



# 2019 Voluntary Benefits Guide





# DISCLAIMER

This guide is a brief summary of voluntary benefits offered to your group and does not constitute a policy.

Your employer may amend the voluntary benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your voluntary benefits. The SPD will be available at [mymarkiii.com](http://mymarkiii.com)

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



# Hi, I'm Ginger!

Your designated Mark III Account Manager.

*I'm here to help guide you through the voluntary benefits offered by your employer. If you have any questions regarding your benefits, please feel free to contact me at:*

**(800) 532-1044 (toll-free)**

**(704) 365-4280 x207**

**[ginger@markiiiieb.com](mailto:ginger@markiiiieb.com)**

*As stated in the disclaimer, this guide is simply a brief summary of voluntary benefits offered and does not constitute a policy. Before we review benefits offered, let's look at the difference in pre-tax vs post-tax benefits.*

## Pre-Tax

A "pre-tax basis" means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

**VS.**

## Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time. If your employer allows, you may also enroll any time during the year but, depending on the plan, you may be subject to waiting periods for pre-existing conditions, or you may have to furnish Evidence of Insurability (EOI).

### Pre-Tax Plans Offered:

- WageWorks Flexible Spending Accounts
- Trustmark Group Accident
- MetLife Group Cancer
- Aflac Group Hospital Indemnity

### Post-Tax Plans Offered:

- Aflac Group Critical Illness
- AUL Short Term Disability
- AUL Long Term Disability
- Texas Life Whole Life

# What's New or Changing?

Before making your voluntary benefit elections, review this guide. It's important that you correctly enroll in the coverage that is right for you and your family. If you wish to add or make changes to your insurance coverage(s), please consult with a Benefits Representative during your scheduled enrollment period.

- Humana announced that they are exiting the Worksite Voluntary Benefits market. Mark III Employee Benefits and Bay Bridge Administrators (BBA) are pleased to announce that Metropolitan Life Insurance Company (MetLife) has agreed to replace your Humana Group Cancer coverage with no change in benefits or premiums. BBA will continue to handle the administration of your coverage so there will be no change in contact information for filing claims or making policy changes.

# Important Points for 2019

- Your plan year runs from January 1, 2019 to December 31, 2019. This means your voluntary benefit elections will take effect January 1, 2019.
- If you wish to add or make changes to your benefit elections, please consult with a Mark III Benefits Representative during your scheduled enrollment period.
- Once the enrollment period is over, you **will not be able to make changes** unless you experience a qualifying life event as outlined by the IRS.
- The AUL 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.

## How to Enroll



### On-Site

Our non-commissioned, salaried Benefits Counselors are available to meet with employees like yourself, on-site to explain the voluntary benefits offered and help you enroll.

# Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

## Examples of QLEs

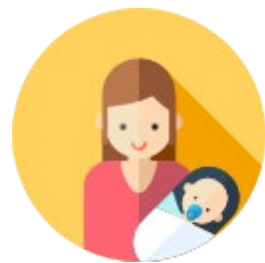
The following events will open a special 31-day enrollment period from the date of the event, allowing you to make changes to your coverage.



**marriage**



**divorce**



**childbirth/  
adoption**



**death of a  
family  
member**



**loss of  
parental  
coverage**



**spouse gains or  
loses coverage**



# View Your Benefits

Find details about all of your voluntary benefits, download forms, submit claims, ask questions, and more at [mymarkiii.com](http://mymarkiii.com).



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Available 24/7\* from any internet enabled device for your convenience.

*\*As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In the case of outage, plan information can always be requested from your HR office or Mark III Employee Benefits*



# STAY WELL

Voluntary Benefit  
Options that  
enhance you and  
your family's well  
being.





