

TIME SENSITIVE

2025



County of Henrico
General Government



VOLUNTARY BENEFITS ENROLLMENT



Swift Creek
Foot Bridge

OPEN ENROLLMENT:

Oct. 1-31, 2024

Open Enrollment Closes on October 31 at 4:30 p.m.

NEW HIRES:

Within 30 days of hire date

LEARN ♦ ENROLL

pierceins.com/henrico

800-421-3142



"Children's Champion"

arranged by:
**PIERCE
INSURANCE**
Employee Benefits Specialists



County of Henrico
General Government



Dear Henrico County Government and Public Schools employees,

We're thrilled to announce that your Voluntary Benefits Program has reached new heights, going from great to even greater. Through meticulous review and thorough negotiations, we've put your collective buying power to work to achieve substantial savings and enhance the benefits available to you and your families.

Just a few highlights include:

- Accident, Critical Illness, and Hospital Indemnity rates have been reduced by up to 28%, while benefits have increased!
- Vision's frame allowance frequency is transitioning from every 24 months to 12 months.
- Perks at Work, an exclusive discount platform, is now available to all Henrico employees at no cost.

Voluntary Benefits include:

 **Vision**

 **Group Accident**

 **Cancer**

 **Group Critical Illness**

 **Group Hospital Indemnity**

 **Life Insurance with Long Term Care**

 **Legal Plan**

 **Identity Theft Protection**

 **Pet Insurance**

 **NEW Perks at Work**

Speak with a Pierce Insurance benefits counselor for a full description of all of the enhancements and assistance with completing your enrollment. Visit pierceins.com/henrico or call 800-421-3142.

Thank you for your exemplary service to the citizens of Henrico County.

Sincerely,

John Vithoukas

Henrico County Manager

Dr. Amy Cashwell

HCPS Superintendent

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County of Henrico General Government













Henrico County Public Schools

Plan Year: January 1 - December 31, 2025

Annual Enrollment Period: October 1 - 31, 2024

Open Enrollment closes on October 31 at 4:30 pm

New hires must enroll within the first 30 days of your hire date.

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! IMPORTANT Note & Disclaimer

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

Learn about your health insurance, retirement and other benefit plans at:

- **County of Henrico General Government:** <https://employees.henrico.us/>
- **Henrico County Public Schools:** www.henricoschools.us

PRE & POST TAX BENEFITS

County of Henrico General Government Henrico County Public Schools

PRE-TAX BENEFITS

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

 **Group Accident Insurance**

 **Group Hospital Indemnity Insurance**

 **Group Critical Illness Insurance**

 **Cancer Insurance**

 **Vision Insurance**

POST-TAX BENEFITS

A post-tax deduction is money that is deducted from an employee's paycheck after all applicable taxes have been withheld.

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

 **Legal Plan**

 **Identity Theft Protection**

 **Pet Insurance**

BENEFITS - NO COST

 **NEW Perks at Work**

 **Legal Corner by LegalEASE**

ATTENTION

NEW for 2025 Enroll without health questions, up to plan limits!

IMPORTANT DETAILS

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

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

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

Coverage in most instances is portable when you leave employment.

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

ELIGIBILITY AND ENROLLMENT

Eligibility: Permanent benefit-eligible employees working an average of 20 hours per week.

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

WHEN TO ENROLL



OPEN ENROLLMENT: OCTOBER 1 - 31, 2024

Open Enrollment closes on October 31 at 4:30 pm



NEW HIRES MUST ENROLL WITHIN 30 DAYS OF YOUR HIRE DATE.

HOW TO ENROLL, MAKE CHANGES, & ASK QUESTIONS



- Call 800-421-3142 to speak with a licensed benefits counselor



- Schedule an appointment: pierceins.com/henrico



- Enroll online: pierceins.com/henrico



Why speak with a licensed benefits counselor

- Our goal is to ensure you understand your options so you can select the best combination of benefits for you and your family.
- We'll explain the benefits available to you and answer any questions you may have.
- After you've selected your benefits, we'll complete your enrollment for you.



Benefits That Benefit CHILDREN

- Meet with a benefits counselor to learn about valuable voluntary benefits including Chubb's LifeTime Benefit Term*, LegalEASE, and NortonLifelock and help raise money for Children's Hospital of Richmond at VCU. See pages 46-47 for details.

**Donation applies to first time meeting only.*

Elections made during the enrollment period cannot be changed outside of open enrollment unless there is a family status change as defined by the Internal Revenue Code. Examples: marriage, divorce, death of a spouse, birth or adoption of a child, termination or commencement of a spouse's employment or the transition of a spouse's employment from full time to part time. Once a family status change has occurred you have 60 days from the event to make changes. Call Pierce Insurance service center: [800-421-3142](tel:800-421-3142).

**ACCESS YOUR BENEFITS
ANYTIME ♦ ANYWHERE**

pierceins.com/henrico

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

MyBenefits Website: pierceins.com/henrico



 Benefit Plans

 Enroll

 Video Library

 Benefit Resources

 Questions

 Contact Information



DOWNLOAD your MyBenefits App!



The Pierce Insurance MyBenefits app makes it easier for employees to stay connected in one easy step.

Pierceins.com | 800-421-3142

How to Enroll Online

Call: 800-421-3142

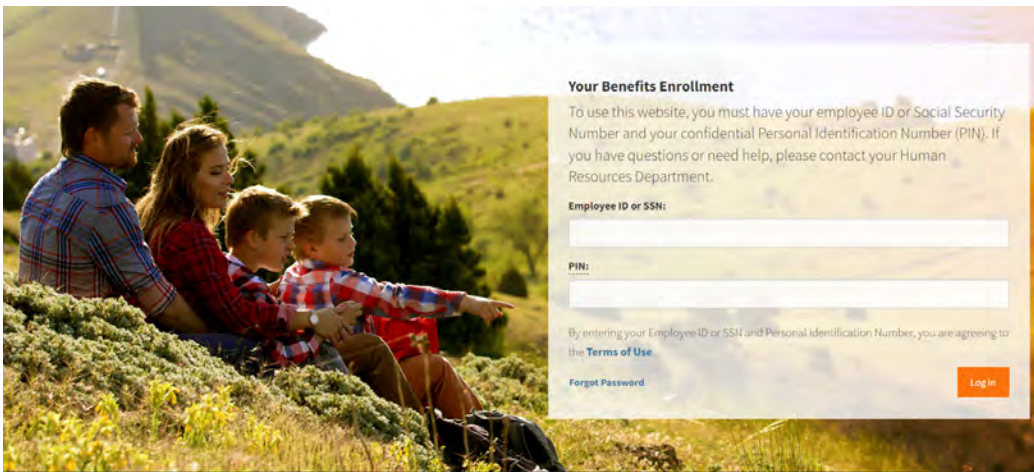
Step 1 - Connect to the Website through your web browser at pierceins.com/henrico or download mobile app at pierceins.com/apps. *You may use your desktop computer or any mobile device to complete your enrollment.*

Step 2 - At the “Enrollment Site” screen, enter your *employee ID* and your personal identification number (**PIN**). If you are logging in for the first time, your PIN is a combination of the last 4 digits of your employee ID and the 4-digit year of your birth.

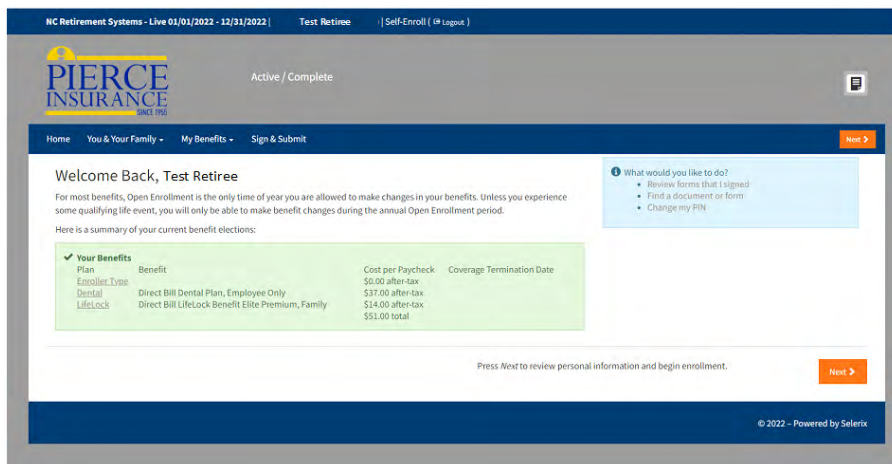
For example, if the last 4 digits of your employee ID number are 3214 and you were born in the year 1970, your PIN would be “32141970”.

