be reimbursed?

Medical, Dental, Vision Expenses will be reimbursed based on the total amount indicated on the claim re-quest. This amount must not exceed your total plan year election amount and must be submitted with appropriate documentation for proof-of-purchase to verify eligibility of expenses. Dependent Care Expenses will be reimbursed based on the amount indicated on the claims request up to the total amount in your account (payroll deducted) at the time the claim is received. Total amounts must not exceed your plan-year election amount and must be submitted with appropriate documentation to verify eligibility of expenses.

What if I don't use all the money in my account?

IMPORTANT! Use it or Lose it! It's important not to over-estimate your plan year FSA expenses. The IRS has established strict guidelines for monies not used by the end of the plan year. If you have remaining money at the end of the plan year, you will forfeit the remaining balance in the account.

Is Direct Deposit for claims reimbursements available?

Yes, flex participants can arrange to have reimbursements deposited directly into their savings or checking account at any time during the plan year. Participants must complete the Direct Deposit Authorization Agreement and submit it to AdminUSA. Remember: Save all receipts and submit for any claims incurred during your plan year. Duplication of claims not allowed. Over-the-counter medications are allowed through the Medical, Dental, Vision Ac-count.

Important Facts to Remember

How Much to Place in a Flexible Benefits Plan?

After reviewing the list of qualified expenses, try to determine how much you might spend on these expenses during the next plan year. Be conservative in your estimates as any monies that remain in the plan will be forfeited.

PLEASE TAKE NOTE: Your plan may be enrolling in the “Rollover Option” or the “Use it or Lose it Rule”. Please consult your Plan Administrator or HR Director to determine which option your company has chosen.

The Use It or Rollover Option. The new FSA ruling means that the risk of losing your FSA healthcare contributions at the end of the plan year is reduced. With this option, you are able to roll over up to \$660 into the following plan year. Plus, the FSA rollover provision eliminates the mad scramble at the end of the plan year to spend remaining FSA funds. **Your employer has chosen this option.**

The “Use it or Lose it” Rule. Remember the important “use it or lose it” rule when deciding how much to place in your account: If you contribute dollars to a reimbursement account and do not use all of the monies you deposit, you will lose any remaining balance in the account at the end of the plan year.

Once enrolled, you may not change. To comply with IRS regulations, you may only make a change in your election at the beginning of each plan year. This means you may not make a change in your elections after the open enrollment period, unless you experience a family status change. Examples include marriage, divorce, birth, adoption, death, loss of spouse’s employment, etc.

Social Security Benefits. Any reduction in your taxable pay for Social Security purposes may also lead to a reduction in your Social Security benefits. For most employees, the reduction in Social Security benefits will be insignificant compared to the value of paying lower taxes today.

How to Get Started?

Opening and using an FSA is easy. AdminUSA is committed to making the plan easy using three easy steps.

- 1. Determine the Amount of Money.** During your annual open enrollment period, determine how much money you need to set aside. Be conservative in your estimates because of the “use it or lose it” rule. Your employer deducts that amount from your pay on a pre-tax basis in equal amounts throughout the year. For example, if you’re paid 26 times a year and you elect to contribute \$3,000 you would have \$115.38 deducted from each paycheck.
- 2. Enroll.** Complete the enclosed enrollment form as well as any additional forms such as the dependent care form and/or direct deposit form. AdminUSA offers the value-added service of direct deposit of your reimbursement into your personal checking or savings account so sign up today and get your money even faster!
- 3. Use Your Debit Card or Submit a Claim.** When you have eligible expenses you can simply use your debit card or submit a claim for reimbursement with appropriate documentation and AdminUSA will reimburse you in the manner which you are set up.

How to Login?

1. Login to www.AdminUSA.us
2. Click on **Participants** under Login
3. You will be asked to type in your username and password
4. Username: First initial of first name + last name + last 4 digits of SSN (EX: Mary Doe; 123-45-6789 | MDoe6789)
5. Password: 1st time logging on use “Password1” you will be prompted to create a new unique password. Password is CASE SENSITIVE.

Questions?

If you have any questions, contact Heather Turner, Sr. Account Manager.

Office: 252-293-7829

Cell: 252-363-2638

Email: Hturner@adminusa.us





Dental Plan



Plan Benefit	Low Plan	High Plan	PPO Plan
Type 1 - Preventive	100%	100%	100%
Type 2 - Basic	80%	80%	80%
Type 3 - Major	N/A	10%/25%/50%	50%
Deductible	\$50 Deductible Type 2 Waived Type 1	\$50 Deductible Type 2 & 3 Waived Type 1	\$50 Deductible Type 2 & 3 Waived Type 1
Maximum (per person)	\$2,000 per benefit year	\$2,000 per benefit year	\$2,000 per benefit year
Allowance	90 th Usual & Customary (U&C)	90 th Usual & Customary (U&C)	Maximum Allowable Charge*
Waiting Period	None	None	None
Annual Open Enrollment	None	None	None

*Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$2,000
Waiting Period	12 months New Enrollees Only

*The orthodontia benefit applies to the High and PPO Plan only

Sample Procedure Listing (Current Dental Terminology[®] American Dental Association)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 per benefit period) Fluoride for Children 13 & under (1 per benefit period) Cleaning (1 in 6 months) Space Maintainers Sealants (age 15 and under) 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Simple Extractions Periapical X-rays Full Mouth/Panoramic X-rays (1 in 5 years) Palliative 	<ul style="list-style-type: none"> Crowns (1 in 5 years per tooth) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Onlays Denture Repair Crown Repair Periodontics (non-surgical & surgical) Endodontics (non-surgical & surgical) Complex Extractions Anesthesia

Ameritas Information

We're Here to Help! This plan was designed specifically for the associates of **WAYNE COUNTY**. At Ameritas, 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.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A HEALTH 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.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, 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.

PPO Plan

Under the PPO option, covered procedures are reimbursed based on network allowance (*MAC – Maximum Allowable Charge). Services reimbursed under the High plan are reimbursed based on the zip code of the dental provider (U&C – Usual and Customary). Both the High Plan and the PPO Plan include Orthodontia. ****Important:** Members enrolling in the PPO Option should always utilize network providers in order to fully benefit from the plan. Services will be reimbursed at network allowances, even if a member does not visit a network provider.

Frequently Asked Questions

What plan options are available with Wayne County?

Wayne County is proud to provide our employees with a dental program administered by Ameritas. We want employees to have options regarding their choice of plans & providers. For your dental needs, you have the choice of enrolling in the PPO, High Plan or Low Plan.

Why would I elect the Ameritas PPO plan?

Insured members who choose the PPO plan and visit a participating network provider will benefit from the discounted fees for services and procedures offered through a participating dental provider. The discounted fees will often mean savings for you! For members enrolling in the PPO plan, you and your covered dependents should utilize a participating provider for all procedures and services, in order to benefit from the plan and the Maximum Allowable Charge (MAC) reimbursement tied to the PPO option. Please visit ameritas.com to search for a provider in your area. Select the "Classic PPO" network.

Which Wayne County plans allow me to utilize any dentist?

For members enrolling in the non-PPO options (High or Low plan), you may choose to visit any provider. While a member enrolled in the High or Low plan options can benefit from cost savings through a participating provider, you do have the freedom to choose to visit a dentist that is not part of the Ameritas network. Please keep in mind that non-panel providers will charge their standard fees for services and these fees are usually higher than the fees charged by a participating provider. If you enroll in one of the non-PPO options, Ameritas allows reimbursement based on the 90th percentile of the U&C – which is considered to be one of the highest reimbursement levels in the industry. This means 9 out of 10 dentist's charges fall within the amount that Ameritas allows for each procedure.

How can I access claims/benefit information and order an id card?

Stay informed & access your secure member account from any device. Visit ameritas.com and click on the red Account Access link to create your secure member account.

Ameritas Dental Semi-Monthly Rates

Covered	Low Plan	High Plan	PPO Plan
Employee Only	\$12.44	\$20.76	\$14.60
Employee + Spouse	\$25.34	\$40.46	\$28.46
Employee + Child(ren)	\$30.00	\$42.70	\$30.02
Employee + Family	\$41.96	\$62.40	\$43.88



If you have any questions about the PPO or the plan, please call: Ameritas Group Claims Department at 1.800.487.5553
For Claims/Customer Service call Ameritas: 1.800.776.9446 | Website: www.ameritas.com

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 a complete list of covered procedures, please see your benefits administrator.



Vision Plan



A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Benefit	Description	Co-Pay	Out-Of-Network Reimbursement
200 Plan – All benefits renew every 12 months			
Exam	An annual routine eye exam.	\$10	100% minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual \$200 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$10	Up to 100% of flexible allowance minus the copay
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay

<i>Additional Savings</i>	
Additional Pairs of Glasses	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
LASIK Discounts	Members are eligible for discounts from participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.
Special Offers	A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information!

CEC Vision Plan Premiums

Insured	200 Plan Semi-Monthly Rates
Employee Only	\$4.38
Employee + One	\$8.49
Employee + Family	\$12.47

Plan Features

Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!

Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!

Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit cecvision.com/search to find an in-network provider near you.

Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



Questions about your benefits?

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



STAY WELL

*Voluntary Benefit options
that enhance you and your
family's well being.*



Cancer Plan



Plan Features

- ✓ Donor Benefits
- ✓ Wellness Benefits
- ✓ Many Benefits have No Lifetime Maximum
- ✓ Covers certain Lodging & Transportation
- ✓ Portable (take it with you)
- ✓ In & Out of hospital benefits
- ✓ Pays regardless of other coverage

Benefit	Benefit Option
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, Hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	Low Plan: \$2,500 High Plan: \$5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or .50¢ per mile if a personal vehicle is used
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging .50¢ per mile if a personal vehicle is used
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$3,000
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following benefit for the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed 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 billed charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	a. \$200 b. Actual billed charges for round trip coach fare; or personal automobile expense of .50¢ per mile c. Actual billed charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay incurred expenses per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses to a combined lifetime maximum of \$15,000
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum. For anesthesia in connection with the treatment of skin Cancer that is not invasive melanoma. No Lifetime Maximum	Up to 25% of surgical benefit paid. \$100 max per covered person for skin cancer
Ambulatory Surgical Center. We will pay the incurred expenses at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 per day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to \$250 per calendar year

Benefit	Benefit Option
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	Low Plan: Incurred Expenses up to \$2,500 per month High Plan: Incurred Expenses up to \$5,000 per month
Miscellaneous Diagnostic Services. 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.	Incurred Expenses up to a lifetime max of \$10,000
Self-Administered Drugs. We will pay the incurred expenses 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	Incurred Expenses up to \$4,000 per month
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	Incurred Expenses up to \$500 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the actual billed charges 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 actual billed charges . 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.	Actual billed charges limited to a lifetime max up to \$750 for evaluation. Actual billed charges limited to a lifetime max up to \$350 for transportation & lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to \$1,500 lifetime max per amputation
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	\$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected 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	\$300 per day
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	\$50 per day
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	\$100 per day
New or Experimental Treatment. We will pay the actual billed charges 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	Up to \$7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the actual billed charges for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	\$50 per day
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	\$200 per day
Hairpiece. We will pay the actual billed charges per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual billed charges up to a lifetime max of \$150
Rental or Purchase of Durable Goods. We will pay the incurred expenses 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	Incurred Expenses 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 & 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; or
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

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 not yet age 26.

Option to Add Additional Benefits Hospital Intensive Care Insurance Rider

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 (Low Plan) or \$625 (High Plan) 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.

