



PERSONALIZED BENEFITS 2026



Accident Coverage



Accident Plan (W)

Critical Illness Coverage



CI Plan (W)

Hospital Coverage



Hospital Plan (W)



*Whole Life Insurance
w/ Long Term Care*



Identity Theft Protection



Legal Insurance



Pet Insurance



Voluntary Life Insurance



Supplemental Health Benefits

Life doesn't announce surprises, so by signing up for personalized supplemental health benefits, you can help cover unexpected expenses. These benefits can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. They can help you bounce back physically, emotionally, and financially.

Key Features to Consider:

- ▶ **Cash Benefit paid directly to you:** No copays, deductibles, coinsurance, or network requirements.
- ▶ **Use the money however you want:** Pay for medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more, it is up to you.
- ▶ **Cost effective:** By signing up through your employer, you get coverage at a low group rate and coverage is guaranteed issue, regardless of your medical history. These plans are portable at the same costs and coverages.

Accident Insurance:

Scan for Video



Accident Plan (W)

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture.

Examples of covered expenses include:

- ▶ Doctor's office visits
- ▶ Rehab treatment
- ▶ Diagnostic exams
- ▶ Physical therapy sessions

Critical Illness Insurance:

Scan for Video



CI Plan (W)

Critical illness insurance provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- ▶ Increased living expenses
- ▶ Travel expenses
- ▶ Prescriptions
- ▶ Treatments

Hospital Indemnity Insurance:

Scan for Video



Hospital Plan (W)

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of \$3,025 per inpatient day.* Hospital indemnity pays a fixed cash benefit directly to you when you experience:

- ▶ Hospital admissions
- ▶ Hospital stays (such as childbirth)
- ▶ Intensive care unit stays

*Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation.

Wellness Benefit

Your supplemental health plan(s) comes with a wellness incentive benefit. This benefit is paid to each covered person who completes at least one covered wellness visit or preventive care service.



See The Value

Even with medical coverage you may still have out-of-pocket medical costs, such as deductibles, copay's and coinsurance, as well as indirect living expenses.

Accident Insurance in Practice

Situation	Alan broke his leg in a bike accident.
Covered Benefits	<ul style="list-style-type: none"> ▶ Doctor's office visits ▶ Diagnostic exams ▶ Broken leg rehab treatment ▶ Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250

Critical Illness Insurance in Practice

Situation	Brittney had a heart attack while raking
Covered Benefits	<ul style="list-style-type: none"> ▶ Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$15,000

Hospital Indemnity Insurance in Practice

Situation	Craig was hospitalized following a car accident.
Covered Benefits	<ul style="list-style-type: none"> ▶ Hospital admission ▶ Hospital stay ▶ Intensive care unit stay
Total Benefit Paid Directly to Employee	\$2,250

Please note the above are only examples and are provided for illustrative purposes only. Refer to your Personalized Benefits Guide for more details on your coverage, election options, and rates.



AFLAC 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>	\$1,000 Per Confinement
<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 confinement to an observation unit or a rehabilitation facility.</p>	\$300 Per Day
<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>	\$250 Per Day
<p>INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE / CHILD</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 doctor when an insured visits the following: 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 / without X-Ray</p>	\$350 / \$200 \$300 / \$150 \$300 / \$150
<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>	\$200 Ground \$1,000 Air
<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 diagnostic imaging center or an ambulatory surgical center.</p>	\$200
<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>	\$100 Each 24 hour period
<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>	\$50
<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 provided by a licensed speech therapist.</p>	\$50



AFLAC GROUP ACCIDENT INSURANCE

Benefit Amount

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.

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

INITIAL TREATMENT
BENEFIT
EMPLOYEE /
SPOUSE & CHILD

\$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

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.

Hip

Knee

Shoulder

Foot / Ankle

Hand

Lower Jaw

Wrist

Elbow

Finger / Toe

\$2,000

\$1,300

\$1,000

\$800

\$700

\$600

\$500

\$400

\$160

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.

\$100
per day

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.

