County of Henrico
General Government

HCPS
Henrico County Public Schools

TIME SENSITIVE

2021 VOLUNTARY BENEFITS ENROLLMENT

Your Future Protected

LEARN & ENROLL

www.pierceins.com/henrico

administered by: PIERCE INSURANCE

County of Henrico
General Government

HCPS
Henrico County Public Schools

Dear Henrico County Employees,

We value your service and commitment to our community and strive to ensure we are providing a great work experience and enhanced benefits for you and your family. We are thrilled to continue to offer employees the opportunity to participate in a voluntary benefits program. In partnership with Pierce Insurance Agency Inc., Henrico County General Government and Henrico County Public Schools will offer employees the opportunity to enroll in a best-in-class supplemental benefits package. Open enrollment will be held: October 3 - October 30, 2020.

Special guarantee issue to ensure all employees can get the coverage they need.

Benefits offered:

- Group Accident
- Cancer
- Group Critical Illness
- Group Hospital Indemnity
- Life insurance with Long Term Care

We encourage you to carefully review this information to understand each plan and determine if enrollment is right for you and your family. If you need more details or have specific questions, please contact Pierce Insurance Agency directly at (800) 421-3142 or visit www.pierceins.com/henrico.

Thank you for your dedicated commitment to Henrico County. We remain committed to providing you with the best and most affordable benefit options available.

Sincerely,

John Vithoulkas
Henrico County Manager

Dr. Amy Cashwell
HCPS Superintendent

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

EMPLOYEE BENEFITS BOOKLET

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IMPORTANT Note & Disclaimer

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

Learn about your health insurance, retirement and other benefit plans at:
- County of Henrico General Government: https://employees.henrico.us/
- Henrico County Public Schools: www.henricoschools.us

PRE & POST TAX OVERVIEW

County of Henrico General Government
Henrico County Public Schools

Plan Year: January 1, 2021 - December 31, 2021
Annual Enrollment Period: October 3 - October 30, 2020
New Hires: Must enroll within the first 30 days of your hire date

PRE-TAX BENEFITS

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

- **Group Accident Insurance**
- **Group Critical Illness Insurance**
- **Group Hospital Indemnity Insurance**
- **Cancer Insurance**

POST-TAX BENEFITS

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

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

QUALIFICATIONS & IMPORTANT DETAILS

THINGS YOU NEED TO KNOW

Qualifications: You must be a permanent benefit eligible employee, working 20 hours or more per week. Benefit eligible new hires must apply for benefits during the first 30 days of employment.

IMPORTANT FACTS

- **Plan Year: January 1, 2021 - December 31, 2021**
- **Annual open enrollment dates: October 3 - October 30, 2020**
- **Benefit eligible new hires must enroll within the first 30 days of employment.**

To enroll please have dates of birth and social security numbers for each insured (self, spouse, child).

HOW TO ENROLL, MAKE CHANGES & QUESTIONS

- Call 800-421-3142 to speak to a licensed benefit counselor
- Schedule appointment with a licensed benefit counselor: www.pierceins.com/henrico. You will have the option to select a one-to-one Zoom meeting or teleconference.
- Enroll online: www.pierceins.com/henrico

Why speak to a licensed Benefit Counselor?

- Make sure you are properly enrolled in the desired plans
- Learn about money you may be due from your wellness benefit
- For complete details on guarantee issue and underwriting, please speak with a licensed benefit counselor, call 800-421-3142

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

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

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

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

Coverage in most instances is portable when you leave employment.

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

ENROLLMENT DETAILS

HOW TO ENROLL, MAKE CHANGES, ASK QUESTIONS

- Call 800-421-3142 to speak to a licensed benefit counselor
- Schedule appointment with a licensed benefit counselor: www.pierceins.com/henrico
- Enroll online: www.pierceins.com/henrico

Why schedule your one-to-one appointment with a Benefit Counselor?

- Ensure your coverage is properly renewed for 2021 through a licensed counselor
- Learn about added benefits such as COVID-19 test being covered under your wellness benefit
- Review existing coverage to make sure you are enrolled in the desired plans

DO NOT WAIT UNTIL THE LAST MINUTE TO ENROLL.
CALL TODAY! 800-421-3142

ACCESS YOUR BENEFITS
ANYTIME & ANYWHERE

www.pierceins.com/henrico

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

AVAILABLE *24/7* ONLINE

DESKTOP | ***MOBILE*** | ***TABLET***

FILE YOUR WELLNESS, HEALTH SCREENING or BENEFIT CLAIM

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

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

Plan Name	Wellness Benefit	Am I Enrolled?	Date Claim Filed
Group Accident Insurance	$60	Y ☐ N ☐	/ /
Group Critical Illness Insurance*	$150	Y ☐ N ☐	/ /
Group Hospital Indemnity	$50	Y ☐ N ☐	/ /
Cancer Insurance	$50 - $150	Y ☐ N ☐	/ /

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

WHY VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING

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

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

Voluntary Insurance Helps Provide Peace of Mind

AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100VA

HI G

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

Does your major medical insurance cover all of your bills?

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

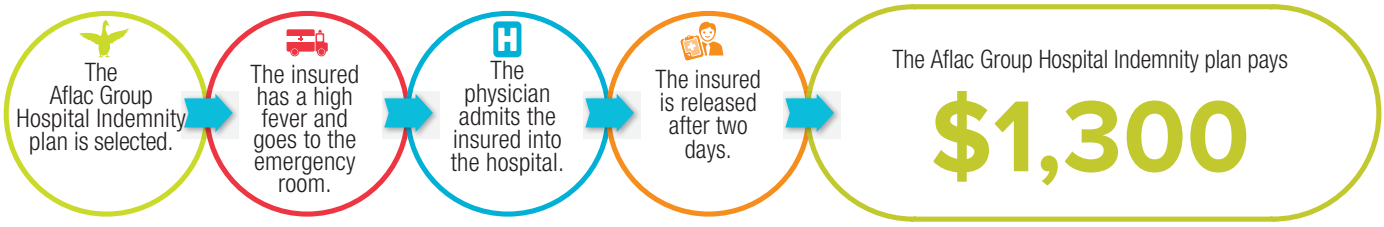
That's how the Aflac Group Hospital Indemnity plan can help.

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

The Aflac Group Hospital Indemnity plan benefits include the following:

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

How it works



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

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

	BENEFIT AMOUNT
HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	$1,000
HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	$150
HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. **This benefit is payable in addition to the Hospital Confinement Benefit.**	$150
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. **This benefit is payable in addition to the Hospital Confinement Benefit.**	$75
HEALTH SCREENING BENEFIT The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for each insured. Residents of Massachusetts are not eligible for the Health Screening Benefit.	$50 per calendar year

WAIVER OF PREMIUM RIDER
After 90 days of total disability due to covered sickness or accidental injury for up to 12 months.

SUCCESSOR INSURED WAIVER OF PREMIUM RIDER BENEFIT
If you die, and your spouse is also insured under this plan at the time of your death, then your surviving spouse may apply to become the primary insured. This would include continuation of any dependent child coverage that is in force at that time. (In Illinois: Spouse and dependent child coverage will continue for a period of 90 days after your death.)

We will waive premiums once the successor insured has applied to keep the coverage in force for your surviving spouse and for any dependent child coverage that is in force at the time of your death. Premiums will be waived for a period of six months from the date of your death, or until the date coverage ends, whichever comes first.

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

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

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

We will not pay for loss due to:

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

NOTICES

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers,

Group Accident, Critical Illness and Hospital Indemnity insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief product overview only. For complete details, please refer to the plans. Policy form numbers C70100VA, C21100VA and C80100VA.

Continental American Insurance Company | Columbia, SC

AGC2001162 EXP 7/21

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

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

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

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

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

Plan Features

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

What you need, when you need it.

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

GROUP ACCIDENT INSURANCE

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

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

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

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

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

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	$100 per day	$75 per day
THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.	$50	$35
CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	$30	$25
HOSPITALIZATION BENEFITS	**HIGH**	**LOW**
HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	$1,250 per confinement	$900 per confinement
HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	$300 per day	$225 per day
HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	$400 per day	$300 per day
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	$200 per day	$150 per day

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor.	$200 per day	$150 per day

LIFE CHANGING EVENTS BENEFITS

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

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

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

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	**HIGH**	**LOW**
Employee	$6,250	$8,750
Spouse	$2,500	$3,750
Child(ren)	$1,250	$1,750
DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)		
Employee	$12,500	$17,500
Spouse	$5,000	$7,500
Child(ren)	$2,500	$3,500
LOSS OF ONE OR MORE FINGERS OR TOES		
Employee	$625	$875
Spouse	$250	$375
Child(ren)	$125	$175
PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)		
Employee	$62.50	$87.50
Spouse	$62.50	$87.50
Child(ren)	$62.50	$87.50
PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.		
Paraplegia	$2,500	$3,500
Quadriplegia	$5,000	$7,500

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

WELLNESS RIDER

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

WAIVER OF PREMIUM RIDER

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

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

INITIAL ACCIDENT EXCLUSIONS
EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.
We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from*:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
  - Allergic reactions
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any
  - An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
  - Any related medical/surgical treatment or diagnostic procedures for such illness
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.
  - In California, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony; or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
  - In Michigan: voluntarily participating in, committing or attempting to commit a felony, or being engaged in an illegal occupation
  - In Idaho and South Dakota: this exclusion does not apply
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

For 24-Hour Coverage, the following exclusions will not apply:
An injury arising from any employment.
An injury or sickness covered by worker's compensation.