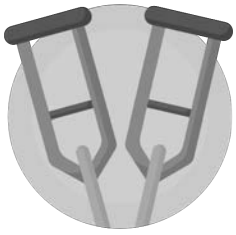
Group Cancer Rate Quote

Semi-Monthly Rates		
Coverage Tier	Option 2 - Low	Option 4 - High
Employee	\$12.75	\$16.84
Employee + Spouse	\$25.95	\$34.27
Employee + Child(ren)	\$18.10	\$23.64
Family	\$31.30	\$41.07

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



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



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

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

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 & surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days)	
• Single	\$400
• Multiple	\$600
If the insured fractures a bone or 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)	
• Injury occurs during first certificate year	\$100
• Injury occurs after first certificate year	\$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year)	
• Injury occurs during first certificate year	\$100
• Injury occurs after first certificate year	\$400

Burns (treatment within 14 days, first degree burns not covered)

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 extractions	\$50

Medical Fees (for each accident)

Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services. For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident. We will pay the Medical Fees Benefit:

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

Emergency Room Treatment

Employee or Spouse	\$125
Child(ren)	\$75

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

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

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

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

Emergency Room Observation Benefit

Employee or Spouse	\$75
Child(ren)	\$45

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

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

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

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

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

Air Ambulance	\$500
Ambulance	\$100

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

<i>Transportation (within 90 days)</i>	
Train or Plane	\$300
Bus	\$150

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

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

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

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

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

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

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

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

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

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

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

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

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

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

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

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

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

Accidental Death & 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) of 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 & Exclusions

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

- **War** – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service. This does not include terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness. This exclusion does not exclude an accidental death from a bacterial infection resulting from an accidental injury.
- **Self-Inflicted Injuries** – injuring or attempting to injure yourself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- **Intoxication** – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- **Illegal Acts** – participating or attempting to participate in an illegal activity or working at an illegal job.
- **Sports** – participating in any organized sport—professional or semiprofessional.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

Aflac Accident Rates

24 Hour Plan	Semi-Monthly Rates
Employee	\$8.10
Employee & Spouse	\$11.58
Employee & Dependent Children	\$15.45
Family	\$18.93

Wellness Benefit included in rates.





Hospital Indemnity Plan

(THIS IS NOT A HEALTH PLAN)



Plan Description

The Group Supplemental Hospital Indemnity Insurance 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.
- Premiums are paid by convenient payroll deduction.
- Admission and per day Hospital Confinement Benefits included.
- The plan is portable with certain stipulations
- Pays regardless of any other insurance programs.
- Covers both injuries and sicknesses.
- Surgery and Anesthesia Benefits included.

Eligibility

Issue Ages

Employee 18-64

Spouse 18-64

Children under age 26

Spouse & Dependent Children Coverage Available

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

Guaranteed-Issue

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

Portability

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

Benefits

Hospital Confinement (per day)	
Plan I - Low	\$100
Plan II - High	\$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 - Low	\$500
Plan II - High	\$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

Anesthesia Benefits	
Plan I - Low	Up to \$188
Plan II - High	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.

<i>Surgical Benefit (per procedure)</i>	
Plan I - Low	Up to \$750
Plan II - High	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.

<i>Wellness (per calendar year)</i>	
Plan I & II - Low & High	\$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 & 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 will not be covered if conception was before the Effective Date of the Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage. Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines. 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.

Aflac Hospital Indemnity Semi-Monthly Rates

<i>Insured</i>	<i>Plan I - Low</i>	<i>Plan II - High</i>
Employee	\$7.85	\$15.48
Employee + Spouse	\$15.52	\$30.59
Employee + Child(ren)	\$10.76	\$21.46
Family	\$18.43	\$36.57





Critical Illness Plan

without Cancer



Plan Features

- ✓ Benefits are paid directly to you, unless otherwise assigned.
- ✓ Premiums are paid through convenient payroll deduction.
- ✓ Guaranteed-issue coverage available to employee and spouse.
- ✓ Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- ✓ Benefit amounts are available from \$5,000 up to \$50,000 for employees and up to \$30,000 for spouse.
- ✓ An annual Health Screening benefit is included.
- ✓ The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).
- ✓ Includes an Additional Benefits Rider with benefits for the following: Coma, Paralysis, Severe Burn, Loss of Sight, Loss of Hearing, Loss of Speech.
- ✓ Includes a Heart Event Rider.

Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$30,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** :

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 18-69
- Spouse 18-69
- Children under age 26

Benefit-eligible employees, working at least **30** hours or more weekly, with at least **0** days of continuous employment by the date of the enrollment are eligible. If an employee is eligible, his spouse is eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. Spouses are eligible for benefit amounts equaling **100%** of the employee amount, not to exceed the \$30,000 maximum benefit. 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 is limited to face amounts up to \$30,000.

Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 50% of the primary insured amount at no additional charge. The payment of benefits for a dependent child does not reduce the face amount of the primary insured. Children-only coverage is not available.

Portability

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

Group Critical Illness Benefits

First Occurrence Benefit - After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Critical Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End-Stage)	100%
Stroke	100%
Coronary Artery Bypass Surgery +	25%

Additional Occurrence Benefit - We will pay benefits for each different Critical Illness in the order the events occur. We will pay benefits for any one Critical Illness once every six months. Therefore, no benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior Critical Illness by at least 6 months.

Reoccurrence Benefit - We will pay benefits for the re-occurrence any Critical Illness once every twelve months. Therefore, once benefits have been paid for Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least 12 months.

+Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.

Health Screening Benefit - \$100

After the Waiting Period, an Insured may receive a maximum of \$100 for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains in force. 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:

- 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
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- Thermograph
- Colonoscopy

Additional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Coma	100%
Paralysis	100%
Severe Burns	100%
Loss of Speech	100%
Loss of Sight	100%
Loss of Hearing	100%

Heart Event Rider

Covered Surgeries and Procedures	Percentage of Face Amount
Category 1	
Coronary Artery Bypass Surgery	100%
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
Category 2	
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%

Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

Exceptions & Reductions

The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description. Benefits will not be paid for loss due to:

- 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
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date. No benefits will be paid for diagnosis made or treatment received outside of the United States.

Pre-Existing Condition Limitation and Exceptions

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date resulted in the insured 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.

Additional Benefit Rider Exceptions

All limitations and exclusions that apply to the Critical Illness plan also apply to the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective. No benefits will be paid for loss which occurred prior to the effective date of the rider. Benefits are not payable for loss if these conditions result from another Critical Illness. The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months. The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

Heart Event Rider Exceptions

We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown if the date of treatment is after the waiting period; treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount. The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium. Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness. Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If Category I and Category II procedures are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the initial face amount shown. The insured is only eligible to receive one payment for each benefit category listed. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of the base certificate.

Pre-existing Conditions Exception

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to an insured's effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any surgical procedure occurring within 12 months of an insured's 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 an insured's 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 an insured's effective date. Any benefits for coronary artery bypass surgery denied under the coverage due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

Exceptions

No benefits will be paid if the specified critical illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. No benefits will be paid for loss which occurred prior to the effective date of coverage. Diagnosis must be made, and treatment received in the United States. **Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

Aflac Critical Illness w/out Cancer – 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	\$2.72	\$3.68	\$4.65	\$5.61	\$6.58	\$7.54	\$8.51	\$9.47	\$10.44	\$11.40
30-39	\$3.34	\$4.94	\$6.53	\$8.13	\$9.72	\$11.31	\$12.91	\$14.50	\$16.10	\$17.69
40-49	\$5.00	\$8.26	\$11.51	\$14.76	\$18.02	\$21.27	\$24.52	\$27.78	\$31.03	\$34.28
50-59	\$7.28	\$12.81	\$18.34	\$23.87	\$29.40	\$34.93	\$40.46	\$45.99	\$51.52	\$57.05
60-69	\$12.05	\$22.35	\$32.65	\$42.95	\$53.25	\$63.55	\$73.85	\$84.15	\$94.45	\$104.75

NON-TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$2.72	\$3.20	\$3.68	\$4.16	\$4.65	\$5.13	\$5.61	\$6.09	\$6.58	\$7.54
30-39	\$3.34	\$4.14	\$4.94	\$5.73	\$6.53	\$7.33	\$8.13	\$8.92	\$9.72	\$11.31
40-49	\$5.00	\$6.63	\$8.26	\$9.88	\$11.51	\$13.14	\$14.76	\$16.39	\$18.02	\$21.27
50-59	\$7.28	\$10.04	\$12.81	\$15.57	\$18.34	\$21.10	\$23.87	\$26.63	\$29.40	\$34.93
60-69	\$12.05	\$17.20	\$22.35	\$27.50	\$32.65	\$37.80	\$42.95	\$48.10	\$53.25	\$63.55

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.22	\$4.70	\$6.17	\$7.65	\$9.12	\$10.59	\$12.07	\$13.54	\$15.02	\$16.49
30-39	\$4.28	\$6.82	\$9.35	\$11.88	\$14.41	\$16.95	\$19.48	\$22.01	\$24.55	\$27.08
40-49	\$8.21	\$14.68	\$21.14	\$27.60	\$34.06	\$40.53	\$46.99	\$53.45	\$59.91	\$66.38
50-59	\$12.68	\$23.61	\$34.54	\$45.48	\$56.41	\$67.34	\$78.27	\$89.20	\$100.13	\$111.06
60-69	\$21.45	\$41.15	\$60.85	\$80.55	\$100.25	\$119.95	\$139.65	\$159.36	\$179.06	\$198.76

TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$3.22	\$3.96	\$4.70	\$5.44	\$6.17	\$6.91	\$7.65	\$8.38	\$9.12	\$10.59
30-39	\$4.28	\$5.55	\$6.82	\$8.08	\$9.35	\$10.62	\$11.88	\$13.15	\$14.41	\$16.95
40-49	\$8.21	\$11.44	\$14.68	\$17.91	\$21.14	\$24.37	\$27.60	\$30.83	\$34.06	\$40.53
50-59	\$12.68	\$18.15	\$23.61	\$29.08	\$34.54	\$40.01	\$45.48	\$50.94	\$56.41	\$67.34
60-69	\$21.45	\$31.30	\$41.15	\$51.00	\$60.85	\$70.70	\$80.55	\$90.40	\$100.25	\$119.95





Critical Illness Plan

with Cancer



Lump Sum Single Payment Policy/First Occurrence - 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 for employee and spouse
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Includes an Additional Benefits Rider with benefits for the following: Coma, Paralysis, Severe Burn, Loss of Sight, Loss of Hearing, Loss of Speech
- Includes a Heart Event Rider

Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$30,000** for spouses with no participation requirement.

For employee amounts over **\$30,000**:

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 18-69 | Spouse 18-69 | Children under age 26

Benefit-eligible employees, working at least **30 hours** or more weekly, with at least **0 days** of continuous employment by the date of the enrollment are eligible. If an employee is eligible, his spouse is also eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. Spouses are eligible for benefit amounts equaling **100%** of the employee amount, not to exceed the \$30,000 maximum benefit. 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 is limited to face amounts up to \$30,000.

Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 50% of the primary insured amount at no additional charge. The payment of benefits for a dependent child does not reduce the face amount of the primary insured. Children-only coverage is not available.

Portability

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

Group Critical Illness Benefits

First Occurrence Benefit - After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness. Recurrence of a previously diagnosed cancer is payable provided the diagnosis is made when the certificate is in force, and provided the insured is free of any signs or symptoms of that cancer for 12 consecutive months, and has been treatment-free for that cancer for 12 consecutive months.

Critical Illnesses Covered Under Plan	Percentage of Face Amount/Benefit
Cancer (Internal or Invasive)*	100%
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End-Stage)	100%
Stroke	100%
Carcinoma in Situ +*	25%
Coronary Artery Bypass Surgery +	25%

Additional Occurrence Benefit - We will pay benefits for each different Critical Illness in the order the events occur. We will pay benefits for any one Critical Illness once every six months. Therefore, no benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior Critical Illness by at least 6 months.

Reoccurrence Benefit - We will pay benefits for the re-occurrence any Critical Illness once every twelve months. Therefore, once benefits have been paid for Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least 12 months or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

+ Payment of the partial benefit for Carcinoma in Situ will reduce by 25% the benefit for internal Cancer. Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.

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

Health Screening Benefit - \$100

After the Waiting Period, an Insured may receive a maximum of **\$100** for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains inforce. 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:

- 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
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- Thermography
- Colonoscopy

Additional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Coma	100%
Paralysis	100%
Severe Burns	100%
Loss of Speech	100%
Loss of Sight	100%
Loss of Hearing	100%

Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
Category 1	
Coronary Artery Bypass Surgery	100%
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
Category 2	
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%

Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

Exceptions & Reductions

The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage and receive a full refund of premium. The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description. Benefits will not be paid for loss due to:

- 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
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date. No benefits will be paid for diagnosis made or treatment received outside of the United States.