\$300 Plane
\$150 Any ground
transportation





AFLAC GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT
<p>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.</p>	\$400
<p>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.</p>	\$25
<p>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.</p>	\$750
<p>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 Walking Boot, Knee Scooter, Body Jacket Wheelchair, Back Brace, Walker, Crutches, Leg Brace</p>	\$20 \$50 \$100
<p>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).</p>	\$50
<p>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.</p>	\$50
<p>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.</p>	\$50 Extraction \$150 Repair with a crown
<p>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.</p>	\$5,000
<p>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.</p>	\$100
<p>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.</p>	\$100
<p>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.</p> <p>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</p> <p>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</p>	
<p>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</p>	\$500





AFLAC GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT
<p>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.</p>	\$500
<p>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.</p> <p>Paraplegia Quadriplegia</p>	\$2,500 \$5,000
<p>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.</p>	
<p>ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.</p> <p>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT Payable if the insured:</p> <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. <p>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.)</p>	\$25,000 \$50,000
<p>LIFE CHANGING EVENTS BENEFITS</p> <p>DISMEMBERMENT (once per accident, within 6 months after the accident)</p> <p>Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means:</p> <ul style="list-style-type: none"> • 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). <p>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.</p> <p>SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)</p> <p>Employee \$12,500 Spouse \$5,000 Child(ren) \$2,500</p> <p>DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)</p> <p>Employee \$25,000 Spouse \$10,000 Child(ren) \$5,000</p> <p>LOSS OF ONE OR MORE FINGERS OR TOES</p> <p>Employee Spouse \$1,250 Child(ren) \$500 \$250</p> <p>PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)</p> <p>Employee Spouse \$100 Child(ren) \$100 \$100</p>	
<p>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</p>	\$50





AFLAC GROUP 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! Wellness Benefit -> \$50 (per person per year)	
Blood / Plasma	\$100		
Prosthesis	\$500		
Appliance	Up to \$100	Employee Only -> \$14.45 monthly Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00 Adjusted Monthly Cost = \$6.67	
Injury Specific	\$50-\$13,500 (up to \$9,000 x 200%)		
Family Lodging (100+ miles)	\$100 / night		
Transportation (100+ miles)	Ground: \$150 Air: \$300	Employee & Spouse -> \$21.19 monthly Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$7.56	
Accidental Death	\$25,000/\$12,500/\$2,500		
Accidental Dismemberment	\$200 - \$25,000		
Hospital Admission	\$1000	Employee & Children -> \$25.10 monthly Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$10.49	
Regular Room	\$300 / per day		
Intensive Care	\$550 / per day		
<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	



Critical Illness Insurance

Benefits At A Glance		Monthly Rates			
NON-TOBACCO -- Employee					
Cancer	100%	Issue Age	\$10,000	\$20,000	\$30,000
Heart Attack	100%	18-30	\$5.31	\$9.25	\$13.18
Stroke	100%	31-40	\$8.08	\$14.78	\$21.48
Kidney Failure	100%	41-50	\$14.26	\$27.15	\$40.03
Major Organ Transplant	100%	51-60	\$25.54	\$49.70	\$73.85
Bone Marrow Transplant	100%	61+	\$46.78	\$92.18	\$137.58
Sudden Cardiac Arrest	100%				
NON-TOBACCO -- Spouse					
Coronary Artery Bypass Surgery	25%	Issue Age	\$10,000	\$20,000	\$30,000
Non-Invasive Cancer	25%	18-30	\$5.31	\$9.25	\$13.18
Skin Cancer	\$250	31-40	\$8.08	\$14.78	\$21.48
Severe Burn	100%	41-50	\$14.26	\$27.15	\$40.03
Coma	100%	51-60	\$25.54	\$49.70	\$73.85
Paralysis	100%	61+	\$46.78	\$92.18	\$137.58
Loss of Sight / Hearing / Speech	100%				
Benign Brain Tumor	100%				
TOBACCO -- Employee					
Advanced Alzheimer's Disease	25%	Issue Age	\$10,000	\$20,000	\$30,000
Advanced Parkinson's Disease	25%	18-30	\$7.00	\$12.61	\$18.23
Amyotrophic Lateral Sclerosis	25%	31-40	\$11.88	\$22.38	\$32.88
Sustained Multiple Sclerosis	100%	41-50	\$21.63	\$41.88	\$62.13
Health Screening Benefit	\$50 (EE + SP Only)	51-60	\$40.48	\$79.58	\$118.68
		61+	\$72.06	\$142.75	\$213.43
TOBACCO -- Spouse					
		Issue Age	\$10,000	\$20,000	\$30,000
		18-30	\$7.00	\$12.61	\$18.23
		31-40	\$11.88	\$22.38	\$32.88
		41-50	\$21.63	\$41.88	\$62.13
		51-60	\$40.48	\$79.58	\$118.68
		61+	\$72.06	\$142.75	\$213.43



