



Mark III
Employee Benefits



Plan Year: January 1, 2018 - December 31, 2018
Arranged and Enrolled by Mark III Brokerage, Inc.

Voluntary Benefits

A TRADITION OF EXCELLENCE FOR ALL
 **L** **C** **S**
LYNCHBURG CITY SCHOOLS

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If you wish to add or make changes to your insurance coverage(s), please consult a Benefits Consultant during your scheduled enrollment period. **You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.) If you should experience a qualified event, you have 31 days from the date of the event to make any changes. All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.

Plan Arranged By:



Mark III
Employee Benefits

WageWorks Flexible Spending Accounts

take care®
by WageWorksW

Healthcare

Flexible Spending Account with Carryover

A take care® by WageWorks **Healthcare Flexible Spending Account (FSA)** is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan.

The

Translator

EXPLAINS:

If you don't
use it, you
won't lose it!

Why You Need It

- Save an average of 30% on eligible healthcare expenses
- Carry over up to \$500 from one plan year to the next
- Access the full amount of your account on day one of your plan year

How It Works

Simply decide how much to contribute, and funds are withdrawn from your paycheck for deposit into your account before taxes are deducted. Your total annual election amount is available on day one of your plan year.

This new Healthcare FSA lets you carry over up to \$500 in account balances from one plan year to the next. With far less risk of "use it or lose it," there's no reason not to take advantage of the tax savings this year—and every year.

You can save

\$780
every year!

See the estimated tax savings

W Healthcare FSA with Carryover

How You Manage It

With a variety of payment and reimbursement options, your *take care* Healthcare FSA is easy to use. The convenient *take care*® Flex Benefits Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.

Manage your account via a secure website on any computer or mobile device connected to the Internet or via the *take care* MyFlexSM Mobile app.

You can contribute up to a maximum of **\$2,600*** to your *take care* Healthcare FSA.

*A different limit may apply to you, according to your employer's plan.



How You Get It

Ready to save? Sign up for a *take care* Healthcare FSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!



Learn more at

wageworks.com/takecare-mynewfsa



take care FSA Savings Example

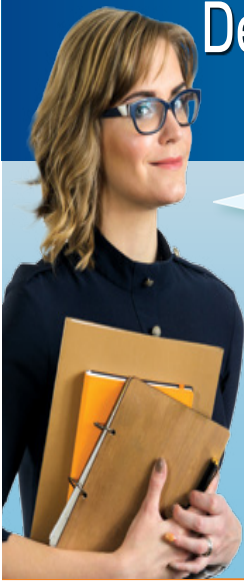
Without FSA with Carryover		With FSA with Carryover	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	Maximum annual Healthcare FSA contribution	- \$2,600
Net annual pay	= \$42,000	Adjusted gross pay	= \$57,400
Estimated annual healthcare expenses	- \$2,600	Estimated tax rate (30%)	- \$17,220
Final take-home pay	= \$39,400	Final take-home pay	= \$40,180
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, healthcare expenses, and tax savings may be different.		Take home this much more	
		\$780	

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3409-TC (201707)

take care®
by WageWorks®

Dependent Care Flexible Spending Account




A WageWorks® **Dependent Care Flexible Spending Account (FSA)** is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

The **Translator**

EXPLAINS:

Get a tax break to take care of me and grandma.



Why You Need It

- Save an average of 30% on preschool, summer day camp, before/after school programs, child or elder daycare, and more
- Reduce your overall tax burden—funds are withdrawn from your paycheck for deposit into your Dependent Care FSA before taxes are deducted
- Take advantage of several convenient, no-hassle payment and reimbursement options

How It Works

Simply decide how much to contribute to your account each year, and funds are withdrawn from each paycheck for deposit into your account before taxes are deducted. As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses.



You can save
\$1500
every year!

See the estimated tax savings 

Dependent Care FSA

How You Manage It

With a variety of payment and reimbursement options, your WageWorks Dependent Care FSA is easy to use. Arrange for convenient direct payments to your dependent care provider or be reimbursed for payments you make. You can even have your dependent care provider sign receipts using your mobile device.

Manage your account via a secure website on any computer or mobile device connected to the Internet or via the *EZ Receipts*® mobile app by WageWorks.

You can contribute up to a maximum of **\$5,000** to your WageWorks Dependent Care FSA. Simply estimate your annual dependent care expenses and make your contributions carefully. Any money left unspent in your Dependent Care FSA at plan year end is forfeited to the plan.



How You Get It

Ready to save? Sign up for a WageWorks Dependent Care FSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!



Learn more at

wageworks.com/mydcfsa



WageWorks Dependent Care FSA Savings Example

Without Dependent Care FSA		With Dependent Care FSA	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	Maximum annual Dependent Care FSA contribution	- \$5,000
Net annual pay	= \$42,000	Adjusted gross pay	= \$55,000
Estimated annual dependent care expenses	- \$5,000	Estimated tax rate (30%)	- \$16,500
Final take-home pay	= \$37,000	Final take-home pay	= \$38,500
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, dependent care expenses, and tax savings may be different.		Take home this much more	
		\$1,500	

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3029 (201705)

WageWorks
everyone benefits®

take care®
by WageWorks®

Flex Benefits Card



The *take care*® by WageWorks **Flex Benefits Card**, a preloaded debit card, is the quick and easy way to pay for eligible healthcare expenses right from your *take care* healthcare benefit account(s).

The

Translator

EXPLAINS:

A magic card
that pays for
healthcare stuff.



Why You Need It

- Pay for eligible healthcare expenses with funds from your *take care* benefit account—just swipe and go
- Avoid the hassle of submitting receipts—most card transactions are automatically verified at checkout
- Enjoy the convenience of using a single card across multiple *take care* benefit accounts



See how it works

Flex Benefits Card

How It Works

The *take care* Flex Benefits Card makes it quick and easy to pay for eligible healthcare expenses. The card works seamlessly with the *take care* MyFlexSM Mobile app to support payments from the following *take care* healthcare benefits:

- Flexible Spending Accounts
- Health Savings Account
- HSA-Compatible Flexible Spending Accounts
- Health Reimbursement Arrangement



How to Use It

Use your *take care* Flex Benefits Card at the doctor's office, pharmacy, optician, and most general merchants. It's easy—just swipe and go! Do you have more than one *take care* healthcare benefit account? No problem. The card knows which account to draw funds from based on your employer's benefit plans. In most cases, card transactions are automatically verified.

How to Get It

You automatically receive your card when you sign up for a *take care* healthcare benefit account during Open Enrollment. Contact the person or organization managing your benefits enrollment today!



Learn more at

takecarewageworks.com



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3408-TC (201707)

take care[®]
by WageWorks 

MyFlexMobile

take care® by WageWorks **MyFlexSMMobile** app is the quick and easy way to manage all your take care benefits. Download MyFlexMobile to your smartphone, log in to your account, and check your balances, submit claims, snap photos of receipts, get alerts by text or email—all on the go!