Pre-Existing Condition Limitation and Exceptions

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date resulted in the insured 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.

Additional Benefit Rider Exceptions

All limitations and exclusions that apply to the Critical Illness plan also apply to the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective. No benefits will be paid for loss which occurred prior to the effective date of the rider. Benefits are not payable for loss if these conditions result from another Critical Illness. The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months. The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

Heart Event Rider Exceptions

We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown if the date of treatment is after the waiting period; treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount. The rider contains a 30-day waiting period. This means

no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium. Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness. Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If Category I and Category II procedures are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the initial face amount shown. The insured is only eligible to receive one payment for each benefit category listed. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of the base certificate.

Pre-existing Conditions Exception

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to an insured's effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any surgical procedure occurring within 12 months of an insured's 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 an insured's 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 an insured's effective date. Any benefits for coronary artery bypass surgery denied under the coverage due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

Exceptions

No benefits will be paid if the specified critical illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. No benefits will be paid for loss which occurred prior to the effective date of coverage. Diagnosis must be made, and treatment received in the United States. **Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

Aflac Critical Illness w/ Cancer – 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	\$3.19	\$4.63	\$6.07	\$7.51	\$8.95	\$10.39	\$11.83	\$13.27	\$14.71	\$16.15
30-39	\$4.07	\$6.39	\$8.71	\$11.03	\$13.34	\$15.66	\$17.98	\$20.30	\$22.62	\$24.94
40-49	\$6.65	\$11.56	\$16.46	\$21.36	\$26.27	\$31.17	\$36.07	\$40.98	\$45.88	\$50.78
50-59	\$10.45	\$19.16	\$27.86	\$36.57	\$45.27	\$53.98	\$62.68	\$71.39	\$80.09	\$88.80
60 - 69	\$17.85	\$33.95	\$50.05	\$66.15	\$82.25	\$98.35	\$114.45	\$130.55	\$146.65	\$162.75

NON-TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$3.19	\$3.91	\$4.63	\$5.35	\$6.07	\$6.79	\$7.51	\$8.23	\$8.95	\$10.39
30-39	\$4.07	\$5.23	\$6.39	\$7.55	\$8.71	\$9.87	\$11.03	\$12.19	\$13.34	\$15.66
40-49	\$6.65	\$9.10	\$11.56	\$14.01	\$16.46	\$18.91	\$21.36	\$23.81	\$26.27	\$31.17
50-59	\$10.45	\$14.81	\$19.16	\$23.51	\$27.86	\$32.22	\$36.57	\$40.92	\$45.27	\$53.98
60 - 69	\$17.85	\$25.90	\$33.95	\$42.00	\$50.05	\$58.10	\$66.15	\$74.20	\$82.25	\$98.35

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.02	\$6.30	\$8.57	\$10.85	\$13.12	\$15.39	\$17.67	\$19.94	\$22.22	\$24.49
30-39	\$5.66	\$9.57	\$13.47	\$17.38	\$21.29	\$25.20	\$29.11	\$33.01	\$36.92	\$40.83
40-49	\$11.89	\$22.03	\$32.16	\$42.30	\$52.44	\$62.58	\$72.71	\$82.85	\$92.99	\$103.13
50-59	\$18.93	\$36.11	\$53.29	\$70.48	\$87.66	\$104.84	\$122.02	\$139.20	\$156.38	\$173.56
60 - 69	\$33.53	\$65.30	\$97.08	\$128.85	\$160.63	\$192.40	\$224.18	\$255.96	\$287.73	\$319.51

TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$4.02	\$5.16	\$6.30	\$7.44	\$8.57	\$9.71	\$10.85	\$11.98	\$13.12	\$15.39
30-39	\$5.66	\$7.61	\$9.57	\$11.52	\$13.47	\$15.43	\$17.38	\$19.34	\$21.29	\$25.20
40-49	\$11.89	\$16.96	\$22.03	\$27.09	\$32.16	\$37.23	\$42.30	\$47.37	\$52.44	\$62.58
50-59	\$18.93	\$27.52	\$36.11	\$44.70	\$53.29	\$61.88	\$70.48	\$79.07	\$87.66	\$104.84
60 - 69	\$33.53	\$49.41	\$65.30	\$81.19	\$97.08	\$112.96	\$128.85	\$144.74	\$160.63	\$192.40

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.

Aflac Group Insurance is underwritten by 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. EXP (05/24)





Short-Term Disability Plan

OneAmericaSM
Financial

Class Description

All Eligible Employees working a minimum of 40 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 a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly 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 for a sickness and zero (0) days for 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

Maternity claims are standardly paid at 6 weeks for normal delivery and 8 weeks for c- section, minus the elimination period. If there are any complications with supporting medical documentation, benefits could be extended after review from the claims analyst. 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 who did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1,000 monthly benefit without medical questions. 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.

Exclusions and Limitations

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

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

AUL Short-Term Disability Rates: Benefit Duration - 13 Weeks

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



Customer Service: 800-553-5318 | Disability Claims: 855-517-6365 | Fax: 844-287-9499

Disability Claims Email: Disability.Claims@oneamerica.com | www.employeebenefits.aul.com

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, the group policy will prevail.



Long-Term Disability Plan

OneAmericaSM
Financial

LTD Class Description

All Full-Time Eligible Employees working a minimum of 40 hours per week, electing to participate in the Voluntary Long-Term Disability.

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.

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.

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.

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.

Continuity of Coverage will apply if the employee was insured under the employers' prior group plan on the effective date of coverage. This means the benefit payable will be the lesser of the prior plan's or AUL's benefit.

Portability

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

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

Annual Enrollment

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

Exclusions and Limitations

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

AUL Long-Term Disability Semi-Monthly Rates

<i>Monthly Benefit Amount</i>	<i>Age 0 - 29</i>	<i>Age 30 - 39</i>	<i>Age 40 - 49</i>	<i>Age 50 - 59</i>	<i>Age 60 +</i>
\$500	\$1.88	\$3.13	\$4.08	\$11.00	\$16.50
\$1,000	\$3.75	\$6.25	\$8.15	\$22.00	\$33.00
\$1,500	\$5.63	\$9.38	\$12.23	\$33.00	\$49.50
\$2,000	\$7.50	\$12.50	\$16.30	\$44.00	\$66.00



This information is provided as a Benefit Outline. It is not 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 coverages under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



Term Life Plan



Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

About This Coverage

- Competitive group rates.
- The convenience of payroll deduction.
- Benefits if you become terminally ill or die.
- For basic life coverage, Wayne County pays for 1X your salary.

How Much Can I Apply For?

- **For You:** \$10,000 - \$500,000 in increments of \$10,000
- **For Your Spouse:** \$10,000 - \$500,000 in increments of \$10,000
- **For Your Child(ren):** \$5,000 - \$10,000 in increments of \$5,000

The coverage amount for your spouse cannot exceed 100 percent of your Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Life coverage.

What is the Guarantee Issue Maximum?

- **For You:** Up to \$100,000
- **For Your Spouse:** Up to \$20,000

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

AD&D Insurance

The benefit is paid if you are seriously injured or pass away as a result of a covered accident.

- **For You:** The AD&D insurance coverage amount matches what you elect for Additional Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Open Enrollment

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$100,000, you may elect to increase your coverage by one or two increments of \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$100,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect to increase your coverage by one or two increments of \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$100,000 without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$20,000, you may elect to increase coverage by one or two increments of \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$20,000 without having to answer health questions. If your Spouse is not currently enrolled in Dependents Life insurance, you may elect to increase coverage by one or two increments of \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$20,000 without having to answer health questions.

For Your Child(ren). If your child(ren) is/are currently enrolled in Dependents Life insurance for an amount less than \$10,000, you may elect to increase coverage by one or two increments of \$5,000 annually, up to the maximum coverage amount of \$10,000 without having to answer health questions. If your child(ren) is/are not currently enrolled in Dependents Life insurance, you may elect coverage up to the maximum coverage amount of \$10,000 without having to answer health questions.

If you, and/or your spouse and/or your child(ren) were previously declined coverage by The Standard, you, and/or your spouse and/or your child(ren) will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

Additional Features

- **Accelerated Benefit:** If you become terminally ill, you may be eligible to receive up to 75% of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by County of Wayne. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

If you buy coverage for your spouse, you will use **your age** when determining your semi-monthly rate.

If you buy Dependents Life coverage for your child(ren), your semi-monthly rate is \$0.50 for \$5,000 or \$1.00 for \$10,000, no matter how many children you're covering.



Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

Employee Life & AD&D (Semi-Monthly Rates)