On your first log in, you will be prompted to change your PIN.

If you are having trouble logging on the system, contact Pierce Insurance Agency at 800-421-3142.



Step 3 - When the Welcome Page appears on your screen you have successfully logged in! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.



See reverse ➔

How to Enroll Online

Click You and Your Family to update personal information on yourself, your dependents or beneficiaries.

When you have finished making your selections, click sign and submit to review & sign your enrollment form.

You can move from plan to plan by clicking next or clicking review.

Active / Complete

Home You & Your Family - My Benefits - Sign & Submit

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

Person Name	Relationship	Description	Policy #	Cost
john test	Employee	Enroller Type; EO		\$0.00

You have completed enrollment in this plan. Your cost per pay period will be \$0.00.

Benefit	Cost
Enroller Type	\$0.00
Dental	\$0.00
Vision	\$0.00
LifeLock	\$14.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$14.00
Total Cost	\$14.00

To sign and submit your enrollment form you will need to enter your PIN and click sign form.

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN: [input field] [Sign Form]

If you have any questions about your enrollment, please contact Pierce Insurance Agency by phone at [800-421-3142](tel:800-421-3142) or chat at pierceins.com/henrico.

You may log back into the enrollment site to verify you submitted your enrollment form.



FILE YOUR WELLNESS, HEALTH SCREENING or BENEFIT CLAIM

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



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

Plan Name	Wellness Benefit	Am I Enrolled?	Date Claim Filed
Group Accident Insurance	\$60	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Group Critical Illness Insurance*	\$150	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Group Hospital Indemnity	\$60	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Cancer Insurance	\$50 - \$150	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /

WHY VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING

What if you get sick, hurt, or pass away unexpectedly?

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

Voluntary Insurance Helps Provide Peace of Mind



County of Henrico Government & Schools



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Frequency

Frame

once every plan year

Lens

once every plan year

Contact Lens

once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME		
Frame at PLUS Provider	\$0 copay; 20% off balance over \$200 allowance	Up to \$105
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
STANDARD PLASTIC LENSES		
Single Vision	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal/Lenticular	\$15 copay	Up to \$70
Progressive - Standard	\$15 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$45 - 190	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$20
Scratch Coating	\$0 copay	Up to \$8
Tint	\$0 copay	Up to \$8
UV Treatment	\$0 copay	Up to \$8
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

Monthly rates

Subscriber \$5.31

Subscriber + Spouse \$10.61

Subscriber + Child(ren) \$11.70

Subscriber + Family \$18.21

Log into eyemed.com/member to see all plans included with your benefits. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: any Vision Examination; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company® of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

The logo for eyeMed, featuring the word "eye" in a smaller font above "Med" in a larger font, both in white on a pink square background.

Savings plus convenience plus choice

PLUS Providers add another
layer of coverage

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more. And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits.

No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.



The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at [800-421-3142](tel:800-421-3142) or visit eyemed.com.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1961
VISION

OPTICAL

AFLAC GROUP HOSPITAL INDEMNITY

Lower Rates & More Coverage

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

Does your major medical insurance cover all of your bills?

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

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

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover.

Like transportation and meals for family members, help with childcare, or time away from work, for instance.

PLAN FEATURES:

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

How It Works:

Aflac Group Hospital Indemnity coverage is selected.	Aflac Group Hospital Indemnity plan pays: <h1 style="color: #0070c0;">\$1,300</h1>
The insured has a high fever and goes to the emergency room	
The physician admits the insured into the hospital.	
The insured is released after two days.	

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

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

BENEFITS OVERVIEW

	LOW
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 inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	\$1,000
HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)	
Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	\$150
HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)	
Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$150
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)	
Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$75
HEALTH SCREENING BENEFIT per day	
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 to each insured. Residents of Massachusetts are not eligible for the Health Screening Benefit.	\$60 per calendar year
WAIVER of PREMIUM RIDER	
After 90 days of total disability due to covered sickness or accidental injury for up to 12 months.	

SUCCESSOR INSURED WAIVER OF PREMIUM RIDER BENEFIT

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

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

COVERAGE	MONTHLY RATES (12pp/year)
Employee	\$19.24
Employee and Spouse	\$38.58
Employee and Dependent Children	\$30.72
Family	\$50.06

EXCLUSIONS

We will not pay for loss due to:

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

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit afacgroupinsurance.com.



afacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Inc. and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. **Benefits, terms, and conditions may vary by state.**

This brochure is subject to the terms, conditions, and limitations of Policy Form C80100VA.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit afacgroupinsurance.com.

Group Accident, Critical Illness and Hospital Indemnity insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief product overview only. For complete details, please refer to the plans. This brochure is subject to the terms, conditions, and limitations of Policy Form(s) C70100VA, C21100VA and C80100VA. Continental American Insurance Company | Columbia, SC AGC2001162 R2 EXP 9/24

AFLAC GROUP ACCIDENT INSURANCE

Lower Rates & More Coverage

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

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

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

PLAN FEATURES:

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

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

How It Works:

Aflac Group Accident High coverage is selected.

You are injured in a fall and transported to an emergency room by ambulance.

You have X-Rays.

You are diagnosed with a fractured wrist.

The Aflac Group Accident plan pays:

\$5,200

Amount payable was generated based on amounts for: Initial Treatment with X-Ray (\$300), Ambulance (\$500), Major Diagnostic Testing (\$400), and Fracture-Wrist (\$4,000).

BENEFITS OVERVIEW

INITIAL TREATMENT (once per accident, within 7 days after the accident)	HIGH	LOW
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	\$300/\$250	\$250/\$200
• Urgent care facility with X-Ray / without X-Ray	\$300/\$250	\$250/\$200
• Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$200/\$150	\$200/\$150
AMBULANCE (within 90 days after the accident)	HIGH	LOW
Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.		
• Ground	\$500	\$400
• Air	\$1,300	\$1,000
TRANSPORTATION (within 6 months after accident, 3 times per accident)	HIGH	LOW
Payable 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. Hospital location must be more than 100 miles from the insured's residence.		
• Plane	\$500	\$350
• Any ground transportation	\$200	\$150
MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after accident)	HIGH	LOW
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.		
	\$400	\$250
EMERGENCY ROOM OBSERVATION (within 7 days after the accident)	HIGH	LOW
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.		
• Each 24-hour period	\$100	\$70
• Less than 24 hours, but at least 4 hours	\$50	\$35
PRESCRIPTIONS (2 times per accident, within 6 months after the accident)	HIGH	LOW
Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary).		
This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma.		
Benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).		
	\$5	\$5
BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident)	HIGH	LOW
Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.		
	\$400	\$250