The

Translator

EXPLAINS:

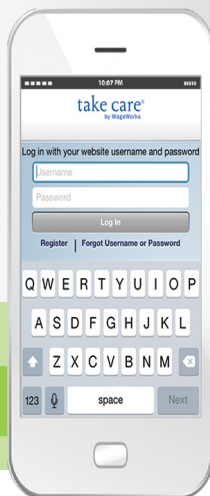
This is easy
peasy; even my
little brother
could use it.

Why You Need It

- Snap and submit photos of your receipt each time you use your card to make it easy to verify card transactions later
- File claims, view transactions, and check account balances on the go
- Receive account alerts by email and text messages for the ultimate mobile convenience

Learn more at

takecarewageworks.com/aboutflexmobile



How It Works

take care MyFlexSMMobile makes managing your benefits quick, easy, and completely mobile. It automates and streamlines everything—there are no forms to fill out, nothing to mail in. This handy mobile app works with:

- Healthcare Flexible Spending Account
- Health Reimbursement Arrangement
- Dependent Care Flexible Spending Account
- Commuter Benefits
- Health Savings Account
- HSA-Compatible Flexible Spending Accounts

How You Use It

It's easy to use MyFlexMobile. Simply download this free app to your iPhone or Android smartphone, log in to your take care account, and use MyFlexMobile to:

- File a claim and get reimbursed quickly
- Snap and save photos of receipts to verify payment card transactions
- View transactions and account and card balances
- View and edit your account profile, and set communication preferences to receive important benefit information via text message or email

How You Get It

Download MyFlexMobile from the iTunes Store or Google Play—it's free.



Learn more at takecarewageworks.com/aboutflexmobile

Trustmark Group Accident Plan

Trustmark's Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day – from the soccer field to the ski slope and the highway in-between. Accident insurance provides benefits due to covered accidents for initial care, injuries and follow-up care. Benefits are paid directly to the employee, in addition to any other coverage they have.



Plan Features

- Guaranteed issue – No medical questions
- Level premiums – Rates do not increase with age
- No limitations for pre-existing conditions
- Guaranteed renewable – Coverage remains in force for life, as long as premiums are paid
- Portable coverage – Employees can continue coverage if they leave or retire
- Plan designs based on highest recorded utilization, so employees get the most comprehensive coverage when they need it most.

Eligibility

- Employees – Ages 18 to 80, actively working full-time (30+ hours per week) and employed at least 30 days
- Spouses – Ages 18 to 80, who are not disabled
- Children – Under the age of 26, who are unmarried and dependent

Benefits for 24-Hour Coverage, Plan 4

Accident/Injury	Benefit Amount
	Plan 4
Accident Follow-Up Treatment	
Ambulance	\$100
Air	\$200
Appliance	\$1,000
Blood, Plasma and Platelets	\$150
	\$300
Burns – Flat Amount for:	
Third-degree 35 or more sq. in.	\$10,000
Third-degree 9 to 34 sq. in.	\$1,500
Second-degree for 36% or more of body	\$750
Concussion	\$100
Dislocations	
Open reduction	Up to \$4,000
Closed reduction	Up to \$2,000
Doctor's Office Visit (Including Urgent Care & Walk-In Clinic)	\$100
Emergency Dental Benefit	
Extraction	\$50
Crown	\$150
Emergency Room Treatment	\$200
Eye Injury	\$200
Fractures	
Open reduction	Up to \$7,500
Closed reduction	Up to \$3,750
Chips	25% of closed amount
Health Screening Benefit	\$50
Herniated Disc	\$600
Hospital Admission	\$1,500
Hospital Confinement	\$200

This is an underwriting offer summary only and not intended to be distributed to a potential purchaser.

Limitations, exclusions, riders, rates and product availability may vary by state. Check for availability in your state at <https://tmk-webapp.trustmarkins.com/apps/VoluntaryBenefits/ProducersOnly/StateMatrix.cfm>. Refer to the policy or certificate for more information. Please contact your regional sales director listed on the front cover with any questions.

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(per day up to 365 days)	
Hospital ICU (per day up to 15 days)	\$400
Laceration	Up to \$800
Lodging (per night up to 30 days)	\$100
Loss of finger, toe, hand, foot or sight of an eye	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or one toe	\$750
Physical Therapy (per visit, up to six visits)	\$50
Prosthetic Device or Artificial Limb	
More than one	\$1,000
One	\$500
Skin Grafts	25% of burn benefit
Surgery	
Open, abdominal, thoracic	\$1,250
Exploratory	\$125
Tendon/Ligament/Rotator Cuff	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory without repair	\$200
Torn Knee Cartilage	\$500
Exploratory	\$100
Transportation(100 miles up to three trips)	\$375

Most benefits are paid once per person per covered accident unless otherwise noted.

Semi-Monthly Rates

(assumes deductions of 24 times per year)

	Employee	Employee and Spouse	Employee and Children	Family
Rate	\$5.79	\$8.65	\$11.68	\$14.55

Additional Benefits

Health Screening Benefit - Built-In

(Available with Plans 4, 5 or 6)

This benefit provides \$50 for a screening test, every calendar year for each insured with no coordination of coverage.

Eligible tests include:

- Low-dose mammography
- Pap smear for women over age 18
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Colonoscopy
- Prostate-specific antigen (PSA) test for prostate cancer
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Bone marrow testing
- Serum cholesterol test to determine HDL and LDL levels
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Serum protein electrophoresis (blood test for myeloma)
- Thermograph

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Definitions

Covered Accident

An accident causing injury, which:

- Occurs after the effective date;
- Occurs while the certificate is in force; and
- Is not excluded by name or specific description in the certificate.

Injury or Injuries

An accidental bodily injury that resulted from a covered accident. It does not include sickness, disease or bodily infirmity. Overuses syndromes, typically due to repetitive or recurrent activities, such as osteoarthritis, carpal tunnel syndrome or tendonitis, are considered to be a sickness and not an injury.

Maximum Benefit Period

The longest period of time for which hospital benefits will be paid.

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Group Cancer and Specified Disease Insurance

POLICY FORM HIC-GP-CAN-POL-VA 2/11

Underwritten by Humana Insurance Company

► Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital Benefits
- Pays Regardless of other coverages

Benefit	Benefit Options
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	1. \$0 2. \$2,500 3. \$0 4. \$5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Actual Charges
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Actual Charges
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$3,000



BAY BRIDGE
ADMINISTRATORS

"Your solutions begin
at the Bridge"®

Benefit	Benefit Options
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following expenses incurred by the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual Charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	(a) \$200 (b) Actual charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Actual charges to a combined lifetime maximum of \$15,000
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum	Up to 25% of surgical benefit paid. \$100 maximum per Covered Person
Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 Per Day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to \$250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	1. Actual charges up to \$2,500 per month 2. Actual charges up to \$2,500 per month 3. Actual charges up to \$5,000 per month 4. Actual charges up to \$5,000 per month
Miscellaneous Therapy Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Item 15 or within 30 days following a covered treatment.	Actual charges up to a lifetime maximum of \$10,000

Benefit	Benefit Options
Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Actual charges up to \$4,000 per month
Colony Stimulating Factors. We will pay expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Actual charges up to \$500 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Actual charges up to \$200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if an Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Actual Charges
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	\$1,500 lifetime maximum per amputation.
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	Up to \$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	\$300 per day
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	Up to \$50 per day

Benefit	Benefit Options
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	Up to \$100 per day
New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to \$7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	Up to \$50 per day
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual charge up to a lifetime maximum of \$150
Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Actual charges up to \$1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	\$100 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

Pre-Existing Condition Limitation

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified Disease or Specified Disease treatment; or
 - b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

- a. the Named Insured; or
- b. any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- c. any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- d. a newborn child (as described in the Eligibility Section).

Child (Children)

means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- a. not yet age 25; or
- b. not yet age 26 if a full time student at an accredited school.

Option to Add Additional Benefits Hospital Intensive Care Insurance Rider Form Number HIC-GP-ICR 2/11

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

You may choose the benefit of \$325 or \$625 per day. It is reduced by one-half at age 75.

Double Benefits

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.

This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected.

Upon receipt of your policy, please review it and your application.

If any information is incorrect, please contact:

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

Lynchburg City Schools

Group Cancer Rate Quote

Situs State: Virginia

Semi-Monthly Rates

Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$8.83	\$11.69	\$9.82	\$15.45
Individual + Spouse	\$17.79	\$23.80	\$19.72	\$31.44
Individual + Child(ren)	\$12.60	\$16.60	\$13.82	\$21.68
Family	\$21.55	\$28.72	\$23.73	\$37.67

Variable Benefit Elections

Benefit	Option 1	Option 2	Option 3	Option 4
Hospital Confinement	\$100	\$100	\$100	\$100
Surgical	\$3,000	\$3,000	\$3,000	\$3,000
Radiation/Chemotherapy	\$2,500 per month	\$2,500 per month	\$5,000 per month	\$5,000 per month
First Diagnosis	\$0	\$2,500	\$0	\$5,000
Colony Stimulating Factors	\$500 per month	\$500 per month	\$500 per month	\$500 per month
Wellness	\$100	\$100	\$100	\$100
Intensive Care Rider	\$0	\$325	\$0	\$625

Underwritten by:
Humana Insurance Company

Administered by:



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P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Aflac Group Hospital Indemnity Plan

Plan Description

The Group Supplemental Hospital Indemnity Plan provides benefits for inpatient and outpatient services as a result of covered accidents and sicknesses.

Plan Features

- Benefits available for spouse and/or dependent children.
- Pays regardless of any other insurance programs.
- Premiums are paid by convenient payroll deduction.
- Covers both injuries and sicknesses.
- Admission and per day Hospital Confinement Benefits included.
- Surgery and Anesthesia Benefits included.
- The plan is portable with certain stipulations

Individual Eligibility

Issue Ages

Employee 18-64

Spouse 18-64

Children under age 26

Spouse and Dependent Children Coverage Available

The employee may purchase Group Supplemental Hospital Indemnity coverage for their spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate. If the employee is eligible then the employee's spouse and dependent children are eligible to participate.

Guaranteed-Issue

During the initial enrollment, coverage is guaranteed-issue, which means you may not have to answer health questions to be eligible for coverage. Subsequent to the initial enrollment, evidence of insurability may be required.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Benefits

Hospital Confinement (per day)	
Plan I	\$100
Plan II	\$150

We will pay the amount shown when an insured is confined to a hospital as a resident bed patient as the result of an injury or because of a covered sickness. To receive this benefit for injuries received in an injury, the insured must be confined to a hospital within six months of the date of the covered accident.

The maximum period for which a covered person can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident is 180 days.

This benefit is payable for only one hospital confinement at a time—even if the confinement is a result of more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.

Hospital Admission (per confinement)	
Plan I	\$500
Plan II	\$1,500

We will pay the amount shown when an insured is admitted to a hospital and confined as a resident bed patient because of an injury or because of a covered sickness. To receive this benefit for injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident.

We will not pay benefits for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

We will pay this benefit only once for each covered accident or covered sickness. If an insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

This benefit option will be based on the insured's current major medical plan's deductible to assist the insured in meeting the out-of-pocket liability.

Residents of Massachusetts are not eligible for Hospital Admission Benefit amounts in excess of \$500

Surgical Benefit (per procedure)	
Plan I	Up to \$750
Plan II	Up to \$1,500

If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity).

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.

Anesthesia Benefits	
Plan I	Up to \$188
Plan II	Up to \$375

When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.

Wellness (per calendar year)	
Plan I & II	\$50

We will pay the amount shown when an insured visits a doctor and he is neither injured nor sick. This benefit is payable once per calendar year per insured.

Limitations and Exclusions

Pre-Existing Condition Limitation

A **pre-existing condition** means, within the 12-month period prior to the insured's effective date, conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury that is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the insured's effective date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition—whichever is less.

A claim for benefits for loss starting after 12 months from the effective date of the insured's certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy will not be covered if conception was before the Effective Date of the Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

If the certificate is issued as a replacement for a certificate previously issued under this plan, then the pre-existing condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining pre-existing condition limitation period of the prior certificate continues to apply to the prior level of benefits.

Exclusions

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the Pre-Existing Condition Limitation provision above).

We will not pay benefits for loss contributed to by, caused by, or resulting from:

1. War – Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when the insured is in such service.
2. Suicide – Committing or attempting to commit suicide, while sane or insane.
3. Self-Inflicted Injuries – Injuring or attempting to injure yourself intentionally.
4. Traveling – Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
5. Racing – Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

6. Aviation – Operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those, which are not motor-driven.
7. Intoxication – Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts – Participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports – Participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

AGCM385VA-HL-BK R1 IV (5/17)

GROUP HOSPITAL INDEMNITY

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Lynchburg City Schools - Semimonthly (24pp/yr)		
Plan I	Employee	\$ 6.93
	Employee & Spouse	\$ 14.22
	Employee & Dependent Children	\$ 12.04
	Family	\$ 19.33
	Benefit Summary	
	Hospital Confinement (Per Day)	\$ 100
	Hospital Admission (Per Confinement)	\$ 500
	Surgical Benefit (Per Procedure)	\$ 750
	Anesthesia Benefit - (Up to This Amount)	\$ 188
	Wellness	\$ 50

Lynchburg City Schools - Semimonthly (24pp/yr)		
Plan II	Employee	\$ 14.72
	Employee & Spouse	\$ 30.21
	Employee & Dependent Children	\$ 25.91
	Family	\$ 41.40
	Benefit Summary	
	Hospital Confinement (Per Day)	\$ 150
	Hospital Admission (Per Confinement)	\$ 1,500
	Surgical Benefit (Per Procedure)	\$ 1,500
	Anesthesia Benefit - (Up to This Amount)	\$ 375
	Wellness	\$ 50

Please note: Premiums shown are accurate as of publication. They are subject to change.

