VOLUNTARY  BENEFITS BENEFIT PLAN DESIGN PROVISIONS

## Aflac, Accident Plans

| Benefit Provisions | Low Plan | High Plan |
|---|---|---|
| Type of Plan | 24 Hour Coverage | 24 Hour Coverage |
| Family Coverage Options | Employee, Spouse, Child | Employee, Spouse, Child |
| Wellness Benefit | $25 Per insured per calendar year | $50 Per insured per calendar year |
| Additional Riders | Accidental Death Rider | Accidental Death Rider |
| Ambulance (Ground/Air) | $200/$600 | $300/$900 |
| Emergency Treatment PCP/UC | $50/$100 | $75/$150 |
| Emergency Room Observation | $50 | $70 |
| Hospitalization - Admission | $625 | $900 |
| Hospitalization - ICU Admission | $625 | $900 |
| Hospitalization - Confinement | $150 per day | $225 per day |
| Hospitalization - ICU Confinement | $200 per day | $300 per day |
| Medical Imaging Test | $100 | $150 |
| X-Ray Benefit | $25 | $25/$50 |
| Physician Follow-up Visit | $25 (Max 6 visits) | $35 (Max 6 visits) |
| ADDITIONAL PROVISIONS | | |
| Group Coverage | Yes | Yes |
| Pre-Tax? | Yes | Yes |
| Guarantee Issue | All Guarantee Issue | All Guarantee Issue |
| Portability | Permanent Portability | Permanent Portability |
| Participation Requirement | None | None |

## Aflac, Critical Illness Plans

| Benefit Provisions | $5,000 Benefit | $20,000 Benefit |
|---|---|---|
| Spouse Coverage | 50% of Coverage Amount | 50% of Coverage Amount |
| Child(ren) Coverage | 50% of Coverage Amount | 50% of Coverage Amount |
| Wellness Benefit | $50 Per insured per calendar year | $50 Per insured per calendar year |
| Additional Riders | Cancer Rider | Cancer Rider |
| Covered Conditions | | |
| Heart Attack | 100% | 100% |
| Heart Transplant | 100% | 100% |
| Stroke | 100% | 100% |
| Aneurysm | n/a | n/a |
| Angioplasty/Stent | n/a | n/a |
| Coronary Bypass Graft | 25% | 25% |
| Coma | 100% | 100% |
| ESRD | 100% | 100% |
| Loss of Hearing | 100% | 100% |
| Loss of Speech | 100% | 100% |
| Loss of Vision | 100% | 100% |
| Major Organ Transplant | 100% | 100% |
| Paralysis | 100% | 100% |
| Bone Marrow Transplant | 100% | 100% |
| Advanced Multiple Sclerosis | 100% | 100% |
| Advanced Parkinson's | 100% | 100% |
| ALS/Lou Gehrig's | 100% | 100% |
| Advanced Alzheimer | 100% | 100% |
| Cancer Conditions | | |
| Benign Brain Tumor | 100% | 100% |
| Invasive Cancer | 100% | 100% |
| Non-Invasive Cancer | 25% | 25% |
| Child Conditions | | |
| Cerebral Palsy | 100% | 100% |
| Congenital Heart Disease | n/a | n/a |
| Cystic Fibrosis | 100% | 100% |
| Muscular Dystrophy | n/a | n/a |
| Spina Bifida | 100% | 100% |
| ADDITIONAL PROVISIONS | | |
| Recurrence | 100% of Original Benefit | 100% of Original Benefit |
| Coverage Maximum EE or SP | No Benefit Maximum | No Benefit Maximum |
| Coverage Maximum Child(ren) | No Benefit Maximum | No Benefit Maximum |
| Group Coverage | Yes | Yes |
| Pre-Tax? | Yes | Yes |
| Guarantee Issue | All Guarantee Issue | All Guarantee Issue |
| Portability | Permanent Portability | Permanent Portability |
| Participation Requirement | None | None |

## Aflac, Hospital Indemnity Plans

| Benefit Provisions | Option 1 - HSA Compatible | Option 2 - Non HSA |
|---|---|---|
| Coverage Type | 24 Hour Coverage | 24 Hour Coverage |
| Covered Events | Illness And Injury | Illness And Injury |
| 1st Day Hospital Confine. - Frequency | 1 Per Accident/Sickness | 1 Per Accident/Sickness |
| 1st Day Hospital Confine. - Benefit | $2,000 | $2,000 |
| Daily Hospital Confine. - Frequency | 10 Days Per Year | 10 Days Per Year |
| Daily Hospital Confine. - Benefit | $50 | $50 |
| OP Surgery/Hospital - Frequency | - | 1 Per Year |
| OP Surgery/Hospital - Benefit | - | $500 |
| Emergency Room - Frequency | - | 1 Per Year |
| Emergency Room - Benefit | - | $250 |
| Medical Travel- Frequency | - | n/a |
| Medical Travel- Benefit | - | n/a |
| ADDITIONAL PROVISIONS | | |
| Group Coverage? | Yes | Yes |
| Pre-Tax? | Yes | Yes |
| Guarantee Issue | All | All |
| Participation Requirement | None | None |