Aflac



AFLAC GROUP CRITICAL ILLNESS

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 ILLNESS

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



AFLAC GROUP CRITICAL ILLNESS

Monthly Premiums

NON-TOBACCO -- Employee			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$5.31	\$9.25	\$13.18
31-40	\$8.08	\$14.78	\$21.48
41-50	\$14.26	\$27.15	\$40.03
51-60	\$25.54	\$49.70	\$73.85
61+	\$46.78	\$92.18	\$137.58

NON-TOBACCO -- Spouse			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$5.31	\$9.25	\$13.18
31-40	\$8.08	\$14.78	\$21.48
41-50	\$14.26	\$27.15	\$40.03
51-60	\$25.54	\$49.70	\$73.85
61+	\$46.78	\$92.18	\$137.58

TOBACCO -- Employee			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$7.00	\$12.61	\$18.23
31-40	\$11.88	\$22.38	\$32.88
41-50	\$21.63	\$41.88	\$62.13
51-60	\$40.48	\$79.58	\$118.68
61+	\$72.06	\$142.75	\$213.43

TOBACCO -- Spouse			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$7.00	\$12.61	\$18.23
31-40	\$11.88	\$22.38	\$32.88
41-50	\$21.63	\$41.88	\$62.13
51-60	\$40.48	\$79.58	\$118.68
61+	\$72.06	\$142.75	\$213.43



AFLAC GROUP HOSPITAL INDEMNITY

Benefits Overview	BENEFIT AMOUNT
<p>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).</p>	\$1,500
<p>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.</p>	\$150
<p>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.</p>	\$150
<p>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.</p>	\$75
<p>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. Aflac has streamlined the health screening benefit claims submission process. Please refer to your certificate and applicable riders and/or amendments for a complete list of health screening tests or applicable names. Covered tests include, but are not limited to, the following: Annual Physical / Biometric Screening / Blood Screening / Blood Test for Triglycerides / Bone Marrow Testing / Breast Ultrasound / CA 125 / CA 15-3 / CEA / Chest X-Ray / Colonoscopy / DNA Stool Analysis / Eye Examinations / Fasting Blood Glucose / Flexible Sigmoidoscopy / Hemoccult Stool Analysis / HIV (Human Immunodeficiency),HPV (Human Papillomavirus) / HSN Strains / Human Coronavirus Testing / Immunizations / Mammograms / Non-Diagnostic Vascular Screening / Pap Smears / PSA Test / Serum Cholesterol Test / Serum Protein / Skin Cancer Screening / Spinal CT Screening / Stress Test on Bicycle or Treadmill / Thermography / Ultrasounds / Urinalysis Residents of Massachusetts are not eligible for the Health Screening Benefit.</p>	\$50 Per Calendar Year
<p>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. In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.</p>	