We've got you under our wing.[®]

aflacgroupinsurance.com | 1.800.433.3036

Underwritten by:

Continental American Insurance Company

2801 Devine Street | Columbus, South Carolina 29203

Underwritten by: American Family Life Assurance Company of New York
22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211 | aflac.com

HI150218-134218 --- R81-CU-VA-H185-24PP-PL1-ADM500 - ZZX15888
HI150218-134611 --- R81-CU-VA-H185-24PP-PL1-ADM500 - ZZX25162

Published: Feb-15

Aflac Group Critical Illness Without Cancer Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- Premiums are paid through convenient payroll deduction.
- There are no pre-existing condition limitations.
- The plan doesn't have a waiting period for benefits.
- Benefits do not reduce as insureds get older.
- Coverage is portable, with certain stipulations.
- Annual health screening benefit is included.

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:

Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

Waiver of Premium Benefit

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

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.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

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

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

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

Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. The covered health screening tests include, but are not limited to, the following:

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

Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
Category 1 - Specified Surgeries of the Heart	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
Category 2 Invasive Procedures and Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

**The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.*

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer’s Disease	25%
Advanced Parkinson’s Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

Limitations and Exclusions
(Applies to all riders unless otherwise noted)

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.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

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

Guaranteed Issue Amounts- \$30,000 for Employee; \$15,000 for Spouse

Group Critical Illness Advantage

Lynchburg City Schools - Semimonthly (24pp/yr) Rates

NONTABACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.12	\$ 2.71	\$ 3.30	\$ 3.88	\$ 4.47	\$ 5.06	\$ 5.65	\$ 6.24	\$ 6.83	\$ 7.41
30-39	\$ 2.44	\$ 3.35	\$ 4.27	\$ 5.18	\$ 6.09	\$ 7.00	\$ 7.92	\$ 8.83	\$ 9.74	\$ 10.65
40-49	\$ 3.63	\$ 5.72	\$ 7.82	\$ 9.92	\$ 12.01	\$ 14.11	\$ 16.21	\$ 18.31	\$ 20.40	\$ 22.50
50-59	\$ 4.97	\$ 8.42	\$ 11.86	\$ 15.31	\$ 18.75	\$ 22.19	\$ 25.64	\$ 29.08	\$ 32.53	\$ 35.97
60+	\$ 7.16	\$ 12.80	\$ 18.43	\$ 24.07	\$ 29.70	\$ 35.34	\$ 40.97	\$ 46.61	\$ 52.24	\$ 57.88

NONTABACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 2.12	\$ 2.71	\$ 3.30	\$ 3.88	\$ 4.47	\$ 5.06
30-39	\$ 2.44	\$ 3.35	\$ 4.27	\$ 5.18	\$ 6.09	\$ 7.00
40-49	\$ 3.63	\$ 5.72	\$ 7.82	\$ 9.92	\$ 12.01	\$ 14.11
50-59	\$ 4.97	\$ 8.42	\$ 11.86	\$ 15.31	\$ 18.75	\$ 22.19
60+	\$ 7.16	\$ 12.80	\$ 18.43	\$ 24.07	\$ 29.70	\$ 35.34

TABACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.64	\$ 3.75	\$ 4.86	\$ 5.97	\$ 7.08	\$ 8.19	\$ 9.30	\$ 10.42	\$ 11.53	\$ 12.64
30-39	\$ 3.69	\$ 5.85	\$ 8.01	\$ 10.17	\$ 12.33	\$ 14.49	\$ 16.65	\$ 18.81	\$ 20.97	\$ 23.13
40-49	\$ 6.09	\$ 10.66	\$ 15.22	\$ 19.79	\$ 24.35	\$ 28.92	\$ 33.48	\$ 38.05	\$ 42.61	\$ 47.18
50-59	\$ 8.70	\$ 15.87	\$ 23.03	\$ 30.20	\$ 37.37	\$ 44.54	\$ 51.70	\$ 58.87	\$ 66.04	\$ 73.21
60+	\$ 13.70	\$ 25.87	\$ 38.03	\$ 50.20	\$ 62.37	\$ 74.54	\$ 86.71	\$ 98.88	\$ 111.04	\$ 123.21

TABACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 2.64	\$ 3.75	\$ 4.86	\$ 5.97	\$ 7.08	\$ 8.19
30-39	\$ 3.69	\$ 5.85	\$ 8.01	\$ 10.17	\$ 12.33	\$ 14.49
40-49	\$ 6.09	\$ 10.66	\$ 15.22	\$ 19.79	\$ 24.35	\$ 28.92
50-59	\$ 8.70	\$ 15.87	\$ 23.03	\$ 30.20	\$ 37.37	\$ 44.54
60+	\$ 13.70	\$ 25.87	\$ 38.03	\$ 50.20	\$ 62.37	\$ 74.54

Base Plan:

- Without Cancer Benefit
- \$100 Health Screening Benefit
- Without Skin Cancer Benefit
- With Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:

- Optional Benefits Rider (BTAP)
- Heart Rider
- \$250 TIA (mini-stroke) Rider

Provisions:

- No Pre-Existing Condition Limitation
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 6 Months
- Class I/II Portability
- Rate Guarantee: 3 Years

Group Attributes:

- Situs State: VA
- Eligible Lives: 1200

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-16 Series C21000

C121000-160217-091106-FyjmUVpe-037ZG67-47948

Aflac Group Critical Illness With Cancer Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- Premiums are paid through convenient payroll deduction.
- There are no pre-existing condition limitations.
- The plan doesn't have a waiting period for benefits.
- Benefits do not reduce as insureds get older.
- Coverage is portable, with certain stipulations.
- Annual health screening benefit is included.

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:

Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

Waiver of Premium Benefit

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

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.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Cancer (Internal or Invasive)++	100%
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer++	25%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Skin Cancer++	\$250 (once per calendar year/insured)
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

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

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

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

++For employees who have chosen the without cancer plan option, these cancer benefits do not apply.

Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. The covered health screening tests include, but are not limited to, the following:

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

Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
Category 1 - Specified Surgeries of the Heart	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
Category 2 Invasive Procedures and Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

**The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.*

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

Limitations and Exclusions
(Applies to all riders unless otherwise noted)

Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

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.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

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

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

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.