## Aflac, Group Whole Life

| Benefit Provisions | | Example |
|---|---|---|
| Benefit Amount | $300k Maximum | $300k Maximum |
| Benefit Increments | $5,000 | $10,000 |
| Accelerated Benefit | 50% of Face Value | 50% of Face Value |
| Guaranteed Issue | $150,000 EE \| $25,000 SP | $100,000 |
| Waiver of Premium | To Age 60 | To Age 60 |
| Accelerated Death Benefit | 100% of Face Value | 100% of Face Value |
| Tobacco/Non-Tobacco Rate Different? | Yes | No |
| Issue Ages | To Age 70 | To Age 70 |
| ADDITIONAL PROVISIONS | | |
| Group Coverage? | Yes | Yes |
| Pre-Tax? | Yes | Yes |
| Guarantee Issue | $150,000 EE \| $25,000 SP | All |
| Participation Requirement | None | None |
| Rate Guarantee | 3 Years | 3 Years |

| EMPLOYEE MONTHLY RATES - Composite | | |
|---|---|---|
| Rate per $1,000 | n/a | $0.40 |
| EMPLOYEE MONTHLY RATES - AGE BANDED EXAMPLES | | |
| Rate For $5K Benefit: Age 25 | $6.560 | $6.560 |
| Rate For $5K Benefit: Age 35 | $8.070 | $8.080 |
| Rate For $5K Benefit: Age 45 | $12.110 | $12.100 |
| Rate For $5K Benefit: Age 55 | $21.290 | $21.280 |
| Rate For $5K Benefit: Age 65 | $31.880 | $31.880 |

## Prepaid Legal, Group Identity Theft

| Benefit Provisions | | Example |
|---|---|---|
| Credit Monitoring, Alerts & Score | One Bureau (TransUnion) or 3 Bureau (TransUnion, Experian, Equifax) plans available | Three Bureaus |
| Annual Report | Three Bureaus; Also provide three bureau report pre- and post- restoration | One Bureau |
| GENERAL DESIGN | | |
| Group Coverage | Yes | Yes |
| Pre-Tax? | No- Post tax | Yes |
| Who will family plan cover? | Legal Plan: The participant (employee); participant's spouse; dependent children up to the age of 26.<br><br>IDShield Plan: Individual Plan: The participant only. Family Plan: The participant, their spouse/partner, dependent parents and up to 10 dependent children under the age of 26. Dependent children ages 18-26 and dependent parents of the participant or participant's spouse are eligible for consultation and restoration services only. Monitoring services are not available for dependent parents and dependent children ages 18-26. | Family coverage is defined as under house or under wallet. College-age children and elderly parents can be included in family pricing. No age limits on family members or enforce the number of family members added. |
| Pre-existing thefts as of effective date? | Covered | Covered |
| Restoration for pre-ex thefts? | Yes | Yes |
| Fee for pre-ex thefts? | No additional fee | No additional fee |
| Minimum Participation Requirements | None | None |
| PREVENTATIVE SERVICES | | |
| Reduce unwanted solicitations such as pre-approved credit offers, junk mail, solicitation calls | Yes | Yes |
| Newsletters | Yes- eNewsletters | Yes |
| Website | Yes | Yes |
| Benefit Fair Attendance | Yes | Yes |
| MONITORING, DETECTION, AND REPORTING | | |
| Credit Bureau Monitoring and Searches | | |
| TransUnion | Yes | Yes |
| Experian | Yes | Yes |
| Equifax | Yes | Yes |
| Daily monitoring | Yes | Yes |
| Notifies participant of changes | Yes | Yes |
| Monthly Credit Score | Yes- TransUnion | Yes |
| Free Annual Credit Report | Yes | Yes |
| Black Market Website Surveillance | Yes | Yes |
| REMEDIATION AND RESTORATION SERVICES | | |
| Fully managed remediation? | Yes- By Licensed Private Investigators | Yes |
| Fraud alert placement? | Yes | Assistance |
| Dedicated ID remediation advisor? | Yes | Yes |
| Limited power of attorney? | Yes | Yes |
| Other languages services | English, Spanish, and French | English and native Spanish speaking Privacy Advocates; language line for other non-English speaking languages. |
| Will a remediation specialist assist with claims? | Yes | Yes |
| Insurance policy amount to recoup out-of-pocket losses? | $1M Protection Policy- $2M for family (member/spouse) | $1M |
| Limitations and exclusions to reimbursement policy | The following items are not covered under the insurance: Personal Property (Jewelry, Silverware, documents, coins, stamps, etc.), - Property damage, Bodily/ personal injury, Gambling, Professional fees noted above in excess of $125 per hr., Losses while membership is Inactive, Financial performance losses, Business pursuits, Pre-existing losses prior to effective date, Fraudulent acts by member, Errors and omissions, Unintentional clerical errors, Loss of potential income. Additional exclusions apply. See Insurance policy for more information. | Remediation Insurance covers expenses such as travel, legal, notary, child care, lost wages, Electronic Fund Transfers, CPA fees, and postage costs. |
| Participant Reimbursable Expenses - define limits below | | |
| Lost wages | Yes; No sublimit | Yes, $1,500 per week for 5 weeks limit |
| Legal fees | Yes- Up to $125 per hour | Yes, $1M limit |
| Notaries | Yes | Yes, $1M limit |
| Mailing costs | Yes | Yes, $1M limit |
| Phones charges | Yes | Yes, $1M limit |
| Document Replacement | Yes | Yes, $1M limit |
| Travel Expenses | Yes | Yes, $1,000 limit |
| Child / Elder Care | Yes | Yes, $1,000 limit |
| EMPLOYEE MONTHLY RATES | | |
| Employee Only | 1 Bureau: $7.25 or 3 Bureau: $9.50 | $9.95 |
| Employee + Spouse | 1 Bureau: $13.95 or 3 Bureau: $18.45 | $17.95 |
| Employee + Child(ren) | 1 Bureau: $13.95 or 3 Bureau: $18.45 | $17.95 |
| Employee + Family | 1 Bureau: $13.95 or 3 Bureau: $18.45 | $17.95 |
| Rate Guarantee Period | 5 years with contract of equal length | 3 Years |