Coverage Amount	Your Age as of Previous 7/1										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	\$0.61	\$0.66	\$0.78	\$1.24	\$1.70	\$2.73	\$4.23	\$6.47	\$6.78	\$7.98	\$14.25
\$20,000	\$1.21	\$1.32	\$1.55	\$2.47	\$3.39	\$5.46	\$8.45	\$12.94	\$13.57	\$15.96	\$28.49
\$30,000	\$1.82	\$1.98	\$2.33	\$3.71	\$5.09	\$8.19	\$12.68	\$19.41	\$20.35	\$23.93	\$42.74
\$40,000	\$2.42	\$2.64	\$3.10	\$4.94	\$6.78	\$10.92	\$16.90	\$25.88	\$27.13	\$31.91	\$56.98
\$50,000	\$3.03	\$3.30	\$3.88	\$6.18	\$8.48	\$13.65	\$21.13	\$32.35	\$33.91	\$39.89	\$71.23
\$60,000	\$3.63	\$3.96	\$4.65	\$7.41	\$10.17	\$16.38	\$25.35	\$38.82	\$40.70	\$47.87	\$85.47
\$70,000	\$4.24	\$4.62	\$5.43	\$8.65	\$11.87	\$19.11	\$29.58	\$45.29	\$47.48	\$55.84	\$99.72
\$80,000	\$4.84	\$5.28	\$6.20	\$9.88	\$13.56	\$21.84	\$33.80	\$51.76	\$54.26	\$63.82	\$113.96
\$90,000	\$5.45	\$5.94	\$6.98	\$11.12	\$15.26	\$24.57	\$38.03	\$58.23	\$61.04	\$71.80	\$128.21
\$100,000	\$6.05	\$6.60	\$7.75	\$12.35	\$16.95	\$27.30	\$42.25	\$64.70	\$67.83	\$79.78	\$142.45
\$110,000	\$6.66	\$7.26	\$8.53	\$13.59	\$18.65	\$30.03	\$46.48	\$71.17	\$74.61	\$87.75	\$156.70
\$120,000	\$7.26	\$7.92	\$9.30	\$14.82	\$20.34	\$32.76	\$50.70	\$77.64	\$81.39	\$95.73	\$170.94
\$130,000	\$7.87	\$8.58	\$10.08	\$16.06	\$22.04	\$35.49	\$54.93	\$84.11	\$88.18	\$103.71	\$185.19
\$140,000	\$8.47	\$9.24	\$10.85	\$17.29	\$23.73	\$38.22	\$59.15	\$90.58	\$94.96	\$111.69	\$199.43
\$150,000	\$9.08	\$9.90	\$11.63	\$18.53	\$25.43	\$40.95	\$63.38	\$97.05	\$101.74	\$119.66	\$213.68
\$160,000	\$9.68	\$10.56	\$12.40	\$19.76	\$27.12	\$43.68	\$67.60	\$103.52	\$108.52	\$127.64	\$227.92
\$170,000	\$10.29	\$11.22	\$13.18	\$21.00	\$28.82	\$46.41	\$71.83	\$109.99	\$115.31	\$135.62	\$242.17
\$180,000	\$10.89	\$11.88	\$13.95	\$22.23	\$30.51	\$49.14	\$76.05	\$116.46	\$122.09	\$143.60	\$256.41
\$190,000	\$11.50	\$12.54	\$14.73	\$23.47	\$32.21	\$51.87	\$80.28	\$122.93	\$128.87	\$151.57	\$270.66
\$200,000	\$12.10	\$13.20	\$15.50	\$24.70	\$33.90	\$54.60	\$84.50	\$129.40	\$135.66	\$159.55	\$284.90
\$210,000	\$12.71	\$13.86	\$16.28	\$25.94	\$35.60	\$57.33	\$88.73	\$135.87	\$142.44	\$167.53	\$299.15
\$220,000	\$13.31	\$14.52	\$17.05	\$27.17	\$37.29	\$60.06	\$92.95	\$142.34	\$149.22	\$175.51	\$313.39
\$230,000	\$13.92	\$15.18	\$17.83	\$28.41	\$38.99	\$62.79	\$97.18	\$148.81	\$156.00	\$183.48	\$327.64
\$240,000	\$14.52	\$15.84	\$18.60	\$29.64	\$40.68	\$65.52	\$101.40	\$155.28	\$162.79	\$191.46	\$341.88
\$250,000	\$15.13	\$16.50	\$19.38	\$30.88	\$42.38	\$68.25	\$105.63	\$161.75	\$169.57	\$199.44	\$356.13
\$260,000	\$15.73	\$17.16	\$20.15	\$32.11	\$44.07	\$70.98	\$109.85	\$168.22	\$176.35	\$207.42	\$370.37
\$270,000	\$16.34	\$17.82	\$20.93	\$33.35	\$45.77	\$73.71	\$114.08	\$174.69	\$183.13	\$215.39	\$384.62
\$280,000	\$16.94	\$18.48	\$21.70	\$34.58	\$47.46	\$76.44	\$118.30	\$181.16	\$189.92	\$223.37	\$398.86
\$290,000	\$17.55	\$19.14	\$22.48	\$35.82	\$49.16	\$79.17	\$122.53	\$187.63	\$196.70	\$231.35	\$413.11
\$300,000	\$18.15	\$19.80	\$23.25	\$37.05	\$50.85	\$81.90	\$126.75	\$194.10	\$203.48	\$239.33	\$427.35
\$310,000	\$18.76	\$20.46	\$24.03	\$38.29	\$52.55	\$84.63	\$130.98	\$200.57	\$210.27	\$247.30	\$441.60
\$320,000	\$19.36	\$21.12	\$24.80	\$39.52	\$54.24	\$87.36	\$135.20	\$207.04	\$217.05	\$255.28	\$455.84
\$330,000	\$19.97	\$21.78	\$25.58	\$40.76	\$55.94	\$90.09	\$139.43	\$213.51	\$223.83	\$263.26	\$470.09
\$340,000	\$20.57	\$22.44	\$26.35	\$41.99	\$57.63	\$92.82	\$143.65	\$219.98	\$230.61	\$271.24	\$484.33
\$350,000	\$21.18	\$23.10	\$27.13	\$43.23	\$59.33	\$95.55	\$147.88	\$226.45	\$237.40	\$279.21	\$498.58
\$360,000	\$21.78	\$23.76	\$27.90	\$44.46	\$61.02	\$98.28	\$152.10	\$232.92	\$244.18	\$287.19	\$512.82
\$370,000	\$22.39	\$24.42	\$28.68	\$45.70	\$62.72	\$101.01	\$156.33	\$239.39	\$250.96	\$295.17	\$527.07
\$380,000	\$22.99	\$25.08	\$29.45	\$46.93	\$64.41	\$103.74	\$160.55	\$245.86	\$257.74	\$303.15	\$541.31
\$390,000	\$23.60	\$25.74	\$30.23	\$48.17	\$66.11	\$106.47	\$164.78	\$252.33	\$264.53	\$311.12	\$555.56
\$400,000	\$24.20	\$26.40	\$31.00	\$49.40	\$67.80	\$109.20	\$169.00	\$258.80	\$271.31	\$319.10	\$569.80
\$410,000	\$24.81	\$27.06	\$31.78	\$50.64	\$69.50	\$111.93	\$173.23	\$265.27	\$278.09	\$327.08	\$584.05
\$420,000	\$25.41	\$27.72	\$32.55	\$51.87	\$71.19	\$114.66	\$177.45	\$271.74	\$284.88	\$335.06	\$598.29
\$430,000	\$26.02	\$28.38	\$33.33	\$53.11	\$72.89	\$117.39	\$181.68	\$278.21	\$291.66	\$343.03	\$612.54
\$440,000	\$26.62	\$29.04	\$34.10	\$54.34	\$74.58	\$120.12	\$185.90	\$284.68	\$298.44	\$351.01	\$626.78
\$450,000	\$27.23	\$29.70	\$34.88	\$55.58	\$76.28	\$122.85	\$190.13	\$291.15	\$305.22	\$358.99	\$641.03
\$460,000	\$27.83	\$30.36	\$35.65	\$56.81	\$77.97	\$125.58	\$194.35	\$297.62	\$312.01	\$366.97	\$655.27
\$470,000	\$28.44	\$31.02	\$36.43	\$58.05	\$79.67	\$128.31	\$198.58	\$304.09	\$318.79	\$374.94	\$669.52
\$480,000	\$29.04	\$31.68	\$37.20	\$59.28	\$81.36	\$131.04	\$202.80	\$310.56	\$325.57	\$382.92	\$683.76
\$490,000	\$29.65	\$32.34	\$37.98	\$60.52	\$83.06	\$133.77	\$207.03	\$317.03	\$332.35	\$390.90	\$698.01
\$500,000	\$30.25	\$33.00	\$38.75	\$61.75	\$84.75	\$136.50	\$211.25	\$323.50	\$339.14	\$398.88	\$712.25

*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life (Semi-Monthly Rates)

	Your Age as of Previous 7/1										
Coverage Amount	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	\$0.41	\$0.46	\$0.58	\$1.04	\$1.50	\$2.53	\$4.03	\$6.27	\$6.65	\$7.88	\$14.15
\$20,000	\$0.81	\$0.92	\$1.15	\$2.07	\$2.99	\$5.06	\$8.05	\$12.54	\$13.31	\$15.76	\$28.29
\$30,000	\$1.22	\$1.38	\$1.73	\$3.11	\$4.49	\$7.59	\$12.08	\$18.81	\$19.96	\$23.63	\$42.44
\$40,000	\$1.62	\$1.84	\$2.30	\$4.14	\$5.98	\$10.12	\$16.10	\$25.08	\$26.61	\$31.51	\$56.58
\$50,000	\$2.03	\$2.30	\$2.88	\$5.18	\$7.48	\$12.65	\$20.13	\$31.35	\$33.26	\$39.39	\$70.73
\$60,000	\$2.43	\$2.76	\$3.45	\$6.21	\$8.97	\$15.18	\$24.15	\$37.62	\$39.92	\$47.27	\$84.87
\$70,000	\$2.84	\$3.22	\$4.03	\$7.25	\$10.47	\$17.71	\$28.18	\$43.89	\$46.57	\$55.14	\$99.02
\$80,000	\$3.24	\$3.68	\$4.60	\$8.28	\$11.96	\$20.24	\$32.20	\$50.16	\$53.22	\$63.02	\$113.16
\$90,000	\$3.65	\$4.14	\$5.18	\$9.32	\$13.46	\$22.77	\$36.23	\$56.43	\$59.87	\$70.90	\$127.31
\$100,000	\$4.05	\$4.60	\$5.75	\$10.35	\$14.95	\$25.30	\$40.25	\$62.70	\$66.53	\$78.78	\$141.45
\$110,000	\$4.46	\$5.06	\$6.33	\$11.39	\$16.45	\$27.83	\$44.28	\$68.97	\$73.18	\$86.65	\$155.60
\$120,000	\$4.86	\$5.52	\$6.90	\$12.42	\$17.94	\$30.36	\$48.30	\$75.24	\$79.83	\$94.53	\$169.74
\$130,000	\$5.27	\$5.98	\$7.48	\$13.46	\$19.44	\$32.89	\$52.33	\$81.51	\$86.49	\$102.41	\$183.89
\$140,000	\$5.67	\$6.44	\$8.05	\$14.49	\$20.93	\$35.42	\$56.35	\$87.78	\$93.14	\$110.29	\$198.03
\$150,000	\$6.08	\$6.90	\$8.63	\$15.53	\$22.43	\$37.95	\$60.38	\$94.05	\$99.79	\$118.16	\$212.18
\$160,000	\$6.48	\$7.36	\$9.20	\$16.56	\$23.92	\$40.48	\$64.40	\$100.32	\$106.44	\$126.04	\$226.32
\$170,000	\$6.89	\$7.82	\$9.78	\$17.60	\$25.42	\$43.01	\$68.43	\$106.59	\$113.10	\$133.92	\$240.47
\$180,000	\$7.29	\$8.28	\$10.35	\$18.63	\$26.91	\$45.54	\$72.45	\$112.86	\$119.75	\$141.80	\$254.61
\$190,000	\$7.70	\$8.74	\$10.93	\$19.67	\$28.41	\$48.07	\$76.48	\$119.13	\$126.40	\$149.67	\$268.76
\$200,000	\$8.10	\$9.20	\$11.50	\$20.70	\$29.90	\$50.60	\$80.50	\$125.40	\$133.06	\$157.55	\$282.90
\$210,000	\$8.51	\$9.66	\$12.08	\$21.74	\$31.40	\$53.13	\$84.53	\$131.67	\$139.71	\$165.43	\$297.05
\$220,000	\$8.91	\$10.12	\$12.65	\$22.77	\$32.89	\$55.66	\$88.55	\$137.94	\$146.36	\$173.31	\$311.19
\$230,000	\$9.32	\$10.58	\$13.23	\$23.81	\$34.39	\$58.19	\$92.58	\$144.21	\$153.01	\$181.18	\$325.34
\$240,000	\$9.72	\$11.04	\$13.80	\$24.84	\$35.88	\$60.72	\$96.60	\$150.48	\$159.67	\$189.06	\$339.48
\$250,000	\$10.13	\$11.50	\$14.38	\$25.88	\$37.38	\$63.25	\$100.63	\$156.75	\$166.32	\$196.94	\$353.63
\$260,000	\$10.53	\$11.96	\$14.95	\$26.91	\$38.87	\$65.78	\$104.65	\$163.02	\$172.97	\$204.82	\$367.77
\$270,000	\$10.94	\$12.42	\$15.53	\$27.95	\$40.37	\$68.31	\$108.68	\$169.29	\$179.62	\$212.69	\$381.92
\$280,000	\$11.34	\$12.88	\$16.10	\$28.98	\$41.86	\$70.84	\$112.70	\$175.56	\$186.28	\$220.57	\$396.06
\$290,000	\$11.75	\$13.34	\$16.68	\$30.02	\$43.36	\$73.37	\$116.73	\$181.83	\$192.93	\$228.45	\$410.21
\$300,000	\$12.15	\$13.80	\$17.25	\$31.05	\$44.85	\$75.90	\$120.75	\$188.10	\$199.58	\$236.33	\$424.35
\$310,000	\$12.56	\$14.26	\$17.83	\$32.09	\$46.35	\$78.43	\$124.78	\$194.37	\$206.24	\$244.20	\$438.50
\$320,000	\$12.96	\$14.72	\$18.40	\$33.12	\$47.84	\$80.96	\$128.80	\$200.64	\$212.89	\$252.08	\$452.64
\$330,000	\$13.37	\$15.18	\$18.98	\$34.16	\$49.34	\$83.49	\$132.83	\$206.91	\$219.54	\$259.96	\$466.79
\$340,000	\$13.77	\$15.64	\$19.55	\$35.19	\$50.83	\$86.02	\$136.85	\$213.18	\$226.19	\$267.84	\$480.93
\$350,000	\$14.18	\$16.10	\$20.13	\$36.23	\$52.33	\$88.55	\$140.88	\$219.45	\$232.85	\$275.71	\$495.08
\$360,000	\$14.58	\$16.56	\$20.70	\$37.26	\$53.82	\$91.08	\$144.90	\$225.72	\$239.50	\$283.59	\$509.22
\$370,000	\$14.99	\$17.02	\$21.28	\$38.30	\$55.32	\$93.61	\$148.93	\$231.99	\$246.15	\$291.47	\$523.37
\$380,000	\$15.39	\$17.48	\$21.85	\$39.33	\$56.81	\$96.14	\$152.95	\$238.26	\$252.80	\$299.35	\$537.51
\$390,000	\$15.80	\$17.94	\$22.43	\$40.37	\$58.31	\$98.67	\$156.98	\$244.53	\$259.46	\$307.22	\$551.66
\$400,000	\$16.20	\$18.40	\$23.00	\$41.40	\$59.80	\$101.20	\$161.00	\$250.80	\$266.11	\$315.10	\$565.80
\$410,000	\$16.61	\$18.86	\$23.58	\$42.44	\$61.30	\$103.73	\$165.03	\$257.07	\$272.76	\$322.98	\$579.95
\$420,000	\$17.01	\$19.32	\$24.15	\$43.47	\$62.79	\$106.26	\$169.05	\$263.34	\$279.42	\$330.86	\$594.09
\$430,000	\$17.42	\$19.78	\$24.73	\$44.51	\$64.29	\$108.79	\$173.08	\$269.61	\$286.07	\$338.73	\$608.24
\$440,000	\$17.82	\$20.24	\$25.30	\$45.54	\$65.78	\$111.32	\$177.10	\$275.88	\$292.72	\$346.61	\$622.38
\$450,000	\$18.23	\$20.70	\$25.88	\$46.58	\$67.28	\$113.85	\$181.13	\$282.15	\$299.37	\$354.49	\$636.53
\$460,000	\$18.63	\$21.16	\$26.45	\$47.61	\$68.77	\$116.38	\$185.15	\$288.42	\$306.03	\$362.37	\$650.67
\$470,000	\$19.04	\$21.62	\$27.03	\$48.65	\$70.27	\$118.91	\$189.18	\$294.69	\$312.68	\$370.24	\$664.82
\$480,000	\$19.44	\$22.08	\$27.60	\$49.68	\$71.76	\$121.44	\$193.20	\$300.96	\$319.33	\$378.12	\$678.96
\$490,000	\$19.85	\$22.54	\$28.18	\$50.72	\$73.26	\$123.97	\$197.23	\$307.23	\$325.98	\$386.00	\$693.11
\$500,000	\$20.25	\$23.00	\$28.75	\$51.75	\$74.75	\$126.50	\$201.25	\$313.50	\$332.64	\$393.88	\$707.25