AFLAC GROUP HOSPITAL INDEMNITY

Monthly Premiums		<p>Your Wellness Exam Will Help PAY For Your Policy! Wellness Benefit -> \$50 (per person per year)</p>
Employee Only	\$22.28	
Employee & Spouse	\$45.16	
Employee & Children	\$35.30	
Family	\$58.18	
Benefits At A Glance		<p>Employee Only -> \$22.28 monthly Annual Cost = \$267.36 Pretax 25% = \$200.52 annually Wellness Exam = \$50.00 Adjusted Monthly Cost = \$12.54</p>
Hospital Admission	\$1,500 Per Year Per Insured	<p>Employee & Spouse -> \$45.16 monthly Annual Cost = \$541.92 Pretax 25% = \$406.44 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$25.54</p>
Hospital Confinement	\$150 Up to 31 Days	
Hospital ICU Confinement	\$150 Up to 10 Days	
ICU Step Down Unit	\$75 Up to 10 Days	<p>Employee & Children -> \$35.30 monthly Annual Cost = \$423.60 Pretax 25% = \$317.70 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$18.14</p>
Wellness Benefit	\$50 Per Year Per Insured	
<p><i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i></p>		<p>Family -> \$58.18 monthly Annual Cost = \$698.16 Pretax 25% = \$523.62 annually Wellness Exam x 3 = \$150.00 Adjusted Monthly Cost = \$31.14</p>

Don't Forget

To Submit For Your
Wellness & Health Screening Benefits

You Can File A Claim Online
At:
[Aflacgroupinsurance.com](https://www.aflacgroupinsurance.com)

Please remember when filling out the claim on-line you only need to provide info where there is an orange asterisk. You do not need to provide Employee ID, Group number or Certificate number.



For Claims Escalations:
voluntaryclaims@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

Whole Life Insurance

Employers want to provide employees with a benefits package that fits their ever-changing needs. With its guaranteed premiums, benefits, and values, as well as the option to insure your entire family, Boston Mutual's whole life insurance can help complete your benefit package.

Life changes...so it may be time to review how much coverage you have and consider what your family might need if something should happen. Whether you're just starting out at your first job, or nearing retirement, whole life insurance should be an integral part of your financial plan.

Just like Boston Mutual has always been there for our policyholders, whole life coverage will always be there to provide you and your family protection and security for the future.



HIGHLIGHTS

 **Affordable**

 **Flexible**

 **Worldwide coverage**

 **Portable**

Benefits

- Available for you, your spouse, children, and grandchildren.
- Guaranteed coverage with no medical questions, up to certain amounts.
- You select the amount of insurance you need and how much you can afford.
- Payroll deduction makes payment easy.
- Your payment amount will stay the same, even if you change employment or retire.
- Builds cash value.
- Annual statements provide current policy value information.
- Paid up options, based on accrued cash values.

Our Whole Life workplace insurance is an endowment at age 95 policy, which means the face value would be paid to the insured, if living, at age 95.

Guarantees

- Premium** – As long as you continuously pay your premiums, the cost of your life insurance policy can never go up.
- Cash Value** – The cash value illustrated at the time of purchase are guaranteed as long as your coverage stays in force*.
- Interest Rate** – This policy provides a 3% guaranteed credited interest rate on accruing cash values.
- Portability** – Even if your employer changes, you can arrange to pay us directly and keep your coverage.
- Coverage Issued** – Employees and their spouses who are actively at work for a minimum of 20 hours per week can purchase this insurance up to certain limits, despite past or present health problems.
- Additional Purchase** – If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guaranteed issue limit at future approved enrollments (*subject to product and payroll deduction availability*).

* The actual cash value may be decreased by loans or withdrawals.

see other side

-Catastrophic Loss Coverage-

Financial Protection For An Unexpected Loss of Independence

About 4.4 million adults required the help of another person with activities of daily living (ADLs) such as eating, dressing, or bathing, and 8.3 million required help with instrumental activities of daily living (ADLs) such as household chores or shopping.*

Boston Mutual's Catastrophic Loss coverage is designed to help provide financial assistance should you lose (*either temporarily or permanently*), the ability to care for yourself. There is no requirement that you be confined in a Nursing Home, Assisted Living Facility or receiving Home Health Care!

BENEFITS

This coverage provides a monthly benefit payable to you for up to the maximum benefit period after you have satisfied the elimination period and continue to qualify for benefits. The benefits paid under this coverage will not reduce the face amount of your life insurance coverage with us.