# Flexible Spending Account

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save, approximately, \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

## *There are 2 types of FSAs:*

- A **Health Care FSA:** With this account, you can pay for your out of pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that are incurred during your plan year and while an active participant. Eligible expenses are those incurred “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.” This is a broad definition that lends itself to creativity. **The maximum you can place in this account for the Plan Year is \$2,650. Your Health Care FSA includes the \$500 roll-over provision. After the run-out period, any balance up to \$500 will carryover to the new plan year. Please see the Employers Guide for more information.**
- A **Dependent Care FSA:** The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Refer to the Employee Guide for more details. **The annual maximum contribution may not exceed the lesser of the following: \$5,000 (\$2,500 if married filing separately); Your wages for the year or your spouse’s if less than above; Maximum is reduced by spouse’s contribution to a Day Care/Aged Adult Care FSA.**

## *Examples of Expenses*

- |                               |                    |                                 |
|-------------------------------|--------------------|---------------------------------|
| • Acupuncture                 | • Hospital         | • Nannies                       |
| • Surgery                     | • Chiropractor     | • Before & After Care           |
| • Prescription Eyeglasses     | • Laboratory       | • Day Camps                     |
| • Contact Lens & Supplies     | • Fertility        | • Babysitters                   |
| • Eye Exams/Laser Eye Surgery | • Physicals        | • Daycare for Elderly Dependent |
| • Physician                   | • Oxygen           | • Nursery School                |
| • Ambulance                   | • Physical Therapy | • Sick Child Center             |
| • Psychiatrist                | • Hearing Aids     | • Licensed Day Care Center      |
| • Psychologist                | • Prescriptions    |                                 |
| • Anesthetist                 | • Au Pair          |                                 |

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by WageWorks®



# Flexible Spending Account

## *How the Flexible Benefit Plan Works*

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
<b>Taxable Income</b>	<b>\$2,500.00</b>	<b>\$1,389.04</b>
Federal Tax (15%)	\$375.00	\$291.00
State Tax (5.75%)	\$143.74	\$111.55
FICA Tax (7.65%)	\$191.25	\$148.41
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$300.00	\$0.00
<b>Monthly Spendable Income</b>	<b>\$1,230.00</b>	<b>\$1,389.04</b>

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/her spendable income by \$159.04 every month! This means an annual tax savings of \$1,908.48. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

## *take care® by WageWorks Flex Benefits Card*

The take care® by WageWorks Flex Benefits Card can be used as a direct payment method for eligible expenses incurred at approved service providers and merchants. Using your card allows you instant access to your funds with no out of pocket expense. The take care® by WageWorks Flex Benefits Cards are available upon request of the account holder for dependents over the age of 18. Please keep all your itemized receipts. WageWorks may request documentation to substantiate card transactions to determine eligibility of an expense. Please contact WageWorks to order additional cards.

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by WageWorks



# Accident Plan

Accidents happen. And medical insurance deductibles are going up, which can make sudden expenses like the medical costs associated with an accidental injury harder for your family to deal with.

Trustmark Accident insurance pays cash directly to you for treatment for covered accidents. The plan pays regardless of other coverage you have, and there are no restrictions on how you may use the money.

With Accident insurance, you can worry less about your bills, and focus on recovering.

## Plan Features

Accident insurance pays based on your injury and the care you receive. Benefits are included for medical services, including:

- Hospital admissions
- Ambulance transport
- Physical therapy
- Prosthetic devices or artificial limbs
- Skin grafts

... and for covered injuries, like:

- Fractures
- Dislocations
- Burns
- Concussion
- Amputations

These are just examples. A complete schedule of benefits will be listed in your policy.

- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Available for spouse and/or dependent children.
- No limit to the number of claims an Insured can file.
- Premiums are paid by convenient payroll deduction.
- Coverage is effective on the certificate or policy date assigned to the group for a particular enrollment.
- 24-Hour Coverage for certain accidental injuries, as well as for medical care and equipment to treat them.
- Get paid for certain health screening tests.
- Plan is portable with certain stipulations. See certificate for details.

## Semi-Monthly Rates (24 deductions)

Covered	Rates
Employee Only	\$5.79
Employee + Spouse	\$8.65
Employee + Dependent Child(ren)	\$11.68
Employee, Spouse, + Dependent Child(ren)	\$14.55





# Cancer Plan

With the rates of cancer increasing, cancer treatment can lead to unexpected expenses to add to your financial burden. Cancer coverage fills in the gaps your medical insurance doesn't cover. Benefits are paid directly to you and can be used for a variety of purposes.