**Metlife,  Group Legal**

| Benefit Provisions | | Example |
|---|---|---|
| Group Coverage | Yes | Yes |
| Pre-Tax? | Post Tax* | Yes |
| Attorney Network | Yes | Yes |
| Out of Network Attorney Coverage | Yes | Yes |
| Covered Legal Services | | |
| Will Prep | Yes | Yes |
| Real Estate Matters | Yes | Yes |
| Debt Matters | Yes | Yes |
| Consumer Protection | Yes | Yes |
| Traffic Matters | Yes | Yes |
| Family Law | Yes | Yes |
| EMPLOYEE MONTHLY RATES | | |
| Employee Only | Employee Only  High Plan: $12.80 ($15.75 Composite Rate)   Low Plan: $8.25 (Composite Rate) | |
| Employee + Spouse | High Plan:   $18.80 ($15.75 Composite Rate)  Low Plan: $8.25 (Composite Rate) | |
| Employee + Child(ren) | High Plan:   $18.80 ($15.75 Composite Rate)  Low Plan: $8.25 (Composite Rate) | |
| Employee + Family | High Plan:   $18.80 ($15.75 Composite Rate)  Low Plan: $8.25 (Composite Rate) | |
| Rate Guarantee Period | 3 Years | 3 Years |

## Metlife, Short Term Disability

| Benefit Provisions | Option 1 | Option 2 | Example |
|---|---|---|---|
| Benefit Percentage | 60% | 60% | 60% |
| Weekly Benefit Maximum | $2,000 | $2,000 | $2,000 |
| Accident/Illness Waiting Period | 7/7 | 29/29 | 8/8 |
| Benefit Duration | 25 Weeks | 22 Weeks | 25 Weeks |
| Pre-existing Condition | 3/12 | 3/12 | 3/12 |
| ADDITIONAL PROVISIONS | | | |
| Group Coverage? | Yes | Yes | Yes |
| Pre-Tax? | Yes* | Yes* | Yes |
| Guarantee Issue | All Guarantee Issue | All Guarantee Issue | All Guarantee Issue |
| Participation Requirement | 25% | 25% | 25% |
| Rate Guarantee | 3 Years | 3 Years | 3 Years |

| EMPLOYEE MONTHLY RATES - COMPOSITE (Preferred) | | | |
|---|---|---|---|
| Rate Per $10 of Benefit | | | $0.200 |
| EMPLOYEE MONTHLY RATES - AGE BANDED | | | |
| Rate per $10 Benefit: Under 25 | $0.649 | $0.359 | $0.676 |
| Rate per $10 Benefit: 25-29 | $0.863 | $0.468 | $0.899 |
| Rate per $10 Benefit: 30-34 | $0.950 | $0.519 | $0.990 |
| Rate per $10 Benefit: 35-39 | $0.743 | $0.417 | $0.774 |
| Rate per $10 Benefit: 40-44 | $0.600 | $0.349 | $0.625 |
| Rate per $10 Benefit: 45-49 | $0.613 | $0.360 | $0.639 |
| Rate per $10 Benefit: 50-54 | $0.739 | $0.434 | $0.770 |
| Rate per $10 Benefit: 55-59 | $0.914 | $0.538 | $0.953 |
| Rate per $10 Benefit: 60-64 | $1.099 | $0.647 | $1.145 |
| Rate per $10 Benefit: 65-69 | $1.180 | $0.694 | $1.230 |
| Rate per $10 Benefit: 70-74 | $1.180 | $0.694 | $1.230 |
| Rate Per $10 Benefit: 75+ | $1.180 | $0.694 | $1.230 |