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

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

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

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

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

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

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

What you need, when you need it.

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

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

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

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

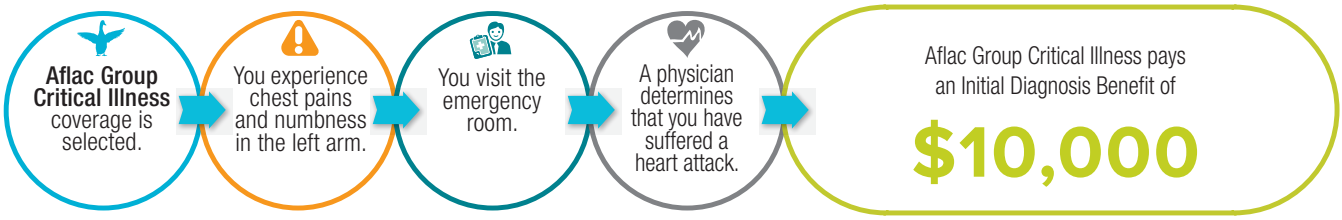
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



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

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

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

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

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

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

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

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

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.
**These benefits are payable for loss due to a covered underlying disease or a covered accident.

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

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

OPTIONAL BENEFITS RIDER

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

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

PROGRESSIVE DISEASES RIDER

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

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

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%
	One Time Benefit Amount
AUTISM SPECTRUM DISORDER (ASD)	$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force.

MONTHLY RATES (12pp/year)

CRITICAL ILLNESS NON-TOBACCO / Employee

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

CRITICAL ILLNESS TOBACCO / Employee

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

CRITICAL ILLNESS NON-TOBACCO / Spouse

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

CRITICAL ILLNESS TOBACCO / Spouse

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

LIMITATIONS AND EXCLUSIONS

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

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

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

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
- **Participation in Aggressive Conflict:**
  - War (declared or undeclared) or military conflicts;
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal Substance Abuse:**
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

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

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

NOTICES

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

HealthAdvocate℠ MeMD®

VALUE ADDED BENEFIT

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

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

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

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

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

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

Health Advocate and Medical Bill Saver: 855.423.8585

MeMD: memd.me/aflac

Aflac® | Value-Added Services

HealthAdvocate℠ MeMD®

Get more without spending more

VALUE ADDED BENEFIT

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

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

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

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

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

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

More than just care. Telemedicine from MeMD

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

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

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

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

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

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. For groups situsted in California, group coverage is underwritten by Continental American Life Insurance Company.

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

AGC1500186 R7

EXP 3/21

PROTECTION YOU CAN COUNT ON

CANCERSELECT® PLUS CANCER-ONLY INSURANCE

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

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

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

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

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

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

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

HOW IT WORKS

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

Visit:
transamerica.com

Customer Service:
888-763-7474

YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

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

VALUABLE BENEFITS FOR YOUR LIFE

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

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

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

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Product Details

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

Product Details

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

Product Details

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

New or Experimental Treatment	$5,000	$5,000	$10,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories
Wellness & Non-Medical Benefits	**Plan Option 1 - 1.00 Units**	**Plan Option 2 - 2.00 Units**	**Plan Option 3 - 3.00 Units**	**Policy Pays**
Annual Cancer Screening	$50	$100	$150	per calendar year for cancer screening tests: • mammogram • pap smear • flexible sigmoidoscopy • prostate-specific antigen test • chest x-ray • hemocult stool specimen • ultrasound • CEA • CA125 • biopsy • thermography • colonoscopy • serum protein electrophoresis • bone marrow testing • blood screening
Magnetic Resonance Imaging (MRI) Scan	$50	$100	$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at $0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement

Product Details

Family Member Lodging	$50	$100	$150	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	$50	$100	$150	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	$25	$50	$75	per treatment; limit one treatment per day
At-Home Nursing	$50	$100	$150	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday
Cancer Maintenance Therapy Benefit	**Plan Option 1 - 1.00 Units**	**Plan Option 2 - 1.00 Units**	**Plan Option 3 - 2.00 Units**	**Policy Pays**
• Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents	$1,000	$1,000	$2,000	maximum benefit per 12-month period; pays actual charges

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Product Details

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

Product Details

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

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

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

Product Details

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

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

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

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Limitations and Exclusions

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

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

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

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

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

First Occurrence Rider

Benefits are not payable:

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

Intensive Care Rider

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

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

Specified Illness and Disease Rider

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

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

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

Termination of Insurance

Employee insurance will terminate on the earliest of:

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

Dependent insurance will terminate on the earliest of:

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

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

Portability Option

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

Termination of the Group Master Policy

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

Other Insurance with Us

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

GROUP BENEFITS DISCLOSURE POLICY

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

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

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

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

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

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

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

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

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

CHUBB

Life Insurance—
Valuable protection for your loved ones

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

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

LifeTime Benefit Term can help.