*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Important Details

Eligibility Requirements

To be eligible for coverage, you must be: An active employee of Wayne County regularly working at least 40 hours per week; Insured for Basic Life insurance through The Standard. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible. If you buy Additional Life and AD&D insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. You may also choose to cover your child. Child means your child from live birth through age 25. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for: All late applications (applying 31 days after becoming eligible); Requests for coverage increases; Reinstatements; Eligible but not insured under the prior life insurance plan. Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must: Meet the eligibility requirements listed in the previous sections; Serve an eligibility waiting period*; Receive medical underwriting approval (if applicable); Apply for coverage and agree to pay premium, and; Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective. If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage. *Defined as date you become a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65, to 50 percent at age 70. Your spouse's coverage will not be reduced because of your age unless your insurance is subject to termination under the Waiver or Premium provision.

Life Insurance Waiver of Premium

Your premiums may be waived if you: Become totally disabled while insured under this plan; Are under age 60, and; Complete a waiting period of 180 days. If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur: The date the last period ends for which a premium was paid; The date your employment terminates; The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances); The date the group policy, or your employer's coverage under the group policy, terminates; For each elective insurance coverage, the date that coverage terminates under the group policy. In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent. For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.



Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com



Whole Life Plan



Group Whole Life Insurance at a Glance

Our group whole life insurance provides smart, convenient protection that also helps you achieve your financial goals.

Consider The Advantages:

MassMutual@work Group Whole Life Insurance provides coverage at a set premium, builds cash value over time you can borrow from¹ and pays a death benefit to your loved ones. Group Whole Life Insurance may be easier and more affordable than you think.

Provides Guarantees

- ✓ Guaranteed death benefit
- ✓ Guaranteed level premiums
- ✓ Guaranteed cash-value accumulation
- ✓ **Guaranteed Issue (GI) amounts of \$100,000 for employees and \$25,000 for child/grandchildren. No GI for spouse.**
 - ✓ *Employee must elect a minimum of \$10,000 in order to enroll dependents, and dependent coverage must not exceed the employee amount.

Dividend Eligible²

MassMutual@work whole life certificate owners are eligible to receive dividends. During enrollment, you'll have the opportunity to select the dividend option that fits you best. Options include:

- Cash
- Dividend accumulations
- Paid-up additional insurance

Portable, Lifelong Coverage

You own the certificate along with the accumulated cash values and you can take it with you even if you leave the company. Additionally, if you leave the company and take your certificate with you, you can change your dividend option and choose to have your dividend payments reduce your premiums.

Tax Advantages

Whole life insurance policies offer a combination of valuable tax advantages, including:

- Generally income-tax-free death benefit
- Tax-deferred cash-value growth

Accelerated Death Benefit Provisions³

As the certificate owner, you can receive an advance, or acceleration, of a portion of the death benefit under your certificate, if the insured is diagnosed with a terminal illness or if the insured has a chronic illness that has been certified by a Qualified Medical Practitioner.

- **Terminal Illness:** In most states, the Accelerated Death Benefit for Terminal Illness is payable when the insured meets the definition of Terminally Ill, generally diagnosed with an illness that will result in death within 12 months (24 months in some states).
- **Chronic Illness:** The Accelerated Death Benefit for Chronic Illness is payable when the insured meets the definition of Chronic Illness, generally having a permanent loss of two activities of daily living (eating, toileting, transferring, bathing, dressing, and continence) due to loss of functional capacity, or requiring substantial supervision due to permanent severe cognitive impairment. In North Carolina and Washington, generally, Chronic Illness is any medical condition that requires continuous confinement in an Eligible Institution, where the Insured is expected to remain there for the rest of their life.

Waiver of Premium

The waiver of premium rider ensures that your life insurance protection will stay in place, and your cash value will continue to grow, if you, the insured, are totally disabled and may not be able to pay the premiums. This rider is attached to each certificate for employees age 18–60 and activates following a continuous six-month waiting period. When activated, the premium for the certificate and any riders included with the certificate will be waived for the duration of the insured's disability. It will terminate when the insured reaches the attained age of 67 (state variations may apply). This rider is attached to each certificate. Your employer has elected this rider and it has an additional cost. You can elect to cancel the rider at any time; once canceled it cannot be reinstated.

Whole Life Premiums

Sample rates are listed on the next page. Please refer to the Group Whole Life Insurance rate cards for full rate information. Visit <https://mymarkiii.com/waynecountync/policy-information/> to view the full set of rates or scan the QR code below.



¹ Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

² Dividends are not guaranteed. The certificate is eligible to receive dividends beginning on the second anniversary.

³ Except in Washington and North Carolina, the acceleration of the death benefit is intended to receive favorable tax treatment under §101(g) of the Internal Revenue Code. Accessing other similar benefits may cause the per diem limit to be exceeded. The insured must be chronically ill or terminally ill, as defined in 26 USC 7702B. Certificate owners should seek advice from a tax advisor prior to requesting a benefit payment. Receipt of accelerated death benefits may be taxable. For group policies issued in Washington or North Carolina, the Chronic Care Benefit defines a chronic illness in accordance with state insurance requirements, and may be taxable, as the state prescribed definition differs from the federal tax law definition.

These benefits are not long term care insurance and may be used for any purpose. In many cases, these benefits allow access to more funds than would be available through a certificate loan or certificate cash surrender value. There is a fee taken from the Chronic Care Benefit. Consult with your tax advisor regarding a request for accelerated benefits. Certificate owners who have exercised the Accelerated Death Benefit for Terminal Illness benefit cannot use the Chronic Care Benefit. However, the Terminal Illness Benefit will still be available on the remaining face amount after a Chronic Care Benefit payment has been made.

Accelerating the payment of your death benefit may affect your eligibility for public assistance programs, including MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI"). Contact the Medicaid Unit of the local Department of Public Welfare and the Social Security Administration Office for more information.

An acceleration of the death benefit will reduce the certificate's death benefit, any cash value and any loan values. The certificate's premium payments will be based on the reduced amount of insurance at the current rate. There is no premium required for either the chronic care or terminal illness benefits, however, there is a fee if the chronic care benefit provision is exercised. The fee for the Chronic Care Benefit is a present value adjustment shown as a percentage of the Eligible Amount for the Chronic Care Benefit. The percentage depends on the Insured's age at the time the benefit is exercised: 18% for ages 45 and above; 27% for ages 44-35; 36% for under age 35. In the situs states of Kansas, Minnesota, North Carolina and Washington the term "fee" is replaced with "Actuarial Discount." For Montana, "fee" is replaced with "Reduction."

Please carefully read the accelerated death benefit disclosure provided at application. Restrictions and limitations will apply.



::: MassMutual

The information provided is not written or intended as specific tax or legal advice. MassMutual, its subsidiaries, employees and representatives are not authorized to give tax or legal advice. Individuals are encouraged to seek advice from their own tax or legal counsel.

**MassMutual@WORK Group Whole Life Insurance w/ Waiver of Premium Rider
Employee Non-Tobacco Semi-Monthly Rates**

Issue Age ¹	\$10,000 Death Benefit (Non-Tobacco)			\$25,000 Death Benefit (Non-Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$5.01	\$4,240	\$8,555	\$9.22	\$10,600	\$21,388
19	\$5.06	\$4,216	\$8,507	\$9.35	\$10,540	\$21,268
20	\$5.12	\$4,191	\$8,457	\$9.49	\$10,478	\$21,142
21	\$5.17	\$4,165	\$8,404	\$9.63	\$10,413	\$21,011
22	\$5.23	\$4,138	\$8,349	\$9.77	\$10,345	\$20,874
23	\$5.28	\$4,109	\$8,292	\$9.90	\$10,274	\$20,731
24	\$5.34	\$4,079	\$8,231	\$10.04	\$10,199	\$20,579
25	\$5.39	\$4,048	\$8,168	\$10.18	\$10,120	\$20,421
26	\$5.50	\$4,015	\$8,101	\$10.45	\$10,037	\$20,254
27	\$5.72	\$3,979	\$8,030	\$11.00	\$9,949	\$20,075
28	\$5.89	\$3,942	\$7,954	\$11.42	\$9,855	\$19,886
29	\$6.05	\$3,902	\$7,875	\$11.83	\$9,757	\$19,687
30	\$6.27	\$3,861	\$7,791	\$12.38	\$9,653	\$19,477
31	\$6.49	\$3,817	\$7,702	\$12.93	\$9,543	\$19,256
32	\$6.71	\$3,771	\$7,609	\$13.48	\$9,428	\$19,024
33	\$6.99	\$3,723	\$7,512	\$14.17	\$9,307	\$18,781
34	\$7.15	\$3,672	\$7,410	\$14.58	\$9,182	\$18,527
35	\$7.21	\$3,620	\$7,305	\$14.72	\$9,051	\$18,263
36	\$7.54	\$3,565	\$7,195	\$15.54	\$8,914	\$17,988
37	\$7.98	\$3,509	\$7,081	\$16.64	\$8,773	\$17,702
38	\$8.36	\$3,450	\$6,962	\$17.60	\$8,626	\$17,405
39	\$8.75	\$3,388	\$6,838	\$18.57	\$8,472	\$17,095
40	\$9.19	\$3,324	\$6,707	\$19.67	\$8,310	\$16,769
41	\$9.57	\$3,256	\$6,570	\$20.63	\$8,140	\$16,425
42	\$9.96	\$3,184	\$6,425	\$21.59	\$7,961	\$16,063
43	\$10.40	\$3,109	\$6,273	\$22.69	\$7,772	\$15,683
44	\$10.78	\$3,029	\$6,112	\$23.65	\$7,573	\$15,282
45	\$10.84	\$2,945	\$5,942	\$23.79	\$7,363	\$14,857
46	\$11.55	\$2,856	\$5,762	\$25.58	\$7,140	\$14,406
47	\$12.27	\$2,761	\$5,571	\$27.37	\$6,903	\$13,929
48	\$13.04	\$2,660	\$5,368	\$29.29	\$6,651	\$13,422
49	\$13.81	\$2,554	\$5,153	\$31.22	\$6,385	\$12,883
50	\$14.52	\$2,440	\$4,924	\$33.00	\$6,101	\$12,311
51	\$15.29	\$2,320	\$4,681	\$34.93	\$5,800	\$11,703
52	\$16.06	\$2,192	\$4,423	\$36.85	\$5,481	\$11,059
53	\$16.78	\$2,056	\$4,150	\$38.64	\$5,142	\$10,376
54	\$17.55	\$1,913	\$3,860	\$40.57	\$4,782	\$9,651
55	\$17.60	\$1,760	\$3,552	\$40.70	\$4,400	\$8,880
56	\$18.81	\$1,838	\$3,604	\$43.73	\$4,597	\$9,010
57	\$20.08	\$1,920	\$3,657	\$46.89	\$4,800	\$9,144
58	\$21.34	\$2,004	\$3,712	\$50.05	\$5,012	\$9,280
59	\$22.61	\$2,092	\$3,767	\$53.22	\$5,232	\$9,419
60	\$23.87	\$2,184	\$3,824	\$56.38	\$5,460	\$9,562
61*	\$22.85	\$2,278	\$3,883	\$54.13	\$5,696	\$9,708
62*	\$24.05	\$2,376	\$3,943	\$57.13	\$5,941	\$9,858
63*	\$25.20	\$2,477	\$4,004	\$60.00	\$6,193	\$10,011
64*	\$26.35	\$2,581	\$4,066	\$62.88	\$6,452	\$10,167
65*	\$26.40	\$2,687	\$4,130	\$63.00	\$6,717	\$10,325
66*	\$28.10	\$2,795	\$4,194	\$67.25	\$6,989	\$10,485
67*	\$30.45	\$2,907	\$4,259	\$73.13	\$7,267	\$10,649
68*	\$32.05	\$3,031	\$4,341	\$77.13	\$7,578	\$10,852
69*	\$34.55	\$3,169	\$4,439	\$83.38	\$7,924	\$11,098
70*	\$36.05	\$3,312	\$4,539	\$87.13	\$8,280	\$11,348
71*	\$37.60	\$3,458	\$4,641	\$91.00	\$8,645	\$11,604
72*	\$39.25	\$3,608	\$4,748	\$95.13	\$9,022	\$11,870
73*	\$41.05	\$3,766	\$4,860	\$99.63	\$9,415	\$12,151
74*	\$43.05	\$3,930	\$4,979	\$104.63	\$9,826	\$12,449
75*	\$45.30	\$4,100	\$5,105	\$110.25	\$10,251	\$12,764

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

MassMutual@WORK Group Whole Life Insurance w/ Waiver of Premium Rider Employee Non-Tobacco Semi-Monthly Rates

Issue Age ¹	\$50,000 Death Benefit (Non-Tobacco)			\$100,000 Death Benefit (Non-Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$16.23	\$21,200	\$42,776	\$30.25	\$42,400	\$85,552
19	\$16.50	\$21,080	\$42,536	\$30.80	\$42,161	\$85,072
20	\$16.78	\$20,956	\$42,285	\$31.35	\$41,913	\$84,571
21	\$17.05	\$20,827	\$42,023	\$31.90	\$41,654	\$84,047
22	\$17.33	\$20,691	\$41,749	\$32.45	\$41,382	\$83,499
23	\$17.60	\$20,548	\$41,462	\$33.00	\$41,097	\$82,924
24	\$17.88	\$20,398	\$41,159	\$33.55	\$40,797	\$82,319
25	\$18.15	\$20,241	\$40,842	\$34.10	\$40,483	\$81,684
26	\$18.70	\$20,075	\$40,508	\$35.20	\$40,151	\$81,016
27	\$19.80	\$19,899	\$40,151	\$37.40	\$39,798	\$80,302
28	\$20.63	\$19,711	\$39,773	\$39.05	\$39,423	\$79,546
29	\$21.45	\$19,514	\$39,375	\$40.70	\$39,029	\$78,750
30	\$22.55	\$19,306	\$38,955	\$42.90	\$38,612	\$77,911
31	\$23.65	\$19,086	\$38,512	\$45.10	\$38,173	\$77,024
32	\$24.75	\$18,856	\$38,048	\$47.30	\$37,713	\$76,096
33	\$26.13	\$18,615	\$37,562	\$50.05	\$37,231	\$75,124
34	\$26.95	\$18,364	\$37,054	\$51.70	\$36,728	\$74,109
35	\$27.23	\$18,102	\$36,526	\$52.25	\$36,204	\$73,052
36	\$28.88	\$17,829	\$35,976	\$55.55	\$35,659	\$71,953
37	\$31.08	\$17,547	\$35,405	\$59.95	\$35,094	\$70,811
38	\$33.00	\$17,252	\$34,811	\$63.80	\$34,504	\$69,622
39	\$34.93	\$16,944	\$34,190	\$67.65	\$33,889	\$68,380
40	\$37.13	\$16,621	\$33,538	\$72.05	\$33,242	\$67,076
41	\$39.05	\$16,280	\$32,850	\$75.90	\$32,561	\$65,701
42	\$40.98	\$15,922	\$32,127	\$79.75	\$31,845	\$64,255
43	\$43.18	\$15,545	\$31,366	\$84.15	\$31,090	\$62,733
44	\$45.10	\$15,147	\$30,564	\$88.00	\$30,295	\$61,128
45	\$45.38	\$14,726	\$29,714	\$88.55	\$29,452	\$59,429
46	\$48.95	\$14,280	\$28,813	\$95.70	\$28,560	\$57,627
47	\$52.53	\$13,806	\$27,858	\$102.85	\$27,613	\$55,716
48	\$56.38	\$13,303	\$26,844	\$110.55	\$26,607	\$53,688
49	\$60.23	\$12,770	\$25,767	\$118.25	\$25,540	\$51,535
50	\$63.80	\$12,203	\$24,623	\$125.40	\$24,407	\$49,247
51	\$67.65	\$11,600	\$23,407	\$133.10	\$23,201	\$46,815
52	\$71.50	\$10,962	\$22,118	\$140.80	\$21,924	\$44,237
53	\$75.08	\$10,284	\$20,752	\$147.95	\$20,569	\$41,504
54	\$78.93	\$9,565	\$19,302	\$155.65	\$19,131	\$38,604
55	\$79.20	\$9,801	\$17,760	\$156.20	\$17,603	\$35,520
56	\$85.25	\$9,194	\$18,021	\$168.30	\$18,388	\$36,043
57	\$91.58	\$9,601	\$18,288	\$180.95	\$19,202	\$36,576
58	\$97.90	\$10,024	\$18,560	\$193.60	\$20,049	\$37,121
59	\$104.23	\$10,464	\$18,838	\$206.25	\$20,928	\$37,677
60	\$110.55	\$10,920	\$19,124	\$218.90	\$21,841	\$38,248
61*	\$106.25	\$11,393	\$19,416	\$210.50	\$22,786	\$38,832
62*	\$112.25	\$11,882	\$19,716	\$222.50	\$23,765	\$39,432
63*	\$118.00	\$12,387	\$20,022	\$234.00	\$24,774	\$40,045
64*	\$123.75	\$12,905	\$20,334	\$245.50	\$25,810	\$40,669
65*	\$124.00	\$13,435	\$20,650	\$246.00	\$26,870	\$41,300
66*	\$132.50	\$13,978	\$20,971	\$263.00	\$27,956	\$41,942
67*	\$144.25	\$14,535	\$21,298	\$286.50	\$29,070	\$42,596
68*	\$152.25	\$15,156	\$21,705	\$302.50	\$30,313	\$43,411
69*	\$164.75	\$15,848	\$22,196	\$327.50	\$31,697	\$44,392
70*	\$172.25	\$16,560	\$22,697	\$342.50	\$33,120	\$45,394
71*	\$180.00	\$17,290	\$23,209	\$358.00	\$34,581	\$46,418
72*	\$188.25	\$18,044	\$23,741	\$374.50	\$36,089	\$47,482
73*	\$197.25	\$18,831	\$24,302	\$392.50	\$37,662	\$48,605
74*	\$207.25	\$19,652	\$24,899	\$412.50	\$39,305	\$49,799
75*	\$218.50	\$20,503	\$25,528	\$435.00	\$41,006	\$51,056

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

**MassMutual@WORK Group Whole Life Insurance w/ Waiver of Premium Rider
Employee Tobacco Semi-Monthly Rates**

Issue Age ¹	\$10,000 Death Benefit (Tobacco)			\$25,000 Death Benefit (Non-Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$6.16	\$5,064	\$8,679	\$12.10	\$12,660	\$21,699
19	\$6.22	\$5,036	\$8,631	\$12.24	\$12,590	\$21,578
20	\$6.27	\$5,006	\$8,580	\$12.38	\$12,516	\$21,452
21	\$6.66	\$4,975	\$8,528	\$13.34	\$12,439	\$21,320
22	\$6.82	\$4,943	\$8,472	\$13.75	\$12,359	\$21,181
23	\$6.88	\$4,909	\$8,414	\$13.89	\$12,274	\$21,037
24	\$7.04	\$4,874	\$8,354	\$14.30	\$12,186	\$20,885
25	\$7.21	\$4,837	\$8,290	\$14.72	\$12,093	\$20,726
26	\$7.43	\$4,798	\$8,224	\$15.27	\$11,996	\$20,560
27	\$7.70	\$4,757	\$8,153	\$15.95	\$11,893	\$20,384
28	\$7.87	\$4,714	\$8,079	\$16.37	\$11,785	\$20,198
29	\$8.09	\$4,668	\$8,000	\$16.92	\$11,670	\$20,002
30	\$8.31	\$4,620	\$7,918	\$17.47	\$11,550	\$19,795
31	\$8.31	\$4,569	\$7,830	\$17.47	\$11,422	\$19,576
32	\$8.69	\$4,515	\$7,738	\$18.43	\$11,288	\$19,347
33	\$9.02	\$4,459	\$7,642	\$19.25	\$11,147	\$19,105
34	\$9.35	\$4,399	\$7,540	\$20.08	\$10,999	\$18,851
35	\$9.68	\$4,337	\$7,434	\$20.90	\$10,843	\$18,585
36	\$10.07	\$4,272	\$7,322	\$21.87	\$10,680	\$18,305
37	\$10.51	\$4,203	\$7,204	\$22.97	\$10,509	\$18,011
38	\$11.00	\$4,131	\$7,081	\$24.20	\$10,329	\$17,703
39	\$11.33	\$4,056	\$6,951	\$25.03	\$10,140	\$17,379
40	\$11.88	\$3,977	\$6,816	\$26.40	\$9,943	\$17,041
41	\$12.21	\$3,894	\$6,674	\$27.23	\$9,736	\$16,686
42	\$12.71	\$3,807	\$6,525	\$28.47	\$9,519	\$16,314
43	\$13.15	\$3,716	\$6,369	\$29.57	\$9,290	\$15,923
44	\$13.59	\$3,619	\$6,203	\$30.67	\$9,049	\$15,509
45	\$14.19	\$3,517	\$6,028	\$32.18	\$8,793	\$15,070
46	\$14.80	\$3,408	\$5,841	\$33.69	\$8,521	\$14,604
47	\$15.51	\$3,293	\$5,643	\$35.48	\$8,232	\$14,109
48	\$16.17	\$3,170	\$5,433	\$37.13	\$7,925	\$13,584
49	\$16.72	\$3,039	\$5,210	\$38.50	\$7,599	\$13,025
50	\$17.60	\$2,901	\$4,972	\$40.70	\$7,253	\$12,430
51	\$18.15	\$2,753	\$4,719	\$42.08	\$6,883	\$11,798
52	\$18.87	\$2,596	\$4,449	\$43.87	\$6,490	\$11,124
53	\$19.69	\$2,428	\$4,162	\$45.93	\$6,072	\$10,407
54	\$20.57	\$2,250	\$3,856	\$48.13	\$5,625	\$9,641
55	\$21.51	\$2,059	\$3,530	\$50.47	\$5,149	\$8,825
56	\$22.50	\$2,115	\$3,543	\$52.94	\$5,288	\$8,859
57	\$23.38	\$2,169	\$3,555	\$55.14	\$5,424	\$8,887
58	\$24.92	\$2,222	\$3,564	\$58.99	\$5,557	\$8,910
59	\$26.07	\$2,275	\$3,572	\$61.88	\$5,688	\$8,931
60	\$27.45	\$2,327	\$3,579	\$65.32	\$5,817	\$8,949
61*	\$26.50	\$2,377	\$3,586	\$63.25	\$5,944	\$8,965
62*	\$27.90	\$2,438	\$3,608	\$66.75	\$6,096	\$9,020
63*	\$29.55	\$2,505	\$3,639	\$70.88	\$6,263	\$9,099
64*	\$31.70	\$2,571	\$3,669	\$76.25	\$6,428	\$9,174
65*	\$33.15	\$2,636	\$3,699	\$79.88	\$6,591	\$9,249
66*	\$34.55	\$2,703	\$3,731	\$83.38	\$6,758	\$9,328
67*	\$38.10	\$2,774	\$3,767	\$92.25	\$6,935	\$9,419
68*	\$40.65	\$2,850	\$3,811	\$98.63	\$7,126	\$9,528
69*	\$42.70	\$2,936	\$3,864	\$103.75	\$7,340	\$9,662
70*	\$44.50	\$3,031	\$3,930	\$108.25	\$7,579	\$9,825
71*	\$46.35	\$3,139	\$4,009	\$112.88	\$7,849	\$10,023
72*	\$48.30	\$3,263	\$4,106	\$117.75	\$8,159	\$10,265
73*	\$50.40	\$3,401	\$4,217	\$123.00	\$8,504	\$10,544
74*	\$52.70	\$3,548	\$4,340	\$128.75	\$8,872	\$10,850
75*	\$55.25	\$3,707	\$4,474	\$135.13	\$9,267	\$11,185

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

**MassMutual@WORK Group Whole Life Insurance w/ Waiver of Premium Rider
Employee Tobacco Semi-Monthly Rates**

Issue Age ¹	\$50,000 Death Benefit (Tobacco)			\$100,000 Death Benefit (Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$22.00	\$25,321	\$43,398	\$41.80	\$50,643	\$86,797
19	\$22.28	\$25,180	\$43,156	\$42.35	\$50,361	\$86,313
20	\$22.55	\$25,033	\$42,904	\$42.90	\$50,067	\$85,809
21	\$24.48	\$24,879	\$42,640	\$46.75	\$49,759	\$85,280
22	\$25.30	\$24,718	\$42,363	\$48.40	\$49,436	\$84,727
23	\$25.58	\$24,549	\$42,074	\$48.95	\$49,098	\$84,148
24	\$26.40	\$24,372	\$41,771	\$50.60	\$48,744	\$83,542
25	\$27.23	\$24,187	\$41,453	\$52.25	\$48,374	\$82,907
26	\$28.33	\$23,992	\$41,120	\$54.45	\$47,985	\$82,240
27	\$29.70	\$23,787	\$40,768	\$57.20	\$47,574	\$81,537
28	\$30.53	\$23,570	\$40,397	\$58.85	\$47,141	\$80,794
29	\$31.63	\$23,341	\$40,004	\$61.05	\$46,683	\$80,009
30	\$32.73	\$23,100	\$39,590	\$63.25	\$46,200	\$79,181
31	\$32.73	\$22,845	\$39,153	\$63.25	\$45,690	\$78,307
32	\$34.65	\$22,577	\$38,694	\$67.10	\$45,154	\$77,388
33	\$36.30	\$22,295	\$38,211	\$70.40	\$44,590	\$76,422
34	\$37.95	\$21,999	\$37,703	\$73.70	\$43,998	\$75,407
35	\$39.60	\$21,687	\$37,170	\$77.00	\$43,375	\$74,340
36	\$41.53	\$21,361	\$36,610	\$80.85	\$42,722	\$73,221
37	\$43.73	\$21,018	\$36,023	\$85.25	\$42,037	\$72,046
38	\$46.20	\$20,658	\$35,406	\$90.20	\$41,317	\$70,812
39	\$47.85	\$20,281	\$34,759	\$93.50	\$40,562	\$69,519
40	\$50.60	\$19,886	\$34,082	\$99.00	\$39,772	\$68,165
41	\$52.25	\$19,472	\$33,373	\$102.30	\$38,945	\$66,747
42	\$54.73	\$19,038	\$32,629	\$107.25	\$38,076	\$65,258
43	\$56.93	\$18,581	\$31,846	\$111.65	\$37,163	\$63,693
44	\$59.13	\$18,098	\$31,019	\$116.05	\$36,197	\$62,038
45	\$62.15	\$17,586	\$30,141	\$122.10	\$35,173	\$60,282
46	\$65.18	\$17,042	\$29,208	\$128.15	\$34,085	\$58,417
47	\$68.75	\$16,465	\$28,219	\$135.30	\$32,930	\$56,438
48	\$72.05	\$15,851	\$27,168	\$141.90	\$31,703	\$54,336
49	\$74.80	\$15,199	\$26,050	\$147.40	\$30,399	\$52,101
50	\$79.20	\$14,506	\$24,861	\$156.20	\$29,012	\$49,723
51	\$81.95	\$13,767	\$23,596	\$161.70	\$27,535	\$47,193
52	\$85.53	\$12,981	\$22,249	\$168.85	\$25,963	\$44,499
53	\$89.65	\$12,144	\$20,814	\$177.10	\$24,289	\$41,629
54	\$94.05	\$11,251	\$19,283	\$185.90	\$22,502	\$38,567
55	\$98.73	\$10,298	\$17,650	\$195.25	\$20,597	\$35,301
56	\$103.68	\$10,577	\$17,719	\$205.15	\$21,154	\$35,438
57	\$108.08	\$10,848	\$17,775	\$213.95	\$21,696	\$35,550
58	\$115.78	\$11,114	\$17,821	\$229.35	\$22,228	\$35,643
59	\$121.55	\$11,376	\$17,862	\$240.90	\$22,752	\$35,725
60	\$128.43	\$11,635	\$17,899	\$254.65	\$23,270	\$35,799
61*	\$124.50	\$11,888	\$17,930	\$247.00	\$23,776	\$35,860
62*	\$131.50	\$12,192	\$18,041	\$261.00	\$24,385	\$36,082
63*	\$139.75	\$12,527	\$18,199	\$277.50	\$25,055	\$36,399
64*	\$150.50	\$12,856	\$18,349	\$299.00	\$25,712	\$36,699
65*	\$157.75	\$13,183	\$18,498	\$313.50	\$26,366	\$36,996
66*	\$164.75	\$13,517	\$18,657	\$327.50	\$27,035	\$37,314
67*	\$182.50	\$13,870	\$18,839	\$363.00	\$27,740	\$37,678
68*	\$195.25	\$14,253	\$19,057	\$388.50	\$28,507	\$38,114
69*	\$205.50	\$14,680	\$19,324	\$409.00	\$29,360	\$38,649
70*	\$214.50	\$15,159	\$19,651	\$427.00	\$30,318	\$39,302
71*	\$223.75	\$15,698	\$20,046	\$445.50	\$31,397	\$40,093
72*	\$233.50	\$16,319	\$20,530	\$465.00	\$32,638	\$41,060
73*	\$244.00	\$17,008	\$21,089	\$486.00	\$34,016	\$42,179
74*	\$255.50	\$17,744	\$21,700	\$509.00	\$35,489	\$43,401
75*	\$268.25	\$18,535	\$22,371	\$534.50	\$37,071	\$44,743

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

**MassMutual@WORK Group Whole Life Insurance without Riders
Spouse Non-Tobacco Semi-Monthly Rates**

Issue Age ¹	\$10,000 Death Benefit (Non-Tobacco)			\$25,000 Death Benefit (Non-Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$4.55	\$4,240	\$8,555	\$8.38	\$10,600	\$21,388
19	\$4.60	\$4,216	\$8,507	\$8.50	\$10,540	\$21,268
20	\$4.65	\$4,191	\$8,457	\$8.63	\$10,478	\$21,142
21	\$4.70	\$4,165	\$8,404	\$8.75	\$10,413	\$21,011
22	\$4.75	\$4,138	\$8,349	\$8.88	\$10,345	\$20,874
23	\$4.80	\$4,109	\$8,292	\$9.00	\$10,274	\$20,731
24	\$4.85	\$4,079	\$8,231	\$9.13	\$10,199	\$20,579
25	\$4.90	\$4,048	\$8,168	\$9.25	\$10,120	\$20,421
26	\$5.00	\$4,015	\$8,101	\$9.50	\$10,037	\$20,254
27	\$5.20	\$3,979	\$8,030	\$10.00	\$9,949	\$20,075
28	\$5.35	\$3,942	\$7,954	\$10.38	\$9,855	\$19,886
29	\$5.50	\$3,902	\$7,875	\$10.75	\$9,757	\$19,687
30	\$5.70	\$3,861	\$7,791	\$11.25	\$9,653	\$19,477
31	\$5.90	\$3,817	\$7,702	\$11.75	\$9,543	\$19,256
32	\$6.10	\$3,771	\$7,609	\$12.25	\$9,428	\$19,024
33	\$6.35	\$3,723	\$7,512	\$12.88	\$9,307	\$18,781
34	\$6.50	\$3,672	\$7,410	\$13.25	\$9,182	\$18,527
35	\$6.55	\$3,620	\$7,305	\$13.38	\$9,051	\$18,263
36	\$6.85	\$3,565	\$7,195	\$14.13	\$8,914	\$17,988
37	\$7.25	\$3,509	\$7,081	\$15.13	\$8,773	\$17,702
38	\$7.60	\$3,450	\$6,962	\$16.00	\$8,626	\$17,405
39	\$7.95	\$3,388	\$6,838	\$16.88	\$8,472	\$17,095
40	\$8.35	\$3,324	\$6,707	\$17.88	\$8,310	\$16,769
41	\$8.70	\$3,256	\$6,570	\$18.75	\$8,140	\$16,425
42	\$9.05	\$3,184	\$6,425	\$19.63	\$7,961	\$16,063
43	\$9.45	\$3,109	\$6,273	\$20.63	\$7,772	\$15,683
44	\$9.80	\$3,029	\$6,112	\$21.50	\$7,573	\$15,282
45	\$9.85	\$2,945	\$5,942	\$21.63	\$7,363	\$14,857
46	\$10.50	\$2,856	\$5,762	\$23.25	\$7,140	\$14,406
47	\$11.15	\$2,761	\$5,571	\$24.88	\$6,903	\$13,929
48	\$11.85	\$2,660	\$5,368	\$26.63	\$6,651	\$13,422
49	\$12.55	\$2,554	\$5,153	\$28.38	\$6,385	\$12,883
50	\$13.20	\$2,440	\$4,924	\$30.00	\$6,101	\$12,311
51	\$13.90	\$2,320	\$4,681	\$31.75	\$5,800	\$11,703
52	\$14.60	\$2,192	\$4,423	\$33.50	\$5,481	\$11,059
53	\$15.25	\$2,056	\$4,150	\$35.13	\$5,142	\$10,376
54	\$15.95	\$1,913	\$3,860	\$36.88	\$4,782	\$9,651
55	\$16.00	\$1,760	\$3,552	\$37.00	\$4,400	\$8,880
56	\$17.10	\$1,838	\$3,604	\$39.75	\$4,597	\$9,010
57	\$18.25	\$1,920	\$3,657	\$42.63	\$4,800	\$9,144
58	\$19.40	\$2,004	\$3,712	\$45.50	\$5,012	\$9,280
59	\$20.55	\$2,092	\$3,767	\$48.38	\$5,232	\$9,419
60	\$21.70	\$2,184	\$3,824	\$51.25	\$5,460	\$9,562

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

**MassMutual@WORK Group Whole Life Insurance without Riders
Spouse Tobacco Semi-Monthly Rates**

Issue Age ¹	\$10,000 Death Benefit (Tobacco)			\$25,000 Death Benefit (Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$5.60	\$5,064	\$8,679	\$11.00	\$12,660	\$21,699
19	\$5.65	\$5,036	\$8,631	\$11.13	\$12,590	\$21,578
20	\$5.70	\$5,006	\$8,580	\$11.25	\$12,516	\$21,452
21	\$6.05	\$4,975	\$8,528	\$12.13	\$12,439	\$21,320
22	\$6.20	\$4,943	\$8,472	\$12.50	\$12,359	\$21,181
23	\$6.25	\$4,909	\$8,414	\$12.63	\$12,274	\$21,037
24	\$6.40	\$4,874	\$8,354	\$13.00	\$12,186	\$20,885
25	\$6.55	\$4,837	\$8,290	\$13.38	\$12,093	\$20,726
26	\$6.75	\$4,798	\$8,224	\$13.88	\$11,996	\$20,560
27	\$7.00	\$4,757	\$8,153	\$14.50	\$11,893	\$20,384
28	\$7.15	\$4,714	\$8,079	\$14.88	\$11,785	\$20,198
29	\$7.35	\$4,668	\$8,000	\$15.38	\$11,670	\$20,002
30	\$7.55	\$4,620	\$7,918	\$15.88	\$11,550	\$19,795
31	\$7.55	\$4,569	\$7,830	\$15.88	\$11,422	\$19,576
32	\$7.90	\$4,515	\$7,738	\$16.75	\$11,288	\$19,347
33	\$8.20	\$4,459	\$7,642	\$17.50	\$11,147	\$19,105
34	\$8.50	\$4,399	\$7,540	\$18.25	\$10,999	\$18,851
35	\$8.80	\$4,337	\$7,434	\$19.00	\$10,843	\$18,585
36	\$9.15	\$4,272	\$7,322	\$19.88	\$10,680	\$18,305
37	\$9.55	\$4,203	\$7,204	\$20.88	\$10,509	\$18,011
38	\$10.00	\$4,131	\$7,081	\$22.00	\$10,329	\$17,703
39	\$10.30	\$4,056	\$6,951	\$22.75	\$10,140	\$17,379
40	\$10.80	\$3,977	\$6,816	\$24.00	\$9,943	\$17,041
41	\$11.10	\$3,894	\$6,674	\$24.75	\$9,736	\$16,686
42	\$11.55	\$3,807	\$6,525	\$25.88	\$9,519	\$16,314
43	\$11.95	\$3,716	\$6,369	\$26.88	\$9,290	\$15,923
44	\$12.35	\$3,619	\$6,203	\$27.88	\$9,049	\$15,509
45	\$12.90	\$3,517	\$6,028	\$29.25	\$8,793	\$15,070
46	\$13.45	\$3,408	\$5,841	\$30.63	\$8,521	\$14,604
47	\$14.10	\$3,293	\$5,643	\$32.25	\$8,232	\$14,109
48	\$14.70	\$3,170	\$5,433	\$33.75	\$7,925	\$13,584
49	\$15.20	\$3,039	\$5,210	\$35.00	\$7,599	\$13,025
50	\$16.00	\$2,901	\$4,972	\$37.00	\$7,253	\$12,430
51	\$16.50	\$2,753	\$4,719	\$38.25	\$6,883	\$11,798
52	\$17.15	\$2,596	\$4,449	\$39.88	\$6,490	\$11,124
53	\$17.90	\$2,428	\$4,162	\$41.75	\$6,072	\$10,407
54	\$18.70	\$2,250	\$3,856	\$43.75	\$5,625	\$9,641
55	\$19.55	\$2,059	\$3,530	\$45.88	\$5,149	\$8,825
56	\$20.45	\$2,115	\$3,543	\$48.13	\$5,288	\$8,859
57	\$21.25	\$2,169	\$3,555	\$50.13	\$5,424	\$8,887
58	\$22.65	\$2,222	\$3,564	\$53.63	\$5,557	\$8,910
59	\$23.70	\$2,275	\$3,572	\$56.25	\$5,688	\$8,931
60	\$24.95	\$2,327	\$3,579	\$59.38	\$5,817	\$8,949

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

MassMutual@WORK Group Whole Life Insurance w/o Riders Child Coverage Non-Tobacco Semi-Monthly Rates

Issue Age ¹	\$10,000 Death Benefit (Non-Tobacco)			\$25,000 Death Benefit (Non-Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
1	\$3.86	\$4,557	\$9,194	\$6.63	\$11,392	\$22,987
2	\$3.86	\$4,543	\$9,168	\$6.63	\$11,359	\$22,921
3	\$3.91	\$4,530	\$9,140	\$6.76	\$11,325	\$22,851
4	\$3.91	\$4,515	\$9,111	\$6.76	\$11,289	\$22,778
5	\$3.96	\$4,500	\$9,080	\$6.88	\$11,251	\$22,702
6	\$4.01	\$4,484	\$9,048	\$7.01	\$11,211	\$22,622
7	\$4.11	\$4,468	\$9,015	\$7.26	\$11,170	\$22,539
8	\$4.21	\$4,450	\$8,980	\$7.51	\$11,127	\$22,452
9	\$4.31	\$4,432	\$8,944	\$7.76	\$11,082	\$22,361
10	\$4.36	\$4,414	\$8,906	\$7.88	\$11,035	\$22,266
11	\$4.46	\$4,394	\$8,866	\$8.13	\$10,986	\$22,167
12	\$4.46	\$4,373	\$8,825	\$8.13	\$10,934	\$22,064
13	\$4.46	\$4,352	\$8,782	\$8.13	\$10,881	\$21,956
14	\$4.46	\$4,330	\$8,738	\$8.13	\$10,827	\$21,846
15	\$4.46	\$4,308	\$8,693	\$8.13	\$10,771	\$21,733
16	\$4.46	\$4,285	\$8,647	\$8.13	\$10,714	\$21,618
17	\$4.51	\$4,262	\$8,601	\$8.26	\$10,657	\$21,503
18	\$4.55	\$4,240	\$8,555	\$8.38	\$10,600	\$21,388
19	\$4.60	\$4,216	\$8,507	\$8.50	\$10,540	\$21,268
20	\$4.65	\$4,191	\$8,457	\$8.63	\$10,478	\$21,142
21	\$4.70	\$4,165	\$8,404	\$8.75	\$10,413	\$21,011
22	\$4.75	\$4,138	\$8,349	\$8.88	\$10,345	\$20,874
23	\$4.80	\$4,109	\$8,292	\$9.00	\$10,274	\$20,731
24	\$4.85	\$4,079	\$8,231	\$9.13	\$10,199	\$20,579
25	\$4.90	\$4,048	\$8,168	\$9.25	\$10,120	\$20,421
26	\$5.00	\$4,015	\$8,101	\$9.50	\$10,037	\$20,254

¹Ages as of Certificate Effective Date

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issues in jurisdictions other than CA, MN or WA.

MassMutual@WORK Group Whole Life Insurance w/o Riders Child Coverage Tobacco Semi-Monthly Rates

Issue Age ¹	\$10,000 Death Benefit (Tobacco)			\$25,000 Death Benefit (Tobacco)		
	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Semi-Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
1	N/A	N/A	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A	N/A	N/A
3	N/A	N/A	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A	N/A	N/A
6	N/A	N/A	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A	N/A	N/A
8	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A
10	N/A	N/A	N/A	N/A	N/A	N/A
11	N/A	N/A	N/A	N/A	N/A	N/A
12	N/A	N/A	N/A	N/A	N/A	N/A
13	N/A	N/A	N/A	N/A	N/A	N/A
14	N/A	N/A	N/A	N/A	N/A	N/A
15	N/A	N/A	N/A	N/A	N/A	N/A
16	N/A	N/A	N/A	N/A	N/A	N/A
17	N/A	N/A	N/A	N/A	N/A	N/A
18	\$5.60	\$5,064	\$8,679	\$11.00	\$12,660	\$21,699
19	\$5.65	\$5,036	\$8,631	\$11.13	\$12,590	\$21,578
20	\$5.70	\$5,006	\$8,580	\$11.25	\$12,516	\$21,452
21	\$6.05	\$4,975	\$8,528	\$12.13	\$12,439	\$21,320
22	\$6.20	\$4,943	\$8,472	\$12.50	\$12,359	\$21,181
23	\$6.25	\$4,909	\$8,414	\$12.63	\$12,274	\$21,037
24	\$6.40	\$4,874	\$8,354	\$13.00	\$12,186	\$20,885
25	\$6.55	\$4,837	\$8,290	\$13.38	\$12,093	\$20,726
26	\$6.75	\$4,798	\$8,224	\$13.88	\$11,996	\$20,560

¹Age as of Certificate Effective Date.

²Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

Continuation of Benefits

If You Leave Employment

Aflac Group Policies

If you are no longer employed and would like to keep your current Aflac Group plans in place, you may be able to port your plans. Please visit <http://www.aflacgroupinsurance.com/>, under Customer Service > Service Requests > Continuation of Coverage. Follow the steps to port your Aflac Group plans. For more information, contact **Aflac at 1-800-433-3036**.

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**.

Community Eye Care (CEC) Vision

Existing CEC members who terminate employment will be able to enroll in the CEC 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. For more information, call CEC at **1-888-254-4290**.

Medical, Dental, Vision & FSA Accounts

Under the group medical and dental plans, you and your covered dependents are eligible to continue medical coverage through COBRA if you experience certain "qualifying events". If you and your dependents are enrolled in these plans, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plans, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue coverage through COBRA. For more Cobra information, contact your **Human Resources Department at 919-580-4004**.

MetLife Group Cancer

You may continue your MetLife Cancer policy for yourself and eligible dependents who are covered when you terminate employment. For more information please contact: For more information, contact **Bay Bridge Administrators, LLC. (TPA) at 1-800-845-7519**.

The Standard Term Life

When you leave employment, you may convert the existing group term coverage you have through your employer to a guaranteed issue individual whole life policy. You also have the option of porting your existing coverage as well. It is the responsibility of the employee to convert or port coverage. You must apply for conversion or portability within 31 days from the date your employer terminates your term life coverage. For more information and a quote, please contact **The Standard at 1-800-378-4668**.

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

Continuation of Benefits

If You Leave Employment

MassMutual Whole Life Life

When you leave employment, you may continue your 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 **MassMutual at 1-800-272-2216**.



Contact Information

AdminUSA Flexible Spending Accounts

Phone: 252-293-7829

www.adminUS.us

Aflac | #21582

Phone: 1-800-433-3036

Email: cscmail@Aflac.com

www.aflacgroupinsurance.com

American United Life (AUL) | #614102

Claims Toll-Free Number: 1-855-517-6365

Customer Service: 1-800-553-5318

www.oneamerica.com

Ameritas Dental | #010-350829

Customer Service: 1-800-487-5553

www.ameritas.com

Blue Cross Blue Shield of NC | #057721A

Customer Service: 1-888-206-4697

www.bcbsnc.com

Community Eye Care (CEC)

Phone: 1-888-254-4290

info@cecvision.com

Mark III Employee Benefits

Laura Koszesza, Account Manager

Phone: 704-365-4280 x941

Email: laura@markiii.com

MassMutual Life Insurance | #75957

Phone: 1-800-272-2216

Group Number: 75957

www.massmutual.com

MetLife/Bay Bridge Administrators, LLC. | #1014

Phone: 1-800-845-7519

Fax: 512-275-9350

www.bbadmin.com

The Standard Insurance Company | #143209

Phone: 1-800-378-4668

www.standard.com





View additional benefits information
or download forms at: mymarkiii.com

Arranged and Enrolled by Mark III Brokerage, Inc.



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