

VOLUNTARY BENEFITS 2022



Accident Coverage

Critical Illness



Identity Theft Protection



Universal Life Insurance

With Long Term Care Benefit

GROUP ACCIDENT INSURANCE

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
<p>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.</p>	<p>\$1,000 per confinement</p>
<p>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</p>	<p>\$300 Per Day</p>
<p>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.</p>	<p>\$250 per day</p>
<p>INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE /</p>	<p>BENEFIT AMOUNT</p>
<p>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 Hospital emergency room with X-Ray / without X-Ray Urgent care facility with X-Ray / without X-Ray Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray /</p>	<p>\$350 / \$200 \$300 / \$150 \$300 / \$150</p>
<p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$200 Ground \$1,000 Air</p>
<p>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</p>	<p>\$200</p>
<p>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</p>	<p>\$100 Each 24 hour period</p>
<p>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.</p>	<p>\$50</p>
<p>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 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</p>	<p>\$50</p>

GROUP ACCIDENT INSURANCE

	Benefit Amount
<p>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 bone fractured 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.</p> <p>Hip / Thigh Vertebrae (except processes) Pelvis Skull (depressed) Sternum Leg Forearm / Hand / Wrist / Foot / Ankle / Kneecap Shoulder Blade / Collar Bone / Lower Jaw (mandible) Skull (simple) / Upper Arm / Upper Jaw Facial Bones (except teeth) Vertebral Processes Sacral / Sacrum Coccyx / Rib / Finger / Toe</p>	<p>INITIAL TREATMENT BENEFIT EMPLOYEE / SPOUSE & CHILD</p> <p>\$6,000 / \$3,000 \$5,400 / \$2,700 \$4,800 / \$2,400 \$4,500 / \$2,250 \$4,050 / \$2,025 \$3,600 / \$1,800 \$3,000 / \$1,500 \$2,400 / \$1,200 \$2,100 / \$1,050 \$1,800 / \$900 \$1,200 / \$600 \$900 / \$450 \$480 / \$240</p>
<p>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.</p> <p>Hip Knee Shoulder Foot / Ankle Hand Lower Jaw Wrist Elbow Finger / Toe</p>	<p>\$2,000 \$1,300 \$1,000 \$800 \$700 \$600 \$500 \$400 \$160</p>
<p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>\$100 per day</p>
<p>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.</p>	<p>\$300 Plane \$150 Any ground transportation</p>

GROUP ACCIDENT INSURANCE

Benefit Amount

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

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.

\$25

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.

\$750

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, Cervical Collar

\$20

Walking Boot, Knee Scooter, Body Jacket

\$50

Wheelchair, Back Brace, Walker, Crutches, Leg Brace

\$100

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).

\$50

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.

\$50

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
\$150
Repair with a crown

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.

\$5,000

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.

\$100

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.

\$100

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

At least 10% but less than 25%

\$200

At least 25% but less than 35%

\$500

35% or more

\$1,000

Third Degree

Less than 10%

\$1,000

At least 10% but less than 25%

\$5,000

At least 25% but less than 35%

\$10,000

35% or more

\$20,000

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:

\$500

- The sight of one eye; The use of one hand/arm; or The use of one foot/leg.

GROUP ACCIDENT INSURANCE

Benefit Amount

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..

\$500

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

Quadriplegia

\$5,000

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.

ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die

\$25,000

ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days* after the covered accident.

\$50,000

The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)

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).

LIFE
CHANGING
EVENTS
BENEFITS

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)

Employee

\$12,500

Spouse

\$5,000

Child(ren)

\$2,500

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee

\$25,000

Spouse

\$10,000

Child(ren)

\$5,000

LOSS OF ONE OR MORE FINGERS OR TOES

Employee

\$1,250

Spouse

\$500

Child(ren)

\$250

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee

\$100

Spouse

\$100

Child(ren)

\$100

WELLNESS BENEFIT (once per calendar year)

Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter

\$50



Aflac
Accident Insurance

Benefits At A Glance		Monthly Premiums	
Initial Doctor Visit at Urgent Care or Doctors Office	\$150 without x-ray \$300 with x-ray	Employee Only	\$14.45
Emergency Room Visit	\$200 without x-ray \$350 with x-ray	Employee & Spouse	\$21.19
Follow Up Treatment	\$50	Employee & Children	\$25.10
Physical Therapy	\$50	Family	\$31.84
Ambulance	Ground: \$200 Air: \$1,000	YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY!	
Blood / Plasma	\$100		
Prosthesis	\$500	Wellness Benefit -> \$50 (per person per year)	
Appliance	Up to \$100	Employee Only -> \$14.45 monthly	
Injury Specific	\$50-\$13,500 (up to \$9,000 x1 50%)	Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00	
Family Lodging (100+ miles)	\$100 / night	Adjusted Monthly Cost = \$6.67	
Transportation (100+ miles)	Ground: \$150 Air: \$300	Employee & Spouse -> \$21.19 monthly	
Accidental Death	\$25,000/\$12,500/\$2,500	Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00	
Accidental Dismemberment	\$200 - \$25,000	Adjusted Monthly Cost = \$7.56	
Hospital Admission	\$1000	Employee & Children -> \$25.10 monthly	
Regular Room	\$300 / per day	Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00	
Intensive Care	\$550 / per day	Adjusted Monthly Cost = \$10.49	
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>		Family -> \$31.84 monthly	
		Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00	
		Adjusted Monthly Cost = \$11.38	

AFLAC GROUP CRITICAL

Benefits Overview - Lump Sum Benefit Amount That you Choose

Benefit Amount

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURNS*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

OPTIONAL BENEFITS RIDER (Included)

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

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.

AFLAC GROUP CRITICAL

Benefit Amount

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.

\$250

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 \$50 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.

COVERED HEALTH SCREENING TESTS INCLUDE:

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

\$50



Critical Illness Insurance

Monthly Rates

Critical Illness rates shown below are issue age and are locked in for as long as an insured keeps their policy with Aflac active.

NON-TOBACCO -- Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$3.35	\$5.31	\$7.28	\$9.25	\$11.21	\$13.18	\$15.15	\$17.11	\$19.08	\$21.05
31-40	\$4.73	\$8.08	\$11.43	\$14.78	\$18.13	\$21.48	\$24.83	\$28.18	\$31.53	\$34.88
41-50	\$7.82	\$14.26	\$20.70	\$27.15	\$33.59	\$40.03	\$46.47	\$52.91	\$59.35	\$65.80
51-60	\$13.46	\$25.54	\$37.62	\$49.70	\$61.78	\$73.85	\$85.93	\$98.01	\$110.09	\$122.17
61+	\$24.08	\$46.78	\$69.48	\$92.18	\$114.88	\$137.58	\$160.28	\$182.98	\$205.68	\$228.38

NON-TOBACCO -- Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$3.35	\$5.31	\$7.28	\$9.25	\$11.21	\$13.18	\$15.15	\$17.11	\$19.08	\$21.05
31-40	\$4.73	\$8.08	\$11.43	\$14.78	\$18.13	\$21.48	\$24.83	\$28.18	\$31.53	\$34.88
41-50	\$7.82	\$14.26	\$20.70	\$27.15	\$33.59	\$40.03	\$46.47	\$52.91	\$59.35	\$65.80
51-60	\$13.46	\$25.54	\$37.62	\$49.70	\$61.78	\$73.85	\$85.93	\$98.01	\$110.09	\$122.17
61+	\$24.08	\$46.78	\$69.48	\$92.18	\$114.88	\$137.58	\$160.28	\$182.98	\$205.68	\$228.38

TOBACCO -- Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$4.19	\$7.00	\$9.81	\$12.61	\$15.42	\$18.23	\$21.04	\$23.85	\$26.66	\$29.46
31-40	\$6.63	\$11.88	\$17.13	\$22.38	\$27.63	\$32.88	\$38.13	\$43.38	\$48.63	\$53.88
41-50	\$11.51	\$21.63	\$31.76	\$41.88	\$52.01	\$62.13	\$72.26	\$82.38	\$92.51	\$102.63
51-60	\$20.93	\$40.48	\$60.03	\$79.58	\$99.13	\$118.68	\$138.23	\$157.78	\$177.33	\$196.88
61+	\$36.72	\$72.06	\$107.40	\$142.75	\$178.09	\$213.43	\$248.77	\$284.11	\$319.45	\$354.80

TOBACCO -- Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$4.19	\$7.00	\$9.81	\$12.61	\$15.42	\$18.23	\$21.04	\$23.85	\$26.66	\$29.46
31-40	\$6.63	\$11.88	\$17.13	\$22.38	\$27.63	\$32.88	\$38.13	\$43.38	\$48.63	\$53.88
41-50	\$11.51	\$21.63	\$31.76	\$41.88	\$52.01	\$62.13	\$72.26	\$82.38	\$92.51	\$102.63
51-60	\$20.93	\$40.48	\$60.03	\$79.58	\$99.13	\$118.68	\$138.23	\$157.78	\$177.33	\$196.88
61+	\$36.72	\$72.06	\$107.40	\$142.75	\$178.09	\$213.43	\$248.77	\$284.11	\$319.45	\$354.80

The Aflac Value Added Services
Are Included At No Additional
Cost When You Are Enrolled In
One of The Aflac Programs.

Get care anywhere.

Introducing Telemedicine
from MeMD™



Now, when an illness strikes, you can get care right where you are — from your phone, app or online. That's because your Aflac group plan now comes with telemedicine service from MeMD™ that allows you to reach a health provider, day or night, using your phone or computer. And it's available as soon as your Aflac coverage starts.

You're in the best position to get care for your condition.

It's simple to see a provider, no matter where you are:

1. Activate and log into your account at www.MeMD.me/Aflac
2. Consult a physician, pediatrician, nurse practitioner or physician assistant.
On-demand visits when you need them most – nights, weekends and holidays
3. When a prescription* is medically necessary, you can have it sent electronically to your pharmacy of choice

Avoid the waiting room and still get quality care for all kinds of concerns:

- Abrasions, bruises, minor headaches, arthritic pains
- Allergies, hives, skin infections, bites and stings
- Colds, flu, fever, sore throat, cough, congestion
- Diarrhea, vomiting, nausea, urinary tract infections
- Eye infections, conjunctivitis, earache, body ache
- Medication refills (short-term)* **and more**

Start using Telemedicine from MeMD™ as soon as your Aflac coverage begins.

Call **855-423-8585** to get started or visit www.MeMD.me/Aflac.





MeMD Services At-a-Glance

Service	Cost	Appointment Length	Eligibility	Details
Urgent Care (traditional telemedicine visit)	Each visit: \$25	Varies by visit	All ages	<ul style="list-style-type: none"> • Available 24/7/365 from almost anywhere in the United States • Treatment for minor injuries and illnesses • Medications can be prescribed*** • Spanish language portal and visits available
Talk Therapy	Each visit: \$65	50 minutes	You and your family members that are 18+	<ul style="list-style-type: none"> • Initial appointment scheduled in as little as 24 hours after requesting a visit • Personal treatment plan created by second visit • Patient can meet with the same therapist for all visits • No prescriptions provided • Available in all 50 states
Telepsychiatry*	Initial visit: \$195 Follow-up/ Medication refill visit: \$95	Initial visit: 45 minutes Follow-up visit: 15 minutes	You and your family members that are 18+	<ul style="list-style-type: none"> • Initial appointment scheduled in as little as 24 hours after requesting a visit • Patient can meet with the same psychiatrist for all visits • Medications can be prescribed*** • Lab results can be sent directly to MeMD
Teen Therapy*	Each visit: \$65	50 minutes	Children ages 10-17**	<ul style="list-style-type: none"> • Initial appointment scheduled in as little as 24 hours after requesting a visit. • Initial visit includes parent/guardian • Treatment plan created by second visit • No prescriptions provided • Patient can meet with the same therapist for all visits