PAIN MANAGEMENT (once per accident, within 6 months after the accident)	HIGH	LOW																														
Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine.	\$150	\$100																														
This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.																																
CONCUSSION (once per accident, within 6 months after the accident)	HIGH	LOW																														
Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$550	\$400																														
TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident)	HIGH	LOW																														
Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require:	\$5,000	\$3,500																														
<ul style="list-style-type: none"> treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist. 																																
COMA (once per accident)	HIGH	LOW																														
Payable when an insured is in a coma (a profound state of unconsciousness) lasting 30 days or more as the result of a covered accident.	\$10,000	\$7,500																														
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident)	HIGH	LOW																														
Payable when an insured's natural teeth are injured as a result of a covered accident.																																
<ul style="list-style-type: none"> Extraction Repair with a Crown 	\$150 \$450	\$115 \$350																														
BURNS (once per accident, within 6 months after the accident, first degree burns not covered)	HIGH	LOW																														
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.																																
	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Second Degree</th> <th colspan="2">Third Degree</th> </tr> <tr> <th></th> <th>High Plan</th> <th>Low Plan</th> <th>High Plan</th> <th>Low Plan</th> </tr> </thead> <tbody> <tr> <td>Less than 10% of body surface</td> <td>\$100</td> <td>\$75</td> <td>\$1,000</td> <td>\$750</td> </tr> <tr> <td>At least 10% but less than 25%</td> <td>\$200</td> <td>\$150</td> <td>\$5,000</td> <td>\$3,750</td> </tr> <tr> <td>At least 25% but less than 35%</td> <td>\$500</td> <td>\$375</td> <td>\$10,000</td> <td>\$7,500</td> </tr> <tr> <td>35% or more</td> <td>\$1,000</td> <td>\$750</td> <td>\$20,000</td> <td>\$15,000</td> </tr> </tbody> </table>			Second Degree		Third Degree			High Plan	Low Plan	High Plan	Low Plan	Less than 10% of body surface	\$100	\$75	\$1,000	\$750	At least 10% but less than 25%	\$200	\$150	\$5,000	\$3,750	At least 25% but less than 35%	\$500	\$375	\$10,000	\$7,500	35% or more	\$1,000	\$750	\$20,000	\$15,000
	Second Degree		Third Degree																													
	High Plan	Low Plan	High Plan	Low Plan																												
Less than 10% of body surface	\$100	\$75	\$1,000	\$750																												
At least 10% but less than 25%	\$200	\$150	\$5,000	\$3,750																												
At least 25% but less than 35%	\$500	\$375	\$10,000	\$7,500																												
35% or more	\$1,000	\$750	\$20,000	\$15,000																												
EYE INJURIES	HIGH	LOW																														
Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$300	\$200																														
FRACTURES (once per accident, within 90 days after the accident)	HIGH	LOW																														
Payable when an insured fractures a bone because of a covered accident and is treated by a doctor.																																
<ul style="list-style-type: none"> If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures. 	Up to \$4,000 based on a schedule	Up to \$3,000 based on a schedule																														

Fracture Schedule	Open Reduction		Closed Reduction	
	High Plan	Low Plan	High Plan	Low Plan
	Employee/Spouse/Child(ren)	Employee/Spouse/Child(ren)	Employee/Spouse/Child(ren)	Employee/Spouse/Child(ren)
Hip/Thigh	\$8,000	\$6,000	\$4,000	\$3,000
Vertebrae/Sternum	\$7,200	\$5,400	\$3,600	\$2,700
Pelvis	\$6,400	\$4,800	\$3,200	\$2,400
Skull (Depressed)	\$6,000	\$4,500	\$3,000	\$2,250
Leg	\$4,800	\$3,600	\$2,400	\$1,800
Forearm/Hand/Wrist	\$4,000	\$3,000	\$2,000	\$1,500
Foot/Ankle/Kneecap	\$4,000	\$3,000	\$2,000	\$1,500
Shoulder Blade/Collar Bone	\$3,200	\$2,400	\$1,600	\$1,200
Lower Jaw	\$3,200	\$2,400	\$1,600	\$1,200
Skull (Simple)	\$2,800	\$2,100	\$1,400	\$1,050
Upper Arm/Upper Jaw	\$2,800	\$2,100	\$1,400	\$1,050
Facial Bones (except teeth)	\$2,400	\$1,800	\$1,200	\$900
Vertebral Processes/Sacrum	\$1,600	\$1,200	\$800	\$600
Coccyx/Rib/Finger/Toe	\$640	\$480	\$320	\$240

DISLOCATIONS (once per accident, within 90 days after the accident)	HIGH	LOW
<p>Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor.</p> <ul style="list-style-type: none"> • 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 partial dislocation (joint not completely separated, including subluxation), we will pay 25% of the amount for the affected joint. 	Up to \$4,000 based on a schedule	Up to \$3,250 based on a schedule

Dislocation Schedule	Open Reduction		Closed Reduction	
	High Plan	Low Plan	High Plan	Low Plan
	<i>Employee/Spouse/Child(ren)</i>	<i>Employee/Spouse/Child(ren)</i>	<i>Employee/Spouse/Child(ren)</i>	<i>Employee/Spouse/Child(ren)</i>
Hip	\$8,000	\$6,500	\$4,000	\$3,250
Knee	\$5,200	\$4,225	\$2,600	\$2,112.50
Shoulder	\$4,000	\$3,250	\$2,000	\$1,625
Foot/Ankle	\$3,200	\$2,600	\$1,600	\$1,300
Hand	\$2,800	\$2,275	\$1,400	\$1,137.50
Lower Jaw	\$2,400	\$1,950	\$1,200	\$975
Wrist	\$2,000	\$1,625	\$1,000	\$812.50
Elbow	\$1,600	\$1,300	\$800	\$650
Finger/Toe	\$640	\$520	\$320	\$260

LACERATIONS (once per accident, within 7 days after the accident)	HIGH	LOW
<p>Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):</p> <ul style="list-style-type: none"> • Over 15 centimeters • 5-15 centimeters • Under 5 centimeters • Lacerations not requiring stitches 	\$800	\$600
	\$400	\$300
	\$100	\$75
	\$50	\$37.50

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.

Outpatient or Inpatient Surgery

OUTPATIENT SURGERY and ANESTHESIA (within one year after the accident)	HIGH	LOW
<p>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. Payable for each day that an insured:</p> <ul style="list-style-type: none"> • Has an outpatient surgical procedure due to a covered accidental injury and Procedure is performed by a doctor in a Hospital or Ambulatory Surgical Center (no maximum per accident) • Has an outpatient surgical procedure due to a covered accidental injury and Procedure is performed by a doctor in a Doctor's Office, Urgent Care Facility, or Emergency Room. (max. of 2 procedures per accident) 	\$450	\$350
	\$50	\$35

FACILITIES FEE for OUTPATIENT SURGERY (within one year after the accident)	HIGH	LOW
Payable once per each eligible Outpatient Surgery and Anesthesia Benefit performed in a hospital or ambulatory surgical center.	\$100	\$75
INPATIENT SURGERY and ANESTHESIA (per day / within one year after the accident)	HIGH	LOW
<p>Payable for each day that, due to a covered accidental injury, an insured</p> <ul style="list-style-type: none"> • Is confined to a hospital as an inpatient and • Has an inpatient surgical procedure performed by a doctor <p>If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$1,500	\$1,000

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

After Care Benefits

APPLIANCES (within 6 months after the accident)	HIGH	LOW
<p>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.</p> <ul style="list-style-type: none"> • Cane, Ankle Brace • Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar • Wheelchair, Knee Scooter, Body Jacket, Back Brace 	\$40	\$30
	\$100	\$75
	\$400	\$300

ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7-days of the accident)	HIGH	LOW
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.	\$100	\$50
POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident)	HIGH	LOW
Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.	\$200	\$150
REHABILITATION UNIT (max of 31 days per confinement, no more than 62 days total per calendar year for each insured)	HIGH	LOW
Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	\$100 per day	\$75 per day
THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)	HIGH	LOW
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.	\$75	\$50
CHIROPRACTIC or ALTERNATIVE THERAPY (maximum of 6 per accident)	HIGH	LOW
Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment beginning within 90 days after the accident, provided initial treatment is within 7 days after the accident.	\$30	\$25

Hospitalization Benefits

HOSPITAL ADMISSION (once per accident, within 6 months after the accident)	HIGH	LOW
Payable when an insured: <ul style="list-style-type: none"> • Is admitted to a hospital and • Confined as an inpatient because of a covered accidental injury. Not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	\$1,250 per confinement	\$900 per confinement
HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)	HIGH	LOW
Payable for each day that an insured: <ul style="list-style-type: none"> • Is confined to a hospital as an inpatient and • Hospital confinement is because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	\$300 per day	\$250 per day
HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)	HIGH	LOW
Payable for each day an insured: <ul style="list-style-type: none"> • Is confined in a hospital intensive care unit and • Those injuries are because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$400 per day	\$300 per day
INTERMEDIATE INTENSIVE CARE STEP DOWN UNIT (max of 30 days per accident, within 6 months after the accident)	HIGH	LOW
Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. Payable in addition to the Hospital Confinement Benefit. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.	\$200 per day	\$150 per day
FAMILY MEMBER LODGING (maximum of 30 days per accident, within 6 months after the accident)	HIGH	LOW
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: <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. 	\$200 per day	\$150 per day