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

$85,775 median annual nursing home cost, semi-private room in 2017.[1]

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

For employees of

Henrico County:
General Government and Public School Systems

CWB-LBT-LTC-0619

LifeTime Benefit Term Provides You with the Protection Your Family Needs

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

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

You Decide How You Want to Use LifeTime Benefit Term Benefits

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

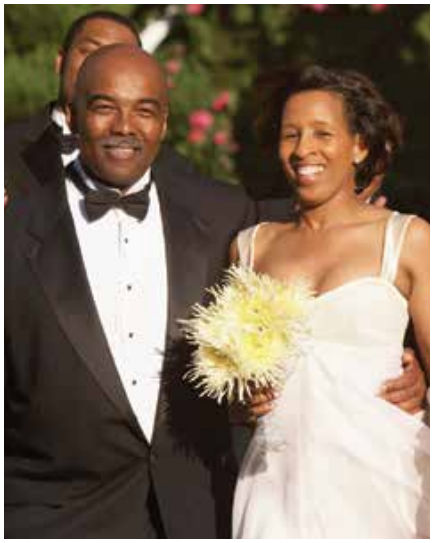
As Life Insurance

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

For Long Term Care* (LTC)

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

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



How LifeTime Benefit Term Can Be Used

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

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

Term Life Insurance Built for Today

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

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

Guaranteed Benefits After Age 70
After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest rates and mortality assumptions, the full death benefit is designed to last to age 99.

Paid-up Benefits
After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

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

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

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

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

Additional Benefit Option *(additional premium required)*

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

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

LifeTime Benefit Term Features

Affordable Financial Security
Lifelong protection with premiums beginning as low as $3 per week.

Dependable Guarantees
Guaranteed life insurance premium and death benefits last a lifetime.

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

Fully Portable and Guaranteed Renewable for Life
Your coverage cannot be cancelled as long as premiums are paid as due.

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

LifeTime Benefit Term Exclusions

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

Long Term Care Exclusions

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

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

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

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

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

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

Chubb. Insured.℠

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

CWB-LBT-LTC75-HenricoCounty-0820

Benefits That Benefit CHILDREN™

info@benefitsthatbenefitchildren.com
www.benefitsthatbenefitchildren.com

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

No Purchase is Necessary for a Donation.

Helping Children's Hospitals Help More Children

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

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

Benefit That Benefits Children: Children's Hospital of Richmond at VCU

Help Your Children's Hospital

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

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

Become A
"***Children's Champion***."

How do I become a Children's Champion?

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

Chubb's LifeTime Benefit Term with Long Term Care is a part of the Benefits That Benefit Children program. For every employee that meets with a benefits counselor during open enrollment, $10 will be raised and donated to Children's Hospital of Richmond at VCU.
No purchase is necessary for the donation to be made. A donation will only be made for those employees who have not previously reviewed Chubb's LifeTime Benefit Term product and meets with a benefits counselor.

Why Children's Hospitals?

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

Children's Hospitals provide:

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

Why "Benefits That Benefit Children?"

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

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

Benefits That Benefit CHILDREN

CHILDREN'S HOSPITAL OF RICHMOND AT VCU

info@benefitsthatbenefitchildren.com
www.benefitsthatbenefitchildren.com

YES! I WOULD LIKE TO KEEP MY COVERAGE.

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

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

CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

COUNTY OF HENRICO GENERAL GOVERNMENT

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

HENRICO COUNTY PUBLIC SCHOOLS

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

PIERCE INSURANCE AGENCY, INC.

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

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

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

CHUBB - LIFETIME BENEFIT TERM

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

TRANSAMERICA LIFE INSURANCE COMPANY – CANCER

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

County of Henrico
General Government

HCPS
Henrico County Public Schools

BENEFITS AVAILABLE:

- Group Accident Insurance
- Cancer Insurance
- Group Critical Illness Insurance
- Group Hospital Indemnity Insurance
- Life Insurance with Long Term Care

ACCCESS YOUR BENEFITS
ANYTIME & ANYWHERE

pierceins.com/henrico

800-421-3142

263428 08/20

administered by: PIERCE INSURANCE