*Availability varies by state

**Age restrictions may vary by state.

Aflac has entered into a marketing alliance with MeMD whereby MeMD may provide up to one year of complimentary telehealth services from MeMD to individuals who are employees of accounts that choose to make MeMD available to them. Other than this marketing alliance, Aflac and MeMD are not affiliated in any way. Aflac makes no representations or warranties regarding MeMD's products or services, and is not responsible for any products or services provided by MeMD. If you have questions regarding MeMD's products or services, please contact MeMD by calling 855-636-3669 or emailing solutions@memd.me. The complimentary telehealth services provided by MeMD is not available to employees of Aflac accounts located in ID, MD, MN, NY or PR. Telehealth services are not available to residents of ID or MN. Additional state restrictions may apply and benefits may vary by state. Customers will be responsible for a visit fee at time of each telehealth visit.

***When medically necessary, MeMD's providers (except therapists) 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.

Aflac herein means American Family Life Assurance Company of Columbus. WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

Telephonic EAP

Need help for life's highs and lows? Just call.

Introducing the Telephonic EAP Program, available through Aflac.

We never know what life can bring from one day

the next. But you can be sure you have help when you need it. Health Advocate's Telephonic Employee Assistance Program provides support for a range of personal, family and work/life balance matters.

Telephonic EAP provides 24/7 phone access to licensed, professional counselors, prepared to help with your personal situation. They can also provide referrals for long-term counseling or specialized care, with customized plans to meet your specific needs.



USE ANY COMBINATION OF TOOLS, ANY TIME:



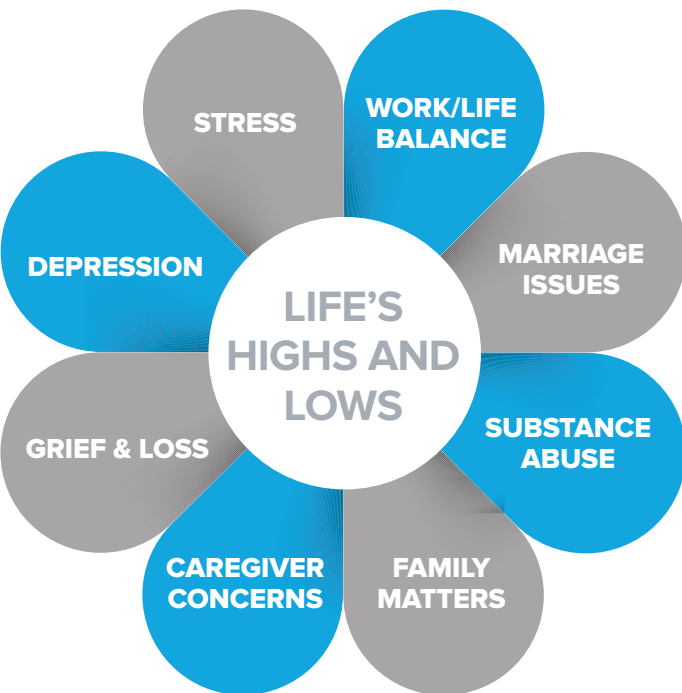
24/7 phone access to trained counselors



Long-term referrals and treatment plans



Support for full range of personal and work/life issues



Whatever life brings, call on EAP for help:



Confidential telephone counseling sessions with highly trained, licensed professionals



24/7 phone access to professional counselors



Referrals for long-term counseling or specialized care **Customized treatment plans**



Resource website for work/life matters



Help for depression and other mental health issues



Stress management



Support for dealing with grief and loss



Substance abuse counseling

Count on Telephonic EAP to be here when you need it.

Call **855.423.8585** or visit healthadvocate.com/aflac.

Available through Aflac, powered by Health Advocate.

HealthAdvocateSM

High medical bills? We're coming in with the save

Introducing Medical Bill SaverTM from Health Advocate

When you seek medical or dental treatment, it can be overwhelming to get an expensive bill just when you're feeling better. That's why your Aflac group insurance plan now includes Medical Bill Saver at no extra charge. It gives you access to skilled negotiators who can help reduce your out-of-pocket costs from bills you incur from out-of-network providers or care not covered by insurance. And it's as easy as just sending in your bill.