Life Changing Events Benefits

DISMEMBERMENT (once per accident, within 6 months after the accident)	HIGH			LOW		
	Employee	Spouse	Child(ren)	Employee	Spouse	Child(ren)
SINGLE LOSS (loss of one hand, one foot, or the sight of one eye)	\$6,250	\$2,500	\$1,250	\$8,750	\$3,750	\$1,750
DOUBLE LOSS (loss of both hands, both feet, the sight of both eyes, or combination of any two)	\$12,500	\$5,000	\$2,500	\$17,500	\$7,500	\$3,500
LOSS OF ONE OR MORE FINGERS OR TOES	\$625	\$250	\$125	\$875	\$375	\$175
PARTIAL DISMEMBERMENT (Includes at least one joint of a finger or a toe)	\$62.50	\$62.50	\$62.50	\$87.50	\$87.50	\$87.50

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means:

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

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

PARALYSIS (once per accident, diagnosed by a doctor within 6 months after the accident)	HIGH	LOW
Payable when 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 accident injury.		
• Paraplegia	\$2,500	\$3,500
• Quadriplegia	\$5,000	\$7,500

PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured) *	HIGH	LOW
Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. Prosthetic Device/Prosthesis - an artificial device designed to replace a missing part of the body.		
* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	\$1,500	\$2,000

RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident)	HIGH	LOW
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;	\$1,000	\$1,500
• The use of one hand/arm; or		
• The use of one foot/leg.		

Wellness Rider

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

Waiver of Premium Rider

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

COVERAGE	Monthly Rates (12 PP/ YR)	
	HIGH PLAN	LOW PLAN
Employee	\$15.75	\$12.49
Employee and Spouse	\$25.46	\$20.27
Employee and Dependent Children	\$28.23	\$22.41
Family	\$37.94	\$30.19

INITIAL ACCIDENT EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from:

- War—voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Sickness – having any disease or bodily/mental illness or degenerative process. We also will not pay for: Allergic reactions, Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings, An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness, Any related medical/surgical treatment or diagnostic procedures for such illness.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.
- Sports – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.
- For 24-Hour Coverage, the following exclusions will not apply: An injury arising from any employment, An injury or sickness covered by worker's compensation.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage.

This brochure is subject to the terms, conditions, and limitation of Policy Series C70100VA

AFLAC GROUP CRITICAL ILLNESS



PLAN FEATURES:

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

Coverage with cancer and without cancer is available. You must elect to include cancer coverage for benefits for Cancer, Non-Invasive Cancer, Skin Cancer, and/or Metastatic Cancer. Premium will vary depending upon if you apply for coverage with or without Cancer, Non-Invasive Cancer, Skin Cancer, and/or Metastatic Cancer.

How It Works:

Aflac Group Critical Illness coverage is selected.

You experience chest pains and numbness in the left arm.

You visit the emergency room.

A physician determines that you have suffered a heart attack.

Aflac Group Critical Illness pays an Initial Diagnosis Benefit of:

\$10,000

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

AFLAC GROUP CRITICAL ILLNESS WITHOUT CANCER

BENEFITS OVERVIEW

COVERED CRITICAL ILLNESS BENEFITS:

HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	100%

INITIAL DIAGNOSIS BENEFIT

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. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS BENEFIT

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.

REOCCURRENCE BENEFIT

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.

ACCIDENT BENEFITS

Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis	100%
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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.

AFLAC GROUP CRITICAL ILLNESS WITHOUT CANCER

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. See certificate for details.

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.

HEALTH SCREENING BENEFIT

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

\$150
per calendar year

PROGRESSIVE DISEASES RIDER

Percentage of Face Amount

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	100%
Sustained Multiple Sclerosis	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%

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. The Progressive Disease benefit is payable only once per disease. For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

CHILDHOOD CONDITIONS RIDER

Percentage of Face Amount

Cystic Fibrosis	50%
Cerebral Palsy	50%
Cleft Lip or Cleft Palate	50%
Down Syndrome	50%
Phenylalanine Hydroxylase Deficiency Disease (PKU)	50%
Spina Bifida	50%

One-time Benefit Amount

Autism Spectrum Disorder	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis of the subsequent Childhood Condition must satisfy the Additional Diagnosis separation period outlined in the brochure.

SPECIFIED DISEASE RIDER

Tier I Specified Disease Benefit

Percentage of Face Amount

Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

25%

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.

For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

Tier II Specified Disease Benefit

Percentage of Face Amount

Human Coronavirus	10% if confined to a hospital for 4-9 days	25% if confined to a hospital for 10 or more days	40% if confined to an intensive care unit
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We will pay the benefit shown if an insured is diagnosed with the Tier II Specified Disease listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.

In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.

For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

AFLAC GROUP CRITICAL ILLNESS WITHOUT CANCER

EMPLOYEE / NON-TOBACCO / MONTHLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.40	\$4.81	\$7.21	\$9.61	\$12.01	\$14.42	\$16.82	\$19.22	\$21.63	\$24.03
30-39	\$3.09	\$6.17	\$9.26	\$12.35	\$15.43	\$18.52	\$21.60	\$24.69	\$27.78	\$30.86
40-49	\$4.57	\$9.13	\$13.70	\$18.27	\$22.83	\$27.40	\$31.97	\$36.54	\$41.10	\$45.67
50-59	\$7.80	\$15.61	\$23.41	\$31.21	\$39.02	\$46.82	\$54.62	\$62.43	\$70.23	\$78.03
60+	\$13.15	\$26.31	\$39.46	\$52.62	\$65.77	\$78.92	\$92.08	\$105.23	\$118.39	\$131.54

SPOUSE / NON-TOBACCO / MONTHLY RATES

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.49	\$3.74	\$4.99	\$6.23	\$7.48	\$8.73	\$9.97	\$11.22	\$12.47
30-39	\$3.18	\$4.77	\$6.36	\$7.96	\$9.55	\$11.14	\$12.73	\$14.32	\$15.91
40-49	\$4.63	\$6.95	\$9.27	\$11.58	\$13.90	\$16.22	\$18.54	\$20.85	\$23.17
50-59	\$7.85	\$11.77	\$15.70	\$19.62	\$23.55	\$27.47	\$31.39	\$35.32	\$39.24
60+	\$13.21	\$19.82	\$26.43	\$33.03	\$39.64	\$46.24	\$52.85	\$59.46	\$66.06

EMPLOYEE / TOBACCO / MONTHLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.17	\$6.34	\$9.51	\$12.67	\$15.84	\$19.01	\$22.18	\$25.35	\$28.52	\$31.69
30-39	\$4.89	\$9.78	\$14.67	\$19.56	\$24.45	\$29.33	\$34.22	\$39.11	\$44.00	\$48.89
40-49	\$7.35	\$14.70	\$22.04	\$29.39	\$36.74	\$44.09	\$51.44	\$58.79	\$66.13	\$73.48
50-59	\$11.57	\$23.13	\$34.70	\$46.27	\$57.83	\$69.40	\$80.97	\$92.53	\$104.10	\$115.67
60+	\$18.89	\$37.77	\$56.66	\$75.54	\$94.43	\$113.31	\$132.20	\$151.09	\$169.97	\$188.86

SPOUSE / TOBACCO / MONTHLY RATES

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.26	\$4.89	\$6.52	\$8.15	\$9.77	\$11.40	\$13.03	\$14.66	\$16.29
30-39	\$4.98	\$7.46	\$9.95	\$12.44	\$14.93	\$17.41	\$19.90	\$22.39	\$24.88
40-49	\$7.42	\$11.12	\$14.83	\$18.54	\$22.25	\$25.95	\$29.66	\$33.37	\$37.08
50-59	\$11.63	\$17.44	\$23.26	\$29.07	\$34.88	\$40.70	\$46.51	\$52.33	\$58.14
60+	\$18.94	\$28.41	\$37.89	\$47.36	\$56.83	\$66.30	\$75.77	\$85.24	\$94.71