## ***Plan Features***

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers certain Lodging & Transportation
- Portable (take your coverage with you)
- In & Out of Hospital Benefits
- Pays regardless of other coverage.

## ***Benefits***

Benefit	Benefit Amounts
Wellness Benefit	\$100 per calendar year
Positive Diagnosis Test	Up to \$300 per calendar year
First Diagnosis Benefit	\$0 - \$5000 depending on chosen option
Second & Third Surgical Opinions	Incurred Expenses
Non-Local Transportation	Actual billed charges by a common carrier or \$0.50 per mile if personal vehicle used
Ambulance	Incurred Expenses
Surgery	Up to \$3,000
Donor Benefit Bone Marrow & Stem Cell Transplant	\$200 medical expense, actual billed charges for coach fare or \$0.50 per mile for personal vehicle, actual billed charges up to \$50 per day for lodging and meal expense.



# Cancer Plan

## ***Benefits (continued)***

Benefit	Benefit Amounts
Bone Marrow & Stem Cell Transplant	Incurred Expenses to a combined lifetime maximum of \$15,000
Anesthesia	The product pays for 25% of surgical benefit paid. It also pays \$100 maximum per Covered Person for anesthesia in connection with skin Cancer that is not malignant melanoma.
Ambulatory Surgical Center	\$250 per day
Drugs & Medicines	Up to \$25 per day, \$600 per calendar year
Outpatient Anti-Nausea Drugs	Up to \$250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy	Incurred Expenses up to \$2,500 per month (options 1 & 2) Incurred Expenses up to \$5,000 per month (options 3 & 4)
Miscellaneous Diagnostic Charges	Incurred Expenses up to a lifetime maximum of \$10,000
Self-Administered Drugs	Incurred Expenses up to \$4,000 per month
Colony Stimulating Factors	Incurred Expenses up to \$500 per month
Blood, Plasma, & Platelets	Incurred Expenses up to \$200 per day
Physician's Attendance	Up to \$35 per day
Private Duty Nursing Service	Up to \$100 per day
National Cancer Institute Designated Comprehensive Treatment Center Evaluation/Consultation Benefit	Actual Billed Charges limited to a lifetime maximum up to \$750 for evaluation. Actual Billed Charges limited to a lifetime maximum up to \$350 for transportation and lodging.
Breast Prosthesis	Incurred Expenses
Artificial Limb or Prosthesis	Up to \$1,500 lifetime maximum per amputation





# Cancer Plan

## ***Benefits (continued)***

Benefit	Benefit Amounts
Physical or Speech Therapy	Up to \$35 per session
Extended Benefits	\$300 per day
Extended Care Facility	Up to \$50 per day
At Home Nursing	Up to \$100 per day
New or Experimental Treatment	Up to \$7,500 per calendar year
Hospice Care	Up to \$50 per day
Government or Charity Hospital	\$200 per day
Hairpiece	Incurred Expenses up to a lifetime maximum of \$150
Rental or Purchase of Durable Goods	Incurred Expenses up to \$1,500 per calendar year
Waiver of Premium	After 60 days
Hospital Confinement	\$100 per day

## ***Other Specified Diseases Covered***

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



# Cancer Plan

## *Semi-Monthly Rates (24 deductions)*

Coverage Tier	Option 1	Option 2	Option 3	Option 4
Employee	\$8.83	\$11.69	\$9.82	\$15.45
Employee + Spouse	\$17.79	\$23.80	\$19.72	\$31.44
Employee + Child(ren)	\$12.60	\$16.60	\$13.82	\$21.68
Employee, Spouse, + Dependent Child(ren)	\$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



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ADMINISTRATORS**

*"Your solutions begin  
at the Bridge"™*



**MetLife**



# Hospital Indemnity Plan

The Aflac Group 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 sickness.
- Admission and per day Hospital Confinement Benefits included.
- Surgery & Anesthesia Benefits included.
- The plan is portable with certain stipulations.

## ***Eligibility***

- Employee: ages 18-64
- Spouse: ages 18-64
- Children under age 26

**NOTE:** The employee may purchase coverage for their spouse and/or dependent children. However, the spouse and/or children cannot participate if the employee is not eligible for coverage or elects not to participate.

## ***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, 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 is considered a pre-existing condition if conception was before the coverage effective date.

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.



# Hospital Indemnity Plan

## ***Exclusions***

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

**We will not pay benefits for loss contributed to, 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 for which benefits are paid or payable 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.



# Hospital Indemnity Plan

## *Semi-Monthly Rates (24 deductions)*

Plan 1 – Semi-Monthly	
Employee	\$6.93
Employee + Spouse	\$14.22
Employee + Child(ren)	\$12.04
Family	\$19.33

Plan 2 – Semi-Monthly	
Employee	\$14.72
Employee + Spouse	\$30.21
Employee + Child(ren)	\$25.91
Family	\$41.40

Plan 1 – 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

Plan 2 – Benefit Summary	
Hospital Confinement (Per Day)	\$150
Hospital Admission (Per Confinement)	\$1500
Surgical Benefit (Per Procedure)	\$1500
Anesthesia Benefit – (Up to This Amount)	\$375
Wellness	\$50

**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.**

**This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Refer to the plan for complete details, limitations and exclusions at [mymarkiii.com](http://mymarkiii.com).**







# Critical Illness Plan

## without Cancer

Critical Illness insurance provides lump sum benefits upon diagnosis of each critical illness or event. These events are often life-changing and while major medical insurance can help with the cost of treatment, Aflac group Critical Illness can help you and your family pay those out-of-pocket expenses that may pile up. Benefits are paid directly to you, unless otherwise assigned, to spend how you choose.

### ***Plan Features***

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Guaranteed-issue coverage available to both employee and spouse.
- Each dependent child is covered at 50% of the primary Insured amount at no additional charge.
- Benefit amounts are available from \$5,000 up to \$50,000 for employees and up to \$30,000 for spouse.
- An annual health screening benefit included.
- Plan is portable with certain stipulations. See certificate for complete details.
- Covers: heart attack, stroke, major organ transplant, kidney failure (end stage), coronary artery bypass, coma, paralysis, severe burns, loss of speech, sight, or hearing, as well as some additional heart procedures.

### ***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.

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***

Employees: Ages 18+

Spouses: Ages 18+

Children under age 26

### ***Portability***

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





# Critical Illness Plan

## without Cancer

### Benefits

#### Initial Diagnosis

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

Critical Illnesses Covered Under Plan	Percentage of Face Amount	Critical Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%	Coma**	100%
Stroke	100%	Severe Burns*	100%
Major Organ Transplant	100%	Paralysis**	100%
Renal Failure (End Stage)	100%	Loss of Sight**	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%	Loss of Hearing**	100%
Sudden Cardiac Arrest	100%	Loss of Speech	100%
Coronary Artery Bypass Surgery	25%	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.

#### Re-occurrence

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 - \$100** – An Insured may receive a maximum of \$100 for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit. Not paid for dependent children.

**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.**

**This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Please refer to the plans for complete details, limitations and exclusions.**





# Critical Illness Plan

## without Cancer

### *Semi-Monthly Rates (24 deductions) without Cancer*

#### NON-TOBACCO: Employee

	\$5000	\$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	\$7.28	\$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

#### NON-TOBACCO: Spouse

	\$5000	\$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	\$7.28	\$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

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





# Critical Illness Plan

## without Cancer

### *Semi-Monthly Rates (24 deductions) without Cancer*

#### TOBACCO: Employee

	\$5000	\$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

#### TOBACCO: Spouse

	\$5000	\$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

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





# Critical Illness Plan

## with Cancer

Critical Illness insurance provides lump sum benefits upon diagnosis of each critical illness or event. These events are often life-changing and while major medical insurance can help with the cost of treatment, Aflac group Critical Illness can help you and your family pay those out-of-pocket expenses that may pile up. Benefits are paid directly to you, unless otherwise assigned, to spend how you choose.

### ***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. See certificate for complete details.
- Annual health screening benefit is included.

### ***Underwriting Guidelines – Guaranteed Issue***

Guaranteed-issue coverage is offered during the first three annual open enrollments and for new hires thereafter: Up to **\$30,000** for employees and up to **\$15,000** for spouses.

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***

Employees: Ages 18+

Spouses: Ages 18+

Children under age 26

### ***Portability***

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







# Critical Illness Plan

## with Cancer

### Benefits

#### Initial Diagnosis +

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

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

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.

**+ 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 - \$100** – An Insured may receive a maximum of \$100 for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit. Not paid for dependent children.





# Critical Illness Plan

## with Cancer

### ***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. This does not include terrorism.
  - 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.

**This summary 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.**

**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.**

**This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Please refer to the plans for complete details, limitations and exclusions. AGC1803885 IV (9/18)**





# Critical Illness Plan with Cancer

## *Semi-Monthly Rates (24 deductions) with Cancer*

### NON-TOBACCO: Employee

	\$5000	\$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

### NON-TOBACCO: Spouse

	\$5000	\$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

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





# Critical Illness Plan with Cancer

## *Semi-Monthly Rates (24 deductions) with Cancer*

### TOBACCO: Employee

	\$5000	\$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

	\$5000	\$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

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





# Short Term Disability Plan

You insure your home, car, and other valuable possessions, so why not also protect what pays for all of 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.

## Plan Features

- Choose to insure up to 70% of covered basic monthly earnings to a maximum monthly benefit of \$2,000
- 7 day elimination period for sickness and 0 for injury
- Benefit duration if continually disabled is 13 weeks
- 24 hour coverage on or off the job
- 3/12 Pre-Existing Condition Exclusion
- Maternity coverage subject to applicable pre-existing condition exclusion
- Recurrent disability. If you resume work for 30 consecutive workdays, additional disability is considered a new period.
- Annual enrollment for \$500-\$1000 without medical questions.
- Plan is portable. 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)

## Semi-Monthly (24 deductions) Premiums (13 Weeks)

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







# Long Term Disability Plan

You insure your home, car, and other valuable possessions, so why not also protect what pays for all of 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. Long Term Disability kicks in after 90 consecutive days out of work for a sickness or injury.

## Plan Features

- Choose to insure up to 60% of covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$100 increments. Minimum benefit is \$500.
- 90 day elimination period for sickness or injury
- Benefit duration of up to 5 years if disabled prior to age 61
- 24 hour coverage on or off the job
- 3/12 Pre-Existing Condition Exclusion
- Annual enrollment for \$500-\$1000 without medical questions.
- Plan is portable. 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)

## Semi-Monthly (24 deductions) Premiums

Semi-Monthly Benefit	Semi-Monthly Premium	Semi-Monthly Benefit	Semi-Monthly Premium	Semi-Monthly Benefit	Semi-Monthly Premium
\$500	\$3.20	\$1,100	\$7.04	\$1,700	\$10.88
\$600	\$3.84	\$1,200	\$7.68	\$1,800	\$11.52
\$700	\$4.48	\$1,300	\$8.32	\$1,900	\$12.16
\$800	\$5.12	\$1,400	\$8.96	\$2,000	\$12.80
\$900	\$5.76	\$1,500	\$9.60		
\$1,000	\$6.40	\$1,600	\$10.24		

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. OneAmerica® is the marketing name for American United Life Insurance Company (AUL)®, a One America company. Products issued and underwritten by AUL





# Whole Life Plan

Whole Life Insurance is an ideal complement to any group term or optional term life insurance your employer might provide. Texas Life's **SOLUTIONS 121** is the life insurance you keep, even if you change jobs or retire as long as you pay premiums. It will help protