

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?	<p><u>Legal Plan:</u> The participant (employee); participant’s spouse; dependent children up to the age of 26.</p> <p><u>IDShield Plan:</u> 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.</p>	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