AFLAC GROUP CRITICAL ILLNESS WITH CANCER

BENEFITS OVERVIEW

COVERED CRITICAL ILLNESS BENEFITS:	
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	100%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%
INITIAL DIAGNOSIS BENEFIT	
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. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.	
ADDITIONAL DIAGNOSIS BENEFIT	
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.	
REOCCURRENCE BENEFIT	
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.	
SKIN CANCER BENEFIT	
We will pay \$1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.	
ACCIDENT BENEFITS	
Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis	100%
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. See certificate for details.	
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.	
HEALTH SCREENING BENEFIT	
Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. 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.	\$150 per calendar year

AFLAC GROUP CRITICAL ILLNESS WITH CANCER

PROGRESSIVE DISEASES RIDER	Percentage of Face Amount
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	100%
Sustained Multiple Sclerosis	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%

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. The Progressive Disease benefit is payable only once per disease. For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

CHILDHOOD CONDITIONS RIDER	Percentage of Face Amount
Cystic Fibrosis	50%
Cerebral Palsy	50%
Cleft Lip or Cleft Palate	50%
Down Syndrome	50%
Phenylalanine Hydroxylase Deficiency Disease (PKU)	50%
Spina Bifida	50%

One-time Benefit Amount

Autism Spectrum Disorder \$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis of the subsequent Childhood Condition must satisfy the Additional Diagnosis separation period outlined in the brochure.

SPECIFIED DISEASE RIDER

Tier I Specified Disease Benefit	Percentage of Face Amount
Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.

For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

Tier II Specified Disease Benefit	Percentage of Face Amount		
Human Coronavirus	10% if confined to a hospital for 4-9 days	25% if confined to a hospital for 10 or more days	40% if confined to an intensive care unit

We will pay the benefit shown if an insured is diagnosed with the Tier II Specified Disease listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.

In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.

For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

AFLAC GROUP CRITICAL ILLNESS WITH CANCER

EMPLOYEE / NON-TOBACCO / MONTHLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.04	\$6.08	\$9.12	\$12.16	\$15.20	\$18.24	\$21.28	\$24.32	\$27.36	\$30.40
30-39	\$4.48	\$8.95	\$13.43	\$17.90	\$22.38	\$26.85	\$31.33	\$35.80	\$40.28	\$44.76
40-49	\$8.02	\$16.05	\$24.07	\$32.10	\$40.12	\$48.14	\$56.17	\$64.19	\$72.22	\$80.24
50-59	\$14.92	\$29.84	\$44.76	\$59.68	\$74.60	\$89.51	\$104.43	\$119.35	\$134.27	\$149.19
60+	\$27.91	\$55.82	\$83.72	\$111.63	\$139.54	\$167.45	\$195.36	\$223.27	\$251.17	\$279.08

SPOUSE / NON-TOBACCO / MONTHLY RATES

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.15	\$4.73	\$6.31	\$7.89	\$9.46	\$11.04	\$12.62	\$14.19	\$15.77
30-39	\$4.61	\$6.92	\$9.23	\$11.54	\$13.84	\$16.15	\$18.46	\$20.77	\$23.07
40-49	\$8.14	\$12.21	\$16.28	\$20.35	\$24.43	\$28.50	\$32.57	\$36.64	\$40.71
50-59	\$15.01	\$22.51	\$30.01	\$37.51	\$45.02	\$52.52	\$60.02	\$67.53	\$75.03
60+	\$28.03	\$42.05	\$56.07	\$70.08	\$84.10	\$98.12	\$112.13	\$126.15	\$140.17

EMPLOYEE / TOBACCO / MONTHLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.96	\$7.92	\$11.87	\$15.83	\$19.79	\$23.75	\$27.70	\$31.66	\$35.62	\$39.58
30-39	\$6.56	\$13.12	\$19.67	\$26.23	\$32.79	\$39.35	\$45.91	\$52.47	\$59.02	\$65.58
40-49	\$12.18	\$24.36	\$36.54	\$48.72	\$60.90	\$73.08	\$85.26	\$97.44	\$109.62	\$121.80
50-59	\$23.63	\$47.26	\$70.89	\$94.51	\$118.14	\$141.77	\$165.40	\$189.03	\$212.66	\$236.29
60+	\$43.10	\$86.20	\$129.30	\$172.40	\$215.50	\$258.60	\$301.69	\$344.79	\$387.89	\$430.99

SPOUSE / TOBACCO / MONTHLY RATES

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$4.07	\$6.10	\$8.14	\$10.17	\$12.21	\$14.24	\$16.28	\$18.31	\$20.35
30-39	\$6.67	\$10.01	\$13.35	\$16.68	\$20.02	\$23.36	\$26.70	\$30.03	\$33.37
40-49	\$12.29	\$18.44	\$24.58	\$30.73	\$36.87	\$43.02	\$49.16	\$55.31	\$61.45
50-59	\$23.75	\$35.63	\$47.51	\$59.39	\$71.26	\$83.14	\$95.02	\$106.89	\$118.77
60+	\$43.23	\$64.84	\$86.46	\$108.07	\$129.69	\$151.30	\$172.92	\$194.53	\$216.15



This brochure is subject to the terms, conditions, and limitations of Policy Series C21100VA.

AFLAC GROUP CRITICAL ILLNESS

State references refer to the state of your group and not your resident state.

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

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

EXCLUSIONS

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Illegal Acts – participating or attempting to participate in an illegal activity or working at an illegal job.
- Participation in aggressive conflict of any kind, including:
 - War (declared or undeclared) or military conflicts
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
- Illegal substance abuse which includes the following:
 - Abuse of legally obtained prescription medication
 - Illegal use of non-prescription drugs
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.

Diagnosis must be made, and treatment must be received in the United States or its territories.

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

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day (In Nevada, the 60th day) after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. SHOULD BE THE END OF THIS SECTION. WHERE IS IT ALL GO!

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com

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

This brochure is subject to the terms, conditions, and limitations of Policy Form(s) C70100VA and C21100VA, and C80100VA. Continental American Insurance Company [Columbia, SC AGC2001162 R2 EXP 9/24

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

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

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

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

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



Start using Health Advocacy and Medical Bill Saver from Health Advocate and Telemedicine from MeMD when your coverage begins. Questions? Call 855.423.8585

Get more without spending more



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

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

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



More than just cash benefits. Medical Bill SaverTM from Health Advocate

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

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



More than just care. Telemedicine from MeMD

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

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

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

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

When medically necessary, MeMD'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.

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

PROTECTION YOU CAN COUNT ON

CANCERSELECT® PLUS CANCER-ONLY INSURANCE

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

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

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

While some people diagnosed with cancer have health insurance to help pay for some of their treatment, many face the prospect of significant out-of-pocket costs.

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

If Nancy or one of her loved ones were to be diagnosed with cancer, how would she face that challenge? There's a way she can take simple steps now to help protect her and her family's Wealth + HealthSM.

With this supplemental benefit, she'll have more resources to cope with any future cancer diagnosis, and have wellness benefits to help her detect cancer early — when it's most treatable.

YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

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

VALUABLE BENEFITS FOR YOUR LIFE

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

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

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

HOW IT WORKS

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

Visit:
transamerica.com

Customer Service:
888-763-7474



TRANSAMERICA®

Product Details

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

Transamerica Life Insurance Company

Product Details

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

Transamerica Life Insurance Company

Product Details

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

Transamerica Life Insurance Company

Product Details

New or Experimental Treatment	\$5,000	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories
Wellness & Non-Medical Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Annual Cancer Screening	\$50	\$100	\$150	per calendar year for cancer screening tests: <ul style="list-style-type: none"> ● mammogram ● pap smear ● flexible sigmoidoscopy ● prostate-specific antigen test ● chest x-ray ● hemocult stool specimen ● ultrasound ● CEA ● CA125 ● biopsy ● thermography ● colonoscopy ● serum protein electrophoresis ● bone marrow testing ● blood screening
Magnetic Resonance Imaging (MRI) Scan	\$50	\$100	\$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement

Transamerica Life Insurance Company

Product Details

Family Member Lodging	\$50	\$100	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	\$50	\$100	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$25	\$50	\$75	per treatment; limit one treatment per day
At-Home Nursing	\$50	\$100	\$150	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday
Cancer Maintenance Therapy Benefit	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Plan Option 3 - 2.00 Units	Policy Pays
<ul style="list-style-type: none"> ● Cancer Suppressives Therapy ● Hematological Drugs ● Anti-Nausea Drugs ● Motility Agents 	\$1,000	\$1,000	\$2,000	maximum benefit per 12-month period; pays actual charges

Transamerica Life Insurance Company

Product Details

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

Transamerica Life Insurance Company

Product Details

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

Transamerica Life Insurance Company

Product Details

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

Covered Specified Illnesses and Diseases include:

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

Transamerica Life Insurance Company

Product Details

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

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

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

Limitations and Exclusions

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

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

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

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

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

First Occurrence Rider

Benefits are not payable:

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

Transamerica Life Insurance Company

Limitations and Exclusions

Intensive Care Rider

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

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

Specified Illness and Disease Rider

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

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

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

Termination of Insurance

Employee insurance will terminate on the earliest of:

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

Dependent insurance will terminate on the earliest of:

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

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

Portability Option

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

Termination of the Group Master Policy

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

Other Insurance with Us

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

Transamerica Life Insurance Company

GROUP BENEFITS DISCLOSURE POLICY

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

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

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

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

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

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

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

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

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

Transamerica Life Insurance Company

LifeTime Benefit Term



Life Insurance— Valuable protection for your loved ones



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

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

LifeTime Benefit Term can help.

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

\$85,775 median annual nursing home cost, semi-private room in 2017.¹

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

For employees of

Henrico County: General Government and Public School Systems

CWB-LBT-LTC-1-0523

LifeTime Benefit Term Provides You with the Protection Your Family Needs

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

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

You Decide How You Want to Use LifeTime Benefit Term Benefits

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

As Life Insurance

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

For Long Term Care* (LTC)

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

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



How LifeTime Benefit Term Can Be Used

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

This example is for illustrative purposes for employee-only coverage.

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

Term Life Insurance Built for Today

Guaranteed Premiums*

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

Guaranteed Benefits During Working Years

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

Guaranteed Benefits After Age 70

Even after age 70, the full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users based on the current interest rate and mortality assumptions. Regardless of interest rates, the death benefit after age 70 is guaranteed to always be at least 50% of the initial benefit and will likely be more given the current interest rate.

Paid-up Benefits

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse. That means when you retire, you can stop paying the premium and have a death benefit for the rest of your life—guaranteed.

Additional Benefit Option *(additional premium required)*

Child Term

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

Long Term Care (LTC)*

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

Extension of Benefits*

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

Terminal Illness

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



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

LifeTime Benefit Term Sample Rates \$25,000 Face Amount (Non-Smoker)	
Age at Purchase	Monthly (12 pp / YR)
30	\$15.10
35	\$18.60
40	\$23.94
45	\$30.79
50	\$42.19

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

LifeTime Benefit Term Features

Budget Friendly Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

Highly Competitive Rates

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

Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

Family Coverage

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

LifeTime Benefit Term Exclusions

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

Long Term Care Exclusions

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

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

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

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

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

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

Chubb. Insured.SM

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

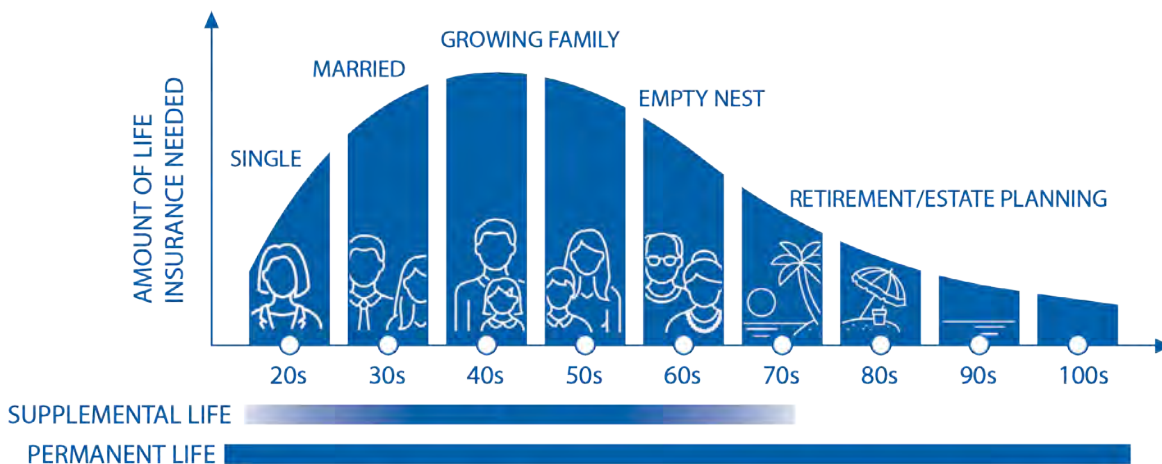
CWB-LBT-LTC75-Henrico-0723

Life Insurance options for each step of your journey.



Why does your employer offer two life insurance options? It's simple—just as your life changes and evolves, so should your life insurance coverage. Let's take a closer look at your options and when they make the most sense in your journey.

Supplemental & Permanent Life Insurance



Supplemental Life

- Designed to bring you inexpensive life insurance during your working years (i.e., 1x, 2x, 3x salary)
- Rates increase every year based on your age

The downside of using Supplemental Life Insurance beyond your working years:

- Expensive conversion (moving to Universal or Whole Life) or portability (allowing one to keep the policy after employment ends)
- Many policies increase rates over 900%
- Total cost may be more than 3x a Permanent Life product

Permanent Life

- Can keep it for life
- Fully portable with no rate increase or benefit reduction
- Offered with little or no health questions
- Paid-up benefits allow you to keep the policy for life with no more premiums due

Why consider Permanent Life Insurance?



Provides guaranteed level life insurance premiums based on the age you enroll.

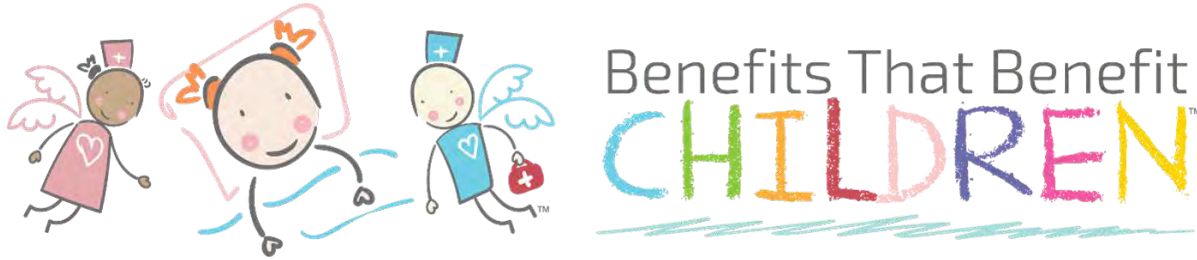


Guaranteed portability with the same rates and same benefits whether you leave or retire.



Permanent Life Insurance provides guaranteed paid-up benefits.

(0822) General



www.benefitsthatbenefitchildren.com

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

No Purchase is Necessary for a Donation.



Helping Children's Hospitals Help More Children

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

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



*LegalEASE and NortonLifelock
are participating in
Benefits That Benefit Children
to help raise money for:*



When an employee enrolls in LegalEASE and/or NortonLifelock, donations will be made on behalf of Henrico County to the Children's Hospital of Richmond at VCU:

- LegalEASE, \$1.00/mo. per employee enrolled
- NortonLifeLock, \$0.90/mo. per employee enrolled

The donation will continue for as long as the employee maintains coverage and works for Henrico County.