You qualify for benefits when you:

- are unable to perform 2 or more activities of daily living (*Bathing, Transferring, Dressing, Toileting, Eating and Continence*)
- are under the regular care and attendance of a Physician and
- have satisfied the elimination period.

The diagnosis of this loss must occur after the effective date of this coverage.

ELIGIBILITY

You and your spouse can purchase this rider as long as you are eligible and apply for the ELOP Life insurance policy this rider will be attached to. The total face amount of any ELOP Life insurance coverage you have with us (*including the new policy you are applying for*) will help determine how much Catastrophic Loss coverage you can purchase.

LIMITATIONS & EXCLUSIONS

Pre-Existing Conditions-Limitations: Benefits will not be payable for any pre-existing conditions during the first six (6) months this coverage is in force. A **Pre-Existing Condition** means an Injury or Sickness for which, during a six-month period immediately preceding the Effective Date of this coverage, You have 1) received a diagnosis or advice from a Physician; 2) received treatment; 3) incurred expenses; or 4) taken prescription drugs.

Exclusions: This benefit is not payable for any Catastrophic Loss which is due to 1) an intentionally self-inflicted injury while sane or insane; 2) active participation in a riot; 3) commission of a felony; 4) war, declared or undeclared or any act of war, while serving in the military or any auxiliary unit thereto; 5) a Pre-Existing Condition, except as provided for under the Pre-Existing Condition Limitation; 6) the voluntary use of alcohol or any controlled substance (*as defined in Title II of the Comprehensive Drug Abuse and Prevention and Control Act of 1970 and all amendments*) unless prescribed by a Physician. No benefits are payable during any period in which You are incarcerated. In addition, no benefits are payable to You for any period of thirty (30) or more consecutive days during which You are outside of the United States, its territories or possessions, Canada or Mexico.

Exclusions vary slightly in the states of AL, DC & SD. Please refer to the Rider for specific policy language.

Benefits are subject to the limitations and provisions shown in the policy and rider. This brochure provides a general description of the important features of the CATLOSS-Rider 8/09. This brochure is not the insurance contract and only the actual provisions will control. This rider is not a Long-Term Care or Disability Income product.

* Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2014

The industry leader in **employee identity protection.**

Protect today.
Thrive tomorrow.

Your identity is made up of more than your Social Security number and your bank accounts. That's why Allstate Identity Protection Pro Plus does more than monitor your credit reports and scores. We safeguard your personal information, the data you share, and the relationships you treasure..

And now Allstate Identity Protection Pro Plus[®] is better than ever. Our proprietary tools stay one step ahead — allowing us to catch fraud at its earliest sign. If something bad happens, you have a in-house expert[®] available 24/7 to fully manage your recovery and restore your identity.

- **Identity monitoring and alerts**
- **Full-service remediation**
- **Identity theft reimbursement††**
- **iOS and Android app**



Our story

At Allstate Identity Protection, we believe everyone deserves peace of mind. That's why we've been helping companies defend against identity theft for over a decade. Allstate Identity Protection Pro Plus is powered by our enterprise-level proprietary technology and information security — trusted by over 30% of Fortune 500 companies, 3,000 U.S.-based employers, and 2 million employees.

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protection Pro Plus is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

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What is identity theft?

When someone uses your personal information without permission to open an account or access your financial records — that's identity theft, and it's a serious crime.



Every 2 seconds an identity is stolen in the U.S.¹



120 hours on average to resolve identity theft on your own¹



\$16.9 Billion lost from fraud in 2019¹



51 times higher rate of Child Identity Theft than adults



7.9 Billion personal records exposed in the first half of 2019 alone²

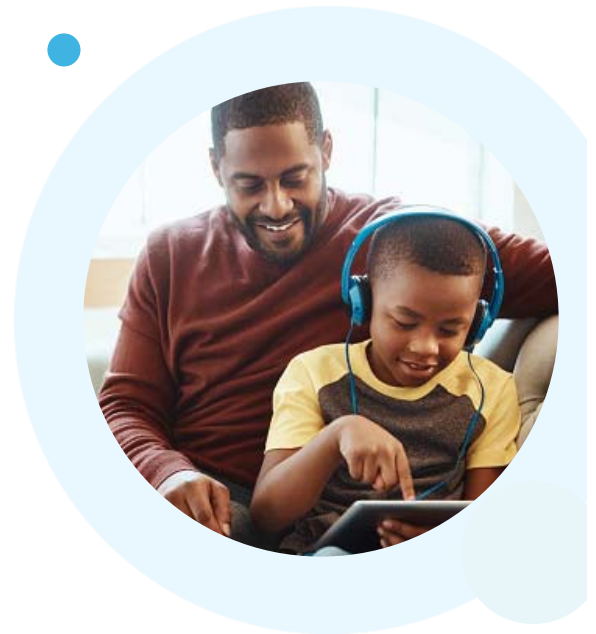


106 Years time to crack 10 letters & numbers password

We go beyond artificial intelligence and dark web “scans.” Unlike other identity protection services, we harness a network of experienced human operatives. This exclusive combination is unique to Allstate Identity Protection and provides insight not only into the dark web but also invitation-only hacker forums. That's how we find what others can't, and help stop identity theft before it starts.

What we monitor:

- Social Security numbers
- Credit and debit card numbers
- Financial accounts
- Email addresses
- Log-in credentials
- IP addresses
- Dark Web
- And more!



We've got your back



Full-service remediation support

Our In-house experts are available 24/7 to restore your credit, finances, identity, and sense of security.



\$1 million identity theft insurance

In the unfortunate event that you fall victim to identity theft or fraud, we'll cover many of your out-of-pocket costs.[†]



Fraud reimbursement and advances

We'll reimburse you for stolen funds, including money taken from HSA and 401(k) plans. We'll even advance fraudulent tax refunds.[†]

¹ 2020 Identity Fraud Study, Javelin Strategy and Research
² CNET, "2019 Data Beach Hall of Shame: These were the biggest data breaches of the year", December 2019
³ 2019

Product Features Allstate Identity Protection Pro Plus



Allstate Digital Footprint

Our unique tool, part of Allstate Identity Protection Pro Plus, helps users see what accounts they have online and detect if personal information has been exposed.



Comprehensive monitoring and alerts

Our proprietary monitoring platform detects high-risk activity to provide rapid alerts at the first sign of fraud, so participants can detect fraud at its earliest sign, enabling quick restoration for minimal damage and stress.



Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we immediately alert participants who have been compromised.



High-risk transaction monitoring

We send alerts for non-credit-based transactions like student loan activity and medical billing.



Account activity

Participants are alerted when unusual activity on their personal banking accounts could be a sign of account takeover.



Credit monitoring and alerts

We alert for transactions like new inquiries, accounts in collections, new accounts, and bankruptcy filings. Allstate Identity Protection Pro Plus also provides credit monitoring from all three bureaus, which may make spotting and resolving fraud faster and easier.



Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help participants take control of their finances.



Social media monitoring

Participants can keep tabs on social accounts for everyone in their family, with monitoring for vulgarity, threats, explicit content, violence, and cyberbullying. As an exclusive to Allstate Identity Protection Pro Plus, we monitor for account takeovers that could lead to costly reputation damage.



IP address monitoring

Exclusive to Allstate Identity Protection Pro Plus, we look for malicious use of our users' IP addresses. IP addresses may contribute to a profile of an individual, which — if compromised — can lead to identity theft.



Lost wallet protection

Easily store, access, and replace wallet contents. Our secure vault conveniently holds important information from credit cards, credentials, and documents.



Solicitation reduction

Opt in or out of the National Do Not Call Registry, credit offers, and junk mail.



Digital exposure reports

Participants can see and identify where their personal information is publicly available on the internet.



Data breach notifications

We send alerts every time there's a data breach affecting participants so they can take action immediately.



Credit assistance

Our in-house experts will help participants freeze their credit files with the major credit bureaus. Users can even dispute credit report items from our portal.



Sex offender notifications

We'll notify participants if a sex offender is registered in a nearby area.