Need help cutting costs? Just send in your bill

You can use Medical Bill SaverTM for your spouse, dependent children, parents and parents-in-law, too! Call 855.423.8585 to get started.



Here's how it works:

Medical Bill SaverTM gives you access to skilled negotiators who can help reduce your out-of-pocket costs from medical bills not covered by insurance. And it's as easy as just sending in your bill.



Send in your medical or dental bills of **\$400 or more**.



Your negotiator contacts the provider to try **negotiate a discount**.



Once an agreement is made, **the provider approves payment terms and conditions**.



Get an easy-to-read, personal Savings Result Statement **summarizing the outcome and payment terms**.

Start using Health Advocacy. Call 855-423-8585

Don't Forget

To Submit For Your
Wellness & Health Screening Benefits

You Can File A Claim Online
At:

Aflacgroupinsurance.com



For Claims Escalations:
Keanu Vela - HUB International
Account Manager - Voluntary Benefits
Office: (720) 207-2347
keanu.vela@hubinternational.com

Aflac's claims process:

Peace of mind when you need it most

If you're sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your claims online. Here's how:



Aflac helps pay expenses health insurance doesn't cover – and because your medical bills won't wait, we do so promptly and fairly. In fact, we paid 7.1 million claims last year to people just like you: people who trusted us to keep our promises.² For all other plans, download the proper forms and follow the instructions for filing by fax or email.



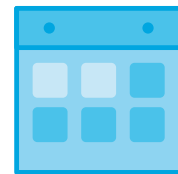
1 second

We pay a claim every second between Aflac Individual and Aflac Group*



7.1 million

Aflac Individual and Aflac Group Claims paid in 2018²



2 days

Average processing of Aflac Group Claims.

Get to know Aflac.
Visit aflacgroupinsurance.com to learn more.

¹ Aflac proprietary data, 2019.

² Aflac proprietary data, 2018.

*Based on a 40-hour work week, 52 weeks a year.

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 situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. This service available only to Aflac Group customers. Continental American Insurance Company - Columbia, South Carolina



Enroll in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, our U.S.-based team of Identity Restoration Specialists can help fix it. It pays to have the comprehensive protection of LifeLock.



There's a new victim of identity theft every two seconds.¹



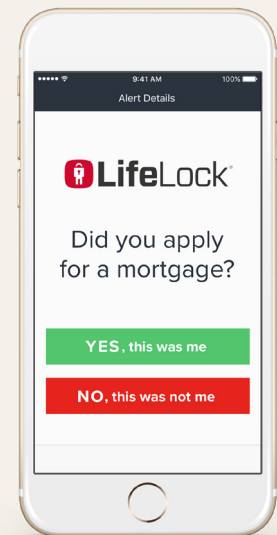
Nearly 15 billion dollars were stolen from identity theft victims in 2017.²



Nearly 60 million Americans have been affected by identity theft.¹

HOW TO ENROLL

- Visit: <http://gjcitiy.excelsiorenroll.com> -or- complete an election form with your HR team.
- Provide your name, Social Security number, date of birth, address, email and phone number. For each dependent, provide name, Social Security number and date of birth.
- Your LifeLock coverage will begin upon your benefit effective date.
- You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.
- Pre-enrollment/benefit specific questions? Please call 866-917-2555, press '1' or email eb_service@symantec.com



Alert modified for demonstration purposes.

When a threat is detected[†], LifeLock notifies members by phone[§], text or email.

No one can prevent all identity theft.

[†] LifeLock does not monitor all transactions at all businesses.

[§] Phone alerts made during normal local business hours.

¹ Based on an online survey of 5,389 U.S. adults conducted for Symantec by The Harris Poll, January 2018.

² Based on an online survey of 540 U.S. adults who experienced ID theft in 2017, conducted for Symantec by The Harris Poll, January 2018.

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An Essential Employee Benefit

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK™ BENEFIT ELITE identity theft protection is designed to help protect against identity theft plus monitor for threats to your identity and financial assets—your 401(k), investment, checking and savings accounts.[†] LifeLock Benefit Elite membership is only available as an employee payroll-deducted benefit.