We've Got You Covered

With the LegalEASE Plan, you're covered when you run into life's challenges with paid in full benefits for personal legal matters. LegalEASE has the largest and most highly qualified Attorney Provider Network, with attorneys in all 50 states focusing in over 60 areas of law. We've got you covered no matter your situation or location.

What's Included?



**FAMILY
LAW**



**ESTATE PLANNING
& WILLS**



**AUTO
& TRAFFIC**



**HOME &
RESIDENTIAL**



**FINANCIAL
& CONSUMER**



**GENERAL
COVERAGE**



County of Henrico
General Government



Plan Details:

\$17.44 Monthly,
via payroll deduction

Who's Covered:

Employee, Spouse,
and Dependent
Children up to age 26

Have a question about what is covered?

Visit legaleaseplan.com/henrico for a full description of benefits or give us a call at (800) 248-9000.

Enroll in the LegalEASE Plan
Visit: pierceins.com/henrico
Call: (800) 421-3142

LegalEASE has over 50 years of experience in Legal Plans. With over 21,500 attorneys in network and 13 million members served, we know we can help no matter what's going on in your life. Here's what LegalEASE members are saying about the plan:



"My Member Advocate, Tamara, helped me through a litany of questions. She was **well prepared**, had answers to my questions, and went **above and beyond** to explain my benefits."

- DAN, MEMBER



"Member Advocate, Benton, made using my benefits the first time **easy**. I got the help I needed with **great** customer service."

- JACQUELYN, MEMBER



"Needing to reach out for legal services is **stressful** enough, so it's VERY comforting to speak with someone who will walk you through the process and answer all questions thoroughly and with **patience**."

- RANNISHA, MEMBER

How it Compares:

	ATTORNEY FEES AT LEGALEASE	ATTORNEY FEES ON YOUR OWN
Attorney prepared Estate Plan	\$0	\$400/hr or up to \$2,000
Debt Collection Defense	\$0	\$400/hr or up to \$4,000
Auto & Traffic Matters	\$0	Up to \$2000
Buying or Selling a Home	\$0	Up to \$2000



50+
Years of Experience



13 Million
Members Served



4.8/5
Google Review

For more information:

Visit: www.legaleaseplan.com/henrico

Call: (800) 248-9000 and reference "Henrico County"
(Monday - Friday 7am- 7:30pm CST)

To enroll:

Visit: pierceins.com/henrico

Call: (800) 421-3142

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.

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The Legal Corner Web Resource

Legal Resources & Attorney Help

Resources and Attorney Help

LegalEASE offers a comprehensive web resource named the Legal Corner and it is for all employees to use to help navigate legal resources and local attorneys.

The Legal Corner Offers

- An interactive directory that connects you to one of our Plan Attorneys with expertise specific to your legal matter (if there is one convenient to your area)
- A help center full of resources designed to navigate common individual or family legal issues
- Review and print out sample legal documents

Legal Corner Web Address

<https://legalcorner.legaleaseplan.com>



LegalEASE knows the value of the right legal help when you and your family need it most.



Everything we do is about getting those in need connected to the right attorney, based on your choices, so that you can use the full array of LegalEASE benefits available. The Legal Corner is included as part of the LegalEASE Legal Plan and offers self-search web-based services. There are no costs to you as a member or non-member for the use of the Legal Corner website.

This valuable web resource is accessible for all employees, whether or not you're enrolled in the legal plan. You can browse legal resources, read articles around multiple types of law, and access our online directory for help from one of our Network Attorneys that meets our rigorous qualifications.

Although non-members may not have all the paid-in-full or partially paid legal coverages as our Members, they can still get an initial consultation (up to 30 minutes) at no charge with one of our Plan Attorneys if the attorney is located near you, and if you have to retain the attorney, a discounted hourly rate of 15%.

The Legal Corner, a thorough web resource for you and your family.

New topics, features and articles added every week.



ATTORNEY SEARCH

All employees (members and non-members) can view our online attorney network first by registering for an account on the Legal Corner. Once account is created, you can search by zip code, area of law and choose the attorney that best suits your needs.



SAMPLE DOCUMENTS

View and download PDF documents like joint revocable living trust, last will and testament, declaration regarding final arrangements, contract for a rental agreement, contract with an independent contractor and many more.



ARTICLES ON AREAS OF LAW

View legal resource articles around rules and procedures in categories like auto and traffic, estate planning, family matters, immigration, financial planning, consumer matters, home and residential matters.



FINANCIAL COUNSELING

All employees (members and non-members) can receive one-on-one coaching with certified credit coaches and HUD-certified housing counselors, you can watch monthly webinars covering personal finance topics, and view self-paced financial education resources that Members can access on their own time.



TOPICAL SECTIONS

Such as the Women's Law, Children's Law, Sports Law and updated Supreme Court News.



FEATURED IN-NETWORK ATTORNEY

LegalEASE likes to highlight a specific attorney from our Attorney Network who provide excellent service to our members.



LEGAL EAGLE VIDEOS

A fun take on popular events in the eyes of a lawyer.



To view the Legal Corner, visit:
<https://legalcorner.legaleaseplan.com>



Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX.

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Are you worried about the health of your digital life?

We help protect your personal information and finances.

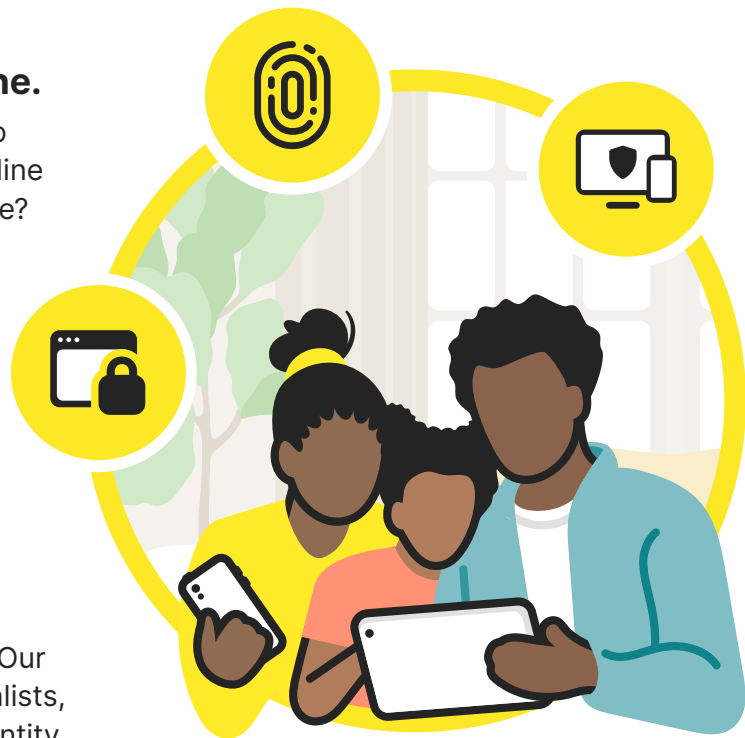
Your identity is valuable, regardless of what you own or how much money you make. We help protect your finances by monitoring your personal information for possible identity theft and financial fraud.

We provide protection when you connect online.

Everybody is scrolling. How do you know if the ad you see online could take you to a harmful site? We block thousands of digital threats every minute - even before they can infect your computers, phones, and tablets.

We're here to help when you need it.

If your identity got stolen, would you know who to call? Or where to turn for support? Our U.S.-based Restoration Specialists, will personally handle your identity theft case until it's resolved.





Has your personal info been exposed in a data breach?


Try our free [Threat Detector](#) tool to uncover potential threats to your identity.





Your plan includes these features plus more, easily accessible in your member dashboard:

 **Identity Alerts with Credit Monitoring¹** alerts you if we find potentially fraudulent or suspicious activity surrounding your personal info including new account opening, credit card usage, and data breaches.

 **Device Security** protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.

 **Norton™ Secure VPN** is a Virtual Private Network (VPN) that helps protect your sensitive information, browsing history, online activities, and webcam.