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.

AGCM321C-VA-BK R1 IV (5/17)

Guaranteed Issue Amounts- \$30,000 for Employee; \$15,000 for Spouse

Lynchburg City Schools - Semimonthly (24pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.88	\$4.21	\$5.55	\$6.88	\$8.22	\$9.55	\$10.89	\$12.23	\$13.56	\$14.90
30-39	\$3.62	\$5.70	\$7.78	\$9.86	\$11.94	\$14.02	\$16.10	\$18.18	\$20.26	\$22.34
40-49	\$5.95	\$10.36	\$14.77	\$19.18	\$23.59	\$28.00	\$32.41	\$36.82	\$41.23	\$45.64
50-59	\$9.65	\$17.76	\$25.87	\$33.98	\$42.09	\$50.20	\$58.30	\$66.41	\$74.52	\$82.63
60+	\$16.50	\$31.45	\$46.41	\$61.36	\$76.32	\$91.27	\$106.23	\$121.18	\$136.14	\$151.09

NONTOBACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$2.88	\$4.21	\$5.55	\$6.88	\$8.22	\$9.55
30-39	\$3.62	\$5.70	\$7.78	\$9.86	\$11.94	\$14.02
40-49	\$5.95	\$10.36	\$14.77	\$19.18	\$23.59	\$28.00
50-59	\$9.65	\$17.76	\$25.87	\$33.98	\$42.09	\$50.20
60+	\$16.50	\$31.45	\$46.41	\$61.36	\$76.32	\$91.27

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.50	\$5.47	\$7.43	\$9.40	\$11.36	\$13.33	\$15.29	\$17.26	\$19.22	\$21.19
30-39	\$5.05	\$8.57	\$12.08	\$15.59	\$19.10	\$22.62	\$26.13	\$29.64	\$33.15	\$36.67
40-49	\$9.03	\$16.53	\$24.02	\$31.52	\$39.01	\$46.50	\$54.00	\$61.49	\$68.99	\$76.48
50-59	\$15.50	\$29.47	\$43.43	\$57.40	\$71.36	\$85.32	\$99.29	\$113.25	\$127.22	\$141.18
60+	\$27.12	\$52.70	\$78.29	\$103.87	\$129.45	\$155.03	\$180.61	\$206.20	\$231.78	\$257.36

TOBACCO - Spouse						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$3.50	\$5.47	\$7.43	\$9.40	\$11.36	\$13.33
30-39	\$5.05	\$8.57	\$12.08	\$15.59	\$19.10	\$22.62
40-49	\$9.03	\$16.53	\$24.02	\$31.52	\$39.01	\$46.50
50-59	\$15.50	\$29.47	\$43.43	\$57.40	\$71.36	\$85.32
60+	\$27.12	\$52.70	\$78.29	\$103.87	\$129.45	\$155.03

Base Plan:

-With Cancer Benefit
-\$100 Health Screening Benefit
-\$250 Skin Cancer Benefit
-With Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
-Heart Rider
-\$250 TIA (mini-stroke) Rider

Provisions:

-No Pre-Existing Condition Limitation
-Add'l Separation Waiting Period: 6 Months
-Re-Separation Waiting Period: 6 Months
-Class I/II Portability
-Rate Guarantee: 3 Years

Group Attributes:

-Situs State: VA
-Eligible Lives: 1200

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-16 Series C21000

C121000-160217-091325-FryjmTVijj-0372667-20711

The following disability plans allow members to select a specific monthly benefit amount for their short and long term disability needs. Members may choose a different monthly benefit amount up to the maximum allowable benefit based on a percentage of annual salary. However, **BOTH** the short and long term disability plans must be purchased as a combined package. You cannot purchase the short term disability plan without the long term nor the long term disability without the short term.

EMPLOYEE BENEFITS

THE NEED FOR DISABILITY INSURANCE

Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing (e.g., mortgage, rent, insurance, taxes)	
Utilities (e.g., telephone, electricity, gas, oil, cable, TV, Internet)	
Food	
Transportation (e.g., car payments, gasoline, insurance)	
Subtotal =	
Debt expenses	
Education (e.g., tuition, books, supplies)	
Health care (e.g., out-of-pocket costs, insurance premiums)	
Debt payments (e.g., credit cards, other debt)	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	\$

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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AUL Short Term Disability

Class Description

All Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

Disability

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness.

Monthly Benefit

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly benefit is \$500.

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury.

Benefit Duration

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, thirteen (13) weeks.

Basis of Coverage

24 Hour Coverage, on or off the job.

Maternity Coverage

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

STD Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date. This Pre-Existing Condition limitation will be waived for all Persons who were included as part of the final premium billing statement received by AUL/ OneAmerica from the prior carrier and will be Actively at work on the effective date.

Recurrent Disability

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

Annual Enrollment

Employees who did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1,000 monthly benefit without medical questions. Employees may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

Exclusions and Limitations

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career)

This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL's liability under the group policy. If there are any discrepancies between this information and the group

Customer Service

1-800-553-5318

Disability Claims

American United Life Insurance Company

c/o Custom Disability Solutions

600 Sable Oaks Drive, Suite 200

South Portland, ME 04106

Fax: 1-844-287-9499

OneAmerica.claims@customdisability.com

Toll Free Phone 1-855-517-6365

**For a copy of your policy certificate or claim form, please visit
www.markiibrokerage.com/cityoflynchburgva.**



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA company

**AUL Short Term Disability
Semi-Monthly Rates**

**Benefit Duration:
13 weeks**

Monthly Benefit	Semi-Monthly Premium
\$500	\$5.18
\$600	\$6.21
\$700	\$7.25
\$800	\$8.28
\$900	\$9.32
\$1,000	\$10.36
\$1,100	\$11.39
\$1,200	\$12.43
\$1,300	\$13.46
\$1,400	\$14.50
\$1,500	\$15.53
\$1,600	\$16.57
\$1,700	\$17.60
\$1,800	\$18.64
\$1,900	\$19.67
\$2,000	\$20.71

AUL Long Term Disability

Class Description

All Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Long Term Disability.

Monthly Benefit

You can choose to insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$100 increments. The minimum benefit is \$500.

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 90 consecutive days for a sickness or injury.

Benefit Duration

This is the period of time that benefits will be payable for long term disability. Up to 5 years if disabled prior to age 61, or if disabled after age 61, as outlined below:

Age When Total Disability Begins	Maximum Period Benefits are Payable
Prior to Age 61	5 Years
61	Lesser of SSFRA or 5 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
Age 69 and Over	12 Months

Disability Definition

An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience.

Mental & Nervous / Drug & Alcohol

Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments may be extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

Special Conditions

Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months. Benefit payments for Special Conditions are cumulative for the lifetime of the contract.

Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career)

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 and up to \$1000 monthly benefit without medical questions. The maximum benefit cannot exceed 60% of basic monthly earnings.

Exclusions and Limitations

This plan will not cover any disability resulting from certain events or conditions such as but not limited to war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period. Additional exclusions and limitations may apply.

<i>Voluntary Long Term Disability</i>	
Benefit Amount	Semi-Monthly Deduction
\$500	\$3.20
\$600	\$3.84
\$700	\$4.48
\$800	\$5.12
\$900	\$5.76
\$1,000	\$6.40
\$1,100	\$7.04
\$1,200	\$7.68
\$1,300	\$8.32
\$1,400	\$8.96
\$1,500	\$9.60
\$1,600	\$10.24
\$1,700	\$10.88
\$1,800	\$11.52
\$1,900	\$12.16
\$2,000	\$12.80

Customer Service

1-800-553-5318

Disability Claims

American United Life Insurance Company

c/o Custom Disability Solutions

600 Sable Oaks Drive, Suite 200

South Portland, ME 04106

Fax: 1-844-287-9499

OneAmerica.claims@customdisability.com

Toll Free Phone 1-855-517-6365

**For a copy of your policy certificate or claim form, please visit
www.markiiiibrokerage.com/lynchburgschoolsva.**

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



AMERICAN UNITED LIFE
 INSURANCE COMPANY™
a ONEAMERICA company

Texas Life Whole Life Plan- SOLUTIONS 121

Common Issue Date: March 1, 2018

An ideal complement to any group term and optional term life insurance your employer might provide, Texas Life's SOLUTIONS 121 is the life insurance you keep, even when you change jobs or retire as long as you pay the premiums. It will help protect your family, both today and, more importantly, tomorrow. Even better, you won't even have to pay for it after age 65 (or 20 years if you're 46 years of age or older), because it's guaranteed to be paid up.¹

SOLUTIONS is an individual permanent life insurance product specifically designed for employees and their families. These policies provide a guaranteed level premium and death benefit for the life of the policy, and all you have to do to qualify for basic amounts of coverage is be actively at work the day you enroll. You also may apply for coverage on your spouse, children and grandchildren with limited underwriting requirements.²

As an employee, you are eligible to apply once you have satisfied your employer's eligibility period.

Why Voluntary Coverage?

- Most employees typically depend on group term life insurance.
- Adults covered by both group and individual life insurance replace more of their income upon death than adults having group term alone.³
- Term policies are created to last for a finite period of time that will likely end before you die.⁴
- When do you want a life insurance policy in force? --Answer: When you die.
- Term is for IF you die, permanent is for WHEN you die.

The SOLUTIONS Advantage

Individual Protection SOLUTIONS 121 is a permanent life insurance policy that you own; it can never be canceled, as long as you pay the guaranteed level premiums due, even if your health changes. Because you own it, you can take SOLUTIONS 121 with you when you change jobs or retire, with no change in the premium.

Coverage for Your Family You may also apply for an individual SOLUTIONS 121 policy for your spouse/domestic partner, dependent children ages 15 days-26 years and grandchildren ages 15 days-18 years, even if you do not apply for coverage.²

Paid Up Insurance SOLUTIONS 121 has premiums that are guaranteed to remain level until your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes **fully paid up; no further premiums are due**, and the death benefit does not reduce. This gives you the peace of mind that comes with life insurance that's paid for as your income changes in retirement.

Texas Life Whole Life Insurance – SOLUTIONS 121

Convenience of payroll deduction Thanks to your employer, SOLUTIONS 121 premiums are paid through convenient payroll deductions and sent to Texas Life by your employer.

Portable, Permanent You may continue the peace of mind SOLUTIONS 121 provides, even when you change jobs or retire. Once your policy is issued, the coverage is yours to keep. If you should change jobs or retire before the policy becomes paid up, you simply pay the monthly premium directly to Texas Life by automatic bank draft or monthly bill (for monthly bill we may add a billing fee not to exceed \$2.00). Premiums are guaranteed to remain level to your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes fully paid up; no further premiums are due.

Accelerated Death Benefit due to Terminal Illness For no additional premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92.6% (92% in CA, CT, DC, DE, FL, ND & SD) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in lieu of the insurance proceeds otherwise payable at death. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply)

(Policy Form ICC-ULABR-11 or Form Series ULABR-11)

Accelerated Death Benefit due to Chronic Illness Included in the policy at the option of the employer, the Accelerated Death Benefit for Chronic Illness rider covers all applicants. If an insured becomes permanently chronically ill, meaning that he/she is unable to perform two of six Activities of Daily Living (such as bathing, continence, or dressing), or is severely cognitively impaired (such as Alzheimer's), he/she may elect to claim an accelerated death benefit in lieu of the Face Amount payable at death. The single sum payment is 92% of the death benefit less an administrative fee of \$150 (\$100 in FL). The Accelerated Death Benefit for Chronic Illness Rider premiums are 8% of the base policy premium. Conditions and limitations apply. See the SOLUTIONS 121 Pamphlet for details. (Policy form ULABR-CI-14 or ICC14-ULABR-CI-14.)

Waiver of Premium Rider This benefit to age 65 (issue ages 17-59) waives the premium after six months of the insured's total disability and will even refund the prior six months' premium. Benefits continue payable until the earlier of the end of the insured's total disability or age 65. Cost is an additional 10% of the basic monthly premium. Self-inflicted or war-related disability is excluded. Notice, proof and waiting period provisions apply. (Policy Form ICC07-ULCL-WP-07 or Form Series ULCL-WP-07).

Coverage begins immediately Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply (one year in ND).

Texas Life Whole Life Insurance – SOLUTIONS 121

Sample Rates

The chart below displays examples of SOLUTIONS 121 rates at varying ages for a \$50,000 policy. Rates shown below for both non-tobacco and tobacco users, and include the cost for Waiver of Premium and the Accelerated Death Benefit due to Chronic Illness rider.

Age	SOLUTIONS 121			Paid-up Age
	Face Amount	Monthly Premium Non-Tobacco Chronic Illness, Waiver	Monthly Premium Tobacco Chronic Illness, Waiver	
20	\$50,000	\$38.11	\$46.96	65
25	\$50,000	\$43.42	\$54.63	65
30	\$50,000	\$53.45	\$67.02	65
35	\$50,000	\$68.20	\$86.49	65
40	\$50,000	\$91.80	\$115.40	65
45	\$50,000	\$125.43	\$162.01	65

SOLUTIONS Review

- Permanent and yours to keep when you change jobs or retire, as long as you pay premiums due
- Non-participating Whole Life (no dividends)
- Guaranteed death benefit ¹
- Guaranteed level premium
- Guaranteed paid-up insurance at age 65, or for 20 years if the policy is purchased after age 45
- If you're actively at work the day you enroll, you can qualify for basic amounts with no more underwriting.
- Includes Accelerated Death Benefit for Chronic Illness on all policies
- Waiver of Premium included for ages 17-59
- If desired, you may apply for higher amounts of coverage by answering additional underwriting questions
- Coverage available for spouse, children and grandchildren²

¹ Guarantees are subject to product terms, exclusions and limitations and the insurers claims-paying ability and financial strength.