Mobile app

Access the entire Allstate Identity Protection portal on the go! Available for iOS and Android.



\$1 million identity theft insurance

If you fall victim to fraud, we will reimburse their out-of-pocket costs.†



†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

FAQs

Employee

\$9.95/ month

Employee plus family

\$17.95/ month

Who is eligible for Allstate Identity Protection Pro Plus?

All employees and their family members are eligible for Allstate Identity Protection Pro Plus. We offer a generous definition of family, using “under roof or under wallet” as our guideline. As long as the dependent lives within your household, or you support the individual financially, they are eligible to enroll at any age.



When can I enroll?

You can enroll during open enrollment, and you're protected starting on your effective date. That's when you can begin exploring additional features in our easy-to-use portal. The more we monitor, the safer you can be.

What if my employment status changes?

If you retire or leave your current employer, you can continue your coverage without interruption. We maintain employee information for 90 days beyond termination to ensure seamless portability.

My bank offers identity protection. Do I need Allstate Identity Protection Pro Plus?

A bank or credit card usually only monitor credit. Not only will Allstate Identity Protection Pro Plus monitor it all, we also fully manage and restore your identity in the case of fraud. Plus, our \$1 million insurance policy and stolen fund reimbursement mean you don't have to cover the costs of recovering your identity or take a hit with stolen funds.†

Is it safe to give Allstate Identity Protection my information?

Yes. We know that protecting your information is of the utmost importance, so all our employees, consultants, contractors, and vendors adhere to a comprehensive information security policy with interacting with Allstate Identity Protection and its information. We never sell your data for any reason. The safety of your information is very important to us. Our security standards exceed best practices — both for information handling and storage.

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

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Legal Insurance from ARAG



WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or dealing with a traffic ticket.

WHAT DOES LEGAL INSURANCE COVER?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below – and many more – to help you address life's legal situations.

Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations

- Juvenile
- Parental responsibility

Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

General Needs

- Document review
- Credit records correction
- Document preparation

Finance, Tax & Debt-Related Matters

- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

Home Ownership Or Renter Matters

- Buying and selling a home
- Contracts/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

Traffic Troubles

- License suspension/revocation
- Traffic tickets

Wills & Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts

WANT MORE INFORMATION?

For specific details about your plan, and to view a complete list of coverages, visit ARAGlegal.com/myinfo and enter Access Code: **19163hu**



To talk with someone, call ARAG at **800-247-4184**

WHAT DOES IT COST?

UltimateAdvisor®
\$22.50 per month

USING YOUR LEGAL PLAN IS EASY

- 1** When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
- 2** Answer a few questions to confirm your coverage and receive information on local network attorneys who can help with your legal matter.
- 3** Then, meet with a network attorney virtually, over the phone or in person.

HOW LEGAL SHOWS UP IN YOUR LIFE

Most consumers believe legal events are rare, once-in-a-lifetime events. But they're far more common than you think.

85%
of individuals experienced a legal event in the past three years.¹

These events often have a considerable impact on one's finances or family.

WHY SHOULD YOU GET LEGAL INSURANCE?



Work with a network attorney and attorney fees are **100% paid in full** for most covered matters.



Save thousands of dollars on average, for legal matters by avoiding costly legal fees.



We help you easily find local attorneys in ARAG's network – many who average 20+ years of experience.



Address your covered legal situations with a network attorney for **legal help and representation.**

ARAG Members rated network attorneys **9.4 out of 10** for **accessibility, responsiveness and professionalism.²**



Use DIY Docs[®] to create a variety of **legally valid documents**, including state-specific templates.

MORE TOOLS & RESOURCES

Your ARAG plan offers access to DIY Docs[®]. These are legally valid, attorney-reviewed documents you can easily fill out, edit and store online. Many templates are state specific and include options for estate planning, powers of attorney and more.

The online Learning Center gives you access to guidebooks, videos and articles related to common legal and financial matters, what to do if you encounter a legal situation and more.

You can also download the Personal Information Organizer to help you keep track of important legal, financial, medical and contact information.

¹ARAG Stress Research Study, October 2022.