 **Parental Control[∇]** makes it easy to monitor your child's online activities and view their search history so they stay safer online.

 **Million Dollar Protection™ Package⁺⁺⁺** reimburses stolen funds, personal expenses, and provides coverage for lawyers and experts up to \$1 million each.

Enroll Now!

Benefit Plans are **60% less** than the retail equivalent.

Compare to see which plan fits your needs.

Essential

\$4.99 Employee Only
\$9.98 Employee + Family

- ✓ Credit Monitoring (1B)
- ✓ Device Security (3 devices, family gets 6)
- ✓ PC Cloud Backup (10 GB)

Premier

\$9.49 Employee Only
\$18.98 Employee + Family

- ✓ Credit Monitoring (3B)
- ✓ Device Security (5 devices, family gets 10)
- ✓ PC Cloud Backup (50 GB)

Many more features are included! To learn more, visit: www.Norton.com/BenefitPlans

Already a member? Don't forget to cancel your existing membership just prior to your benefit effective date by calling **800-607-9174**.

No one can prevent all cybercrime or identity theft.

LifeLock does not monitor all transactions at all businesses.

¹ Credit features require setup, identity verification and sufficient credit history by TransUnion and/or Equifax. Credit monitoring features may take several days to activate after enrollment.

[∇] Norton Parental Control features are not supported on Mac.

⁺⁺⁺ Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Essential, Premier, and Premier Plus, and up to \$50,000 for LifeLock Benefit Junior (\$25,000 reimbursement coverage and \$25,000 fraudulent withdrawals). All plans include up to \$1 million in coverage for lawyers and experts. Cyber Crime Coverage, if applicable, covers up to \$50,000 for covered expenses per Plan. All benefits are issued and covered by third party partners. Policy terms, conditions, and exclusions at: gendigital.com/legal.

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NEB19388FL

Accident & Illness Insurance - per covered pet

Underwritten by Independence American Insurance Company

Accident & Illness Coverage

Subject to any applicable Deductible, Coinsurance and Annual Limit

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under guidance of a veterinarian, excluding over-the-counter medications) performed for conditions that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.
- Illnesses

Base Plan

Annual Deductible The amount you are responsible for per coverage period per pet before we will pay a claim for covered expense.	\$500
Coinsurance (% the policy pays) The reimbursement portion of covered expenses after the deductible is met per pet.	70%
Annual Limit The maximum amount we will reimburse you for all covered expenses during a coverage period.	\$5,000
Diminishing Deductible Deductible is reduced by the specified dollar amount each year your pet is claim free while continuously covered.	Included \$50
Minimum Issue Age of Pet at Effective Date	8 Weeks
Maximum Issue Age of Pet at Effective Date	No Maximum Age Limit
Expiration Age of Pet	None

Benefit Waiting Periods

The time period each pet must wait before coverage is payable. The Benefit Waiting Period starts from the effective date of coverage. Conditions that occur during the Benefit Waiting Period will be excluded from coverage as pre-existing conditions.

Injuries	Waived
Illnesses	Waived

Benefit Waiting Periods

Cruciate Ligament (knee) Injury	6 Months
Pre-Existing Conditions	6 months look back, then covered after 12 months
Prior Coverage Credit Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date.	Included

Continuity of Coverage

In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.

Additional Benefits (Riders)

Office Exams and Telehealth Consult Provides reimbursement toward covered expenses towards physical examination, including costs/fees for telephone consultation, not wellness or routine related.	Included - Subject to Deductible & Coinsurance
Rehabilitation and Physical Therapy Provides reimbursement toward the rehabilitation and physical therapy treatment for a covered condition, such as hydrotherapy and therapeutic massage.	Included - Subject to Deductible & Coinsurance
Alternative and Behavioral Care Provides reimbursement toward holistic and alternative treatment for a covered condition such as Acupuncture, Chiropractic, Homeopathy, Herbal Therapy, Naturopathy, and Vitamins/ Supplements (Behavioral Care not available for Accident Only)	Included- Subject to Deductible & Coinsurance Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period
Final Respects Provides reimbursement toward the cremation or burial expenses of your pet due to death or humane euthanasia.	Included - \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance

Accident & Illness – per Covered Pet

Frequency: Monthly – 12

	Age	Adult Weight in Pounds
Dog	Age 0 - 14+	0 - 90+
		\$51.19
Cat	Age 0 - 14+	
		\$28.70



Employee Discounts

Perks at Work is our FREE employee discounts platform. Joining gives you access to thousands of savings nationwide.

Discover these discounts and more:



Electronics

Apple, Samsung,
Lenovo, HP,
Audible



Entertainment

Movie Tickets,
Theme Parks,
Broadway



Food

Meal prep,
Sam's Club,
Costco, wines



Health & Wellbeing

Gym memberships,
BetterHelp, Garmin,
Adidas



Home & Auto

GE, Whirlpool,
Car Buying, RVs,
Liberty Mutual



Vacations

Hotels,
Car Rentals,
Cruises

In addition to discounts, enjoy free access to Perks at Work's Community **Online Academy** with hundreds of free online courses in fitness, learning, and development – for you and your family.

Activate your account today in 3 steps:

- 1 Go to:
Government: www.perksatwork.com/henricogovt
Schools: www.perksatwork.com/henricopublic
- 2 Enter your work email
- 3 Start saving!

→ YES! I WOULD LIKE TO KEEP MY COVERAGE. ←

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

Coverage	Option	Remarks
Transamerica: Cancer Insurance	Direct Bill; same rate	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
Chubb: LifeTime Benefit Term Insurance	Direct Bill; same rate	You will receive a continuation package from Chubb on how to continue your policy on direct bill. If you have questions you may call 855-241-9891
Aflac Group: Accident Insurance	Direct Bill; same rate	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Critical Illness Insurance	Direct Bill; same rate	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Hospital Indemnity	Direct Bill; same rate	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
LegalEASE: Group Legal Plan	Direct Bill; same rate	You will receive a continuation package from LegalEASE on how to continue your policy on direct bill. If you have questions call 800-421-3142.
Norton LifeLock: Identity Theft Protection	Direct Bill; new plan with discounted rate	Call 866-456-9316 to choose a plan and mention discount code WB3.
PetPartners, Inc.	Direct Bill; new plan and rate	Customer Service: 800-956-2495; mypolicy@petpartners.com https://portal.independenceamerican.com
EyeMed: Vision	Direct Bill	You will receive a package to choose whether or not to elect continuation coverage. Call Pierce Insurance at 800-421-3142 if you do not receive the package within 60 days.

CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

COUNTY OF HENRICO GENERAL GOVERNMENT

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

HENRICO COUNTY PUBLIC SCHOOLS

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

PIERCE INSURANCE AGENCY, INC.

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

PERKS AT WORK

Government: www.perksatwork.com/henricogovt
Schools: www.perksatwork.com/henricopublic

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

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

CHUBB - LIFETIME BENEFIT TERM

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

TRANSAMERICA LIFE INSURANCE COMPANY – CANCER

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

EYEMED VISION CARE

Contact: eyemed.com
Portal: member.eyemedvisioncare.com

LEGALEASE

<https://www.legaleaseplan.com/henrico>
800-248-9000 reference "Henrico County"

NORTON LIFELOCK

<https://support.norton.com>
800-543-3562

PET PARTNERS - PET INSURANCE

Customer Service: 800-956-2495;
mypolicy@petpartners.com
<https://portal.independenceamerican.com>

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County of Henrico
General Government



The Old Mill

BENEFITS AVAILABLE:

-  Vision Insurance
-  Group Accident
-  Cancer
-  Group Critical Illness
-  Group Hospital Indemnity
-  Pet Insurance
-  Life Insurance with Long Term Care
-  Legal Plan
-  Identity Theft Protection
-  **NEW** Perks at Work

ACCESS YOUR BENEFITS
ANYTIME ♦ ANYWHERE

pierceins.com/henrico
800-421-3142



EB1 263428R4 S 08/24

arranged by:
PIERCE
INSURANCE
Employee Benefits Specialists