² Coverage and spouse/domestic partner eligibility may vary by state. Coverage not available for children and grandchildren in Washington. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships and legally recognized familial relationships.

³ LIMRA; Life Insurance Ownership Focus – 2016

⁴ Maurer, Tim. "Term vs Perm (Life Insurance) In 90 Seconds." *Forbes*. Forbes Magazine, 3 May 2013. Web. 08 Nov. 2016.

***If you have any questions regarding your Texas Life policy, please call
800-283-9233, prompt #2***

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

TEXAS LIFE SOLUTIONS SERIES 121

SEMI-MONTHLY – WAIVER
& CHRONIC ILLNESS

TIER 1/TIER 2 COMBO — SEMI-MONTHLY PREMIUMS									
	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP
IFA* ⇒	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		For UFA* At Attained
UFA* ⇒	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		
(ALB)	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Age
17	4.84	5.61	6.43	7.58	9.62	11.54	11.21	13.51	65
18	5.02	5.78	6.70	7.85	10.06	11.98	11.74	14.04	65
19	5.02	5.84	6.70	7.94	10.06	12.13	11.74	14.22	65
20	5.13	6.02	6.88	8.20	10.36	12.57	12.10	14.75	65
21	5.19	6.14	6.96	8.38	10.50	12.86	12.27	15.10	65
22	5.31	6.25	7.14	8.56	10.80	13.16	12.63	15.46	65
23	5.49	6.43	7.41	8.82	11.24	13.60	13.16	15.99	65
24	5.55	6.61	7.49	9.09	11.39	14.04	13.33	16.52	65
25	5.66	6.79	7.67	9.35	11.68	14.49	13.69	17.05	65
26	5.90	6.96	8.02	9.62	12.27	14.93	14.40	17.58	65
27	6.08	7.20	8.29	9.97	12.72	15.52	14.93	18.29	65
28	6.31	7.43	8.65	10.33	13.31	16.11	15.64	19.00	65
29	6.55	7.73	9.00	10.77	13.90	16.85	16.34	19.88	65
30	6.67	8.02	9.18	11.21	14.19	17.58	16.70	20.77	65
31	7.02	8.38	9.71	11.74	15.08	18.47	17.76	21.83	65
32	7.38	8.73	10.24	12.27	15.96	19.35	18.82	22.89	65
33	7.67	9.15	10.68	12.89	16.70	20.39	19.71	24.13	65
34	7.85	9.50	10.95	13.43	17.14	21.27	20.24	25.19	65
35	8.14	9.97	11.39	14.13	17.88	22.45	21.12	26.61	65
36	8.56	10.44	12.01	14.84	18.91	23.63	22.36	28.03	65
37	9.03	10.97	12.72	15.64	20.09	24.96	23.78	29.62	65
38	9.44	11.56	13.33	16.52	21.12	26.43	25.02	31.39	65
39	10.15	12.27	14.40	17.58	22.89	28.20	27.14	33.51	65
40	10.50	12.86	14.93	18.47	23.78	29.68	28.20	35.28	65
41	11.09	13.63	15.81	19.62	25.25	31.60	29.97	37.58	65
42	11.62	14.46	16.61	20.86	26.58	33.66	31.57	40.06	65
43	12.21	15.34	17.50	22.18	28.06	35.87	33.34	42.72	65
44	13.04	16.40	18.74	23.78	30.12	38.53	35.81	45.90	65
45	13.87	17.52	19.97	25.46	32.19	41.33	38.29	49.27	65
46	14.40	18.29	20.77	26.61	33.51	43.25	39.88	51.57	66
47	14.99	19.06	21.65	27.76	34.99	45.17	41.65	53.87	67
48	15.64	19.88	22.63	29.00	36.61	47.23	43.60	56.35	68
49	16.34	20.71	23.69	30.24	38.38	49.30	45.73	58.82	69
50	16.87	21.06	24.49	30.77	39.71	50.18	47.32	59.89	70
51	17.52	22.01	25.46	32.19	41.33	52.54	49.27	62.72	71
52	18.23	22.89	26.52	33.51	43.10	54.75	51.39	65.37	72
53	19.00	23.90	27.67	35.02	45.02	57.26	53.69	68.38	73
54	19.82	25.02	28.91	36.70	47.08	60.06	56.17	71.74	74
55	20.18	25.67	29.44	37.67	47.97	61.69	57.23	73.69	75
56	20.89	26.67	30.50	39.18	49.74	64.19	59.35	76.70	76
57	22.01	27.73	32.19	40.77	52.54	66.85	62.72	79.89	77
58	23.01	29.03	33.69	42.72	55.05	70.09	65.73	83.78	78
59	23.84	30.44	34.93	44.84	57.11	73.63	68.20	88.03	79
60	23.10	29.42	33.90	43.38	55.50	71.30	66.30	85.26	80
61	24.34	30.93	35.77	45.65	58.61	75.08	70.03	89.79	81
62	25.53	32.71	37.55	48.32	61.58	79.53	73.59	95.14	82
63	26.67	34.60	39.25	51.16	64.41	84.26	76.99	100.81	83
64	28.23	36.49	41.60	53.99	68.33	88.98	81.69	106.48	84
65	29.64	38.55	43.70	57.07	71.84	94.11	85.90	112.63	85
66	31.53	40.98	46.54	60.71	76.56	100.19	91.57	119.92	86
67	33.42	43.41	49.37	64.36	81.29	106.26	97.24	127.21	87
68	35.63	46.05	52.69	68.33	86.82	112.88	103.89	135.15	88
69	38.01	49.24	56.26	73.11	92.76	120.84	111.01	144.71	89
70	40.60	52.64	60.15	78.21	99.24	129.35	118.79	154.92	90

*IFA = Initial Face Amount. UFA = Ultimate Face Amount. Gray areas require Tier 2 Underwriting.
Underwriting requirements will vary depending on plan year, participation rates and other factors.
For more information see Group Enrollment Guide.