²2022 ARAG Customer Satisfaction Survey.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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Now You Can Play More and Worry Less

Available now: New and improved pet insurance for your furry family members.

If you haven't had pet insurance in the past, here's why you should consider it.

If you're a pet parent, your fur babies are an important part of your family, bringing comfort, joy, and unconditional love. In return, you do the best you can to take care of them. But pet care is expensive and veterinary costs continue to rise. That's why we're offering pet insurance, underwritten by Independence American Insurance Company, to our employees.

\$ Average emergency vet visit costs \$800 to \$1,500¹



1 in 3 pets need urgent care each year²

We've selected **PetPartners** to be your partner in pet protection. Since 2002, PetPartners has helped pet parents keep their cats and dogs safe and healthy by providing affordable pet insurance.

What's Covered

- Pre-Existing Conditions*
- Broken Bones
- Diagnostics
- Surgery
- Prescription Medication
- Alternative Treatments**
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues**
- Cancer
- Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life. Here's how it works:

- 1** Visit your vet (or any licensed vet or clinic)
- 2** Pay your vet then submit a claim
- 3** Get reimbursed for eligible expenses

Register and Enroll at:

<https://portal.independenceamerican.com/email-verification>



The New Standard in Group Pet Insurance

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company, 485 Madison Ave. 14th Fl., New York, NY 10022. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. See policy/certificate for details on coverage, terms, limitations and conditions. Participation in this plan is voluntary and not subject to ERISA. *Pre-Existing condition coverage may require 12-month waiting period. Waiting period may be waived for groups over 200 employees with prior coverage for Accident & Illness plans. **Eligible with optional Alternative & Behavioral Care rider. 1 "Are you prepared for a pet emergency?" CNBC, June 14, 2018 (<https://www.cnbc.com/2018/06/14/are-you-prepared-for-a-pet-emergency-most-americans-are-not.html>), 2 "Are you prepared for a pet emergency?" CNBC. 102021PPIEMPGRPLYV2

Benefits At-A-Glance

Voluntary Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$150,000
Your coverage amount will reduce by 35% when you reach age 65; an additional 23% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; an additional 6% of the original amount when you reach age 80; an additional 6% of the original amount when you reach age 85; an additional 3% of the original amount when you reach age 90; and an additional 3% of the original amount when you reach age 95.	
Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.	
Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 1 times Annual Earnings (rounded up to the nearest \$5,000) or \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000
Coverage amounts are reduced by 35% when an employee reaches age 65; coverage terminates when an employee reaches age 70.	
Dependent Child(ren) Life	
At least 1 day but under 19 years, or under 26 years if a full-time student	\$10,000

Monthly Voluntary Life Insurance - Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$.084
25 - 29	\$.060
30 - 34	\$.080
35 - 39	\$.096
40 - 44	\$.144
45 - 49	\$.234
50 - 54	\$.361
55 - 59	\$.513
60 - 64	\$.660
65 - 69	\$1.270
70 - 74	\$2.060
75 +	\$4.149

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$.084
25 - 29	\$.060
30 - 34	\$.080
35 - 39	\$.096
40 - 44	\$.144
45 - 49	\$.234
50 - 54	\$.361
55 - 59	\$.513
60 - 64	\$.660
65 - 69	\$1.270
70 - 74	\$2.060
75 +	\$4.149

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.213

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Voluntary Benefits Contact Information

Carrier	Website / Email	Phone #
Aflac	www.aflacgroupinsurance.com	800-433-3036
Boston Mutual	www.bostonmutual.com	877-624-2249
AllState	www.allstateidentityprotection.com	800-789-2720
Arag	www.ARAGlegal.com/myinfo Access Code: 19163hu	800247-4184
Pet Partners	www.portal.independenceamerican.com/email-verification	800-956-2495
Lincoln Financial	www.lincolnfinancial.com	800-423-2765
HUB International Voluntary Benefits Division: Claims Escalation Brandy McGraw	voluntaryclaims@hubinternational.com brandy.mcgraw@hubinternational.com	720-793-2651



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