LIFELOCK ULTIMATE PLUS™ provides peace of mind knowing you have LifeLock's most comprehensive identity theft protection. Enhanced services include bank account application and takeover alerts, online annual three-bureau credit reports and credit scores plus monthly one-bureau credit score tracking.[†]

LIFELOCK JUNIOR™ (Membership is available only as an added membership to an adult LifeLock plan) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children. To learn more about LifeLock Junior™ membership, and the specific features available with this plan, please visit LifeLock.com/products/lifelock-junior.

Special employee benefit rate starting as low as

\$4.25 SEMIMONTHLY

Based on semimonthly deductions for LifeLock Benefit Elite service, employee only.

SEMIMONTHLY PLAN OPTIONS		LifeLock Benefit Elite	LifeLock Ultimate Plus
	Employee Only [18 and over]	\$4.25	\$7.00
	Employee + Family*	\$8.49	\$13.99

The LifeLock Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus
LifeLock Identity Alert™ System [†]	✓	✓
Lost Wallet Protection	✓	✓
USPS Address Change Verification	✓	✓
Dark Web Monitoring	✓	✓
LifeLock Privacy Monitor™	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Credit, Checking & Savings Account Activity Alerts [†]	✓	✓
Investment Account Activity Alerts [†]	✓	✓
24/7 Live Member Support	✓	✓
U.S.-Based Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement [‡]	up to \$1 Million	up to \$1 Million
Coverage for Lawyers and Experts [‡]	up to \$1 Million	up to \$1 Million
Personal Expense Compensation [‡]	up to \$1 Million	up to \$1 Million
Checking and Savings Account Application Alerts [†]		✓
Bank Account Takeover Alerts [†]		✓
Three-Bureau Credit Monitoring [†]		✓
Three-Bureau Annual Credit Reports and Credit Scores [†] The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
One-Bureau Monthly Credit Score Tracking [†] The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority 24/7 Live Member Support		✓

[‡]Indicates features included within the Million Dollar Protection™ Package^{***}

[†]If your LifeLock plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. **IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU.** If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful LifeLock plan enrollment.

No one can prevent all identity theft. [†]LifeLock does not monitor all transactions at all businesses.

^{**}LifeLock defers to the employer's benefit eligibility rules regarding the number and age of the eligible dependents.

^{***}Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Elite and Ultimate Plus and up to \$25,000 for Junior. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits provided by Master Policy issued by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal.

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Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the **right protection for you**.

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
30	from \$5.06 - \$6.27
40	from \$7.42 - \$9.44
50	from \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC)** benefit that can help pay for these services at any age.

Here's how it works:

4% You can **collect 4% of your Universal Life death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.



Universal Life is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work - just answer a few simple questions.

What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement - **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

What can Universal Life benefits help pay for?



Funeral and burial costs



Rent or mortgage payments



Tuition and loans



Credit card bills



Medical expenses



Retirement savings

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

Plus: grow your benefit with EZ Value

The EZ Value option can automatically **increase your benefit amount over time** - without any medical questions.

Example: \$1 increase in weekly premium each year for 10 years.

	Initial benefit	After 5 years	After 10 years
Universal Life	\$25,000	\$41,299	\$53,845
Universal LifeEvents	\$25,000	\$50,414	\$70,077

Example is for age 40, employee only, non-smoker coverage with long-term care benefit and no additional features. Actual values will vary by age, smoking status, benefits selected and interest rates.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

TrustmarkVB.com   

Trustmark
benefits beyond benefits

Voluntary Benefits Contact Information

Carrier	Website / Email	Phone #
Aflac	www.aflacgroupinsurance.com	800-433-3036
Aflac Value-Added Services: Telemedicine from MeMD	www.MeMD.me/Aflac	855-425-8585
Aflac Value-Added Services: HealthAdvocate EAP & Medical Bill Saver	www.healthadvocate.com/Aflac	855-423-8585
LifeLock	www.memberportal.lifelock.com	800-543-3562
Trustmark	www.trustmarksolutions.com	800-615-4943
HUB International Voluntary Benefits Division: Keanu Vela	keanu.vela@hubinternational.com	720-207-2347