TEXASLIFE
INSURANCE COMPANY

TEXAS LIFE SOLUTIONS SERIES 121

SEMI-MONTHLY – WAIVER
& CHRONIC ILLNESS

TIER 1/TIER 2 COMBO — SEMI-MONTHLY PREMIUMS									
Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)									PAID UP
IFA* →	\$ 50,000		\$ 75,000		\$ 100,000		\$ 150,000		For UFA*
UFA* →	\$ 50,000		\$ 75,000		\$ 100,000		\$ 150,000		At Attained
(ALB)	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Age
17	17.58	21.42	25.55	31.30	33.51	41.18	49.44	60.95	65
18	18.47	22.30	26.88	32.63	35.28	42.95	52.10	63.60	65
19	18.47	22.60	26.88	33.07	35.28	43.54	52.10	64.49	65
20	19.06	23.48	27.76	34.40	36.46	45.31	53.87	67.14	65
21	19.35	24.07	28.20	35.28	37.05	46.49	54.75	68.91	65
22	19.94	24.66	29.09	36.17	38.23	47.67	56.52	70.68	65
23	20.83	25.55	30.42	37.50	40.00	49.44	59.18	73.34	65
24	21.12	26.43	30.86	38.82	40.59	51.21	60.06	75.99	65
25	21.71	27.32	31.74	40.15	41.77	52.98	61.83	78.65	65
26	22.89	28.20	33.51	41.48	44.13	54.75	65.37	81.30	65
27	23.78	29.38	34.84	43.25	45.90	57.11	68.03	84.84	65
28	24.96	30.56	36.61	45.02	48.26	59.47	71.57	88.38	65
29	26.14	32.04	38.38	47.23	50.62	62.42	75.11	92.81	65
30	26.73	33.51	39.27	49.44	51.80	65.37	76.88	97.23	65
31	28.50	35.28	41.92	52.10	55.34	68.91	82.19	102.54	65
32	30.27	37.05	44.58	54.75	58.88	72.45	87.50	107.85	65
33	31.74	39.12	46.79	57.85	61.83	76.58	91.92	114.05	65
34	32.63	40.89	48.12	60.51	63.60	80.12	94.58	119.36	65
35	34.10	43.25	50.33	64.05	66.55	84.84	99.00	126.44	65
36	36.17	45.61	53.43	67.59	70.68	89.56	105.20	133.52	65
37	38.53	48.26	56.97	71.57	75.40	94.87	112.28	141.48	65
38	40.59	51.21	60.06	75.99	79.53	100.77	118.47	150.33	65
39	44.13	54.75	65.37	81.30	86.61	107.85	129.09	160.95	65
40	45.90	57.70	68.03	85.73	90.15	113.75			65
41	48.85	61.54	72.45	91.48	96.05	121.42			65
42	51.51	65.67	76.44	97.68	101.36	129.68			65
43	54.46	70.09	80.86	104.31	107.26	138.53			65
44	58.59	75.40	87.06	112.28	115.52	149.15			65
45	62.72	81.01	93.25	120.69	123.78	160.36			65
46	65.37	84.84	97.23	126.44	129.09	168.03			66
47	68.32	88.68	101.66	132.19	134.99	175.70			67
48	71.57	92.81	106.53	138.39	141.48	183.96			68
49	75.11	96.94	111.84	144.58	148.56	192.22			69
50	77.76	98.71							70
51	81.01	103.43							71
52	84.55	107.85							72
53	88.38	112.87							73
54	92.51	118.47							74
55	94.28	121.72							75
56	97.82	126.73							76
57	103.43	132.04							77
58	108.44	138.53							78
59	112.57	145.61							79

*IFA = Initial Face Amount. UFA = Ultimate Face Amount.

Gray areas require Tier 2 Underwriting.

Underwriting requirements will vary depending on plan year, participation

rates and other factors. For more information see Group Enrollment Guide.

RATES FOR INDIVIDUAL POLICIES FOR CHILDREN AND GRANDCHILDREN ¹							
SEMI-MONTHLY PREMIUMS FOR LIFE INSURANCE COVERAGES SHOWN							
Issue Age	\$10,000	\$25,000	Policy is Paid Up at Attained Age	Issue Age	\$10,000	\$25,000	Policy is Paid Up at Attained Age
15d-1	\$3.18	\$5.69	65	9	\$3.61	\$6.77	65
2	\$3.18	\$5.69	65	10	\$3.66	\$6.90	65
3	\$3.23	\$5.82	65	11	\$3.77	\$7.17	65
4	\$3.28	\$5.96	65	12	\$3.88	\$7.44	65
5	\$3.34	\$6.09	65	13	\$3.99	\$7.71	65
6	\$3.39	\$6.23	65	14	\$4.09	\$7.98	65
7	\$3.45	\$6.36	65	15	\$4.20	\$8.25	65
8	\$3.50	\$6.50	65	16	\$4.31	\$8.52	65

¹In WA coverage is not available for children or grandchildren. Policies on children and grandchildren require Tier 2 underwriting.

Continuation of Benefits

Humana Cancer Plan

You may continue your Humana cancer plan on the date the policy terminates or the date the named insured ceases to be a member of an eligible class, named insureds and their covered dependents will be eligible to exercise the portability privilege. For more information, contact Bay Bridge Administrators at 1-800-845-7519

AUL Short and Long Term Disability

Once an employee is on the AUL disability plan for 3 months, you can port the coverage for one year without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 1-800-553-5318.

Texas Life Whole Life

*When you leave employment, you may continue your Texas Life Whole Life coverage by having the premiums that are currently deducted from your paycheck drafted from your bank account. **You may do that by contacting Texas Life at 1-800-283-9233 prompt #2.***

To Continue Other Plans

You may continue your Aflac Hospital Indemnity, Aflac Critical Illness, and Trustmark Accident plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home.

For more information, contact:

Aflac at 1-800-433-3036

Trustmark at 1-800-918-8877 opt 6

Contact Information for Questions and Claims

Wageworks

1-800-950-0105 opt 1

www.myflexonline.com

Trustmark

Customer Care: 1-800-918-8877 opt 6
CustomerCare@trustmarksolutions.com

Claims

Phone: 1-877-201-9373

Fax: 508-853-2867

MAWorksite@Trustmarkins.com

Aflac

(CAIC a proud member of the Aflac family of insurers)

Columbia, South Carolina

Customer Service

1-800-433-3036

Aflacgroupinsurance.com

Humana

Bay Bridge Administrators, LLC

P.O. Box 161690 • Austin, TX 78716

1-800-845-7519

512-275-9350 (Fax)

www.bbadmin.com

Submit claims to claims@bbadmin.com

American United Life (AUL)

Claims Toll-Free Number

1-855-517-6365

Customer Service

1-800-553-5318

Texas Life Insurance Company

PO Box 830

Waco, TX 76703-0830

1-800-283-9233

Mark III Employee Benefits

114 E. Unaka Ave.

Johnson City, TN 37601

1-800-532-1044 x207

www.markiiibrokerage.com/lynchburgschoolsva

**View Benefit Information &
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***-3rd party iOS or Android app required**

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Employee Benefits

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(800) 532-1044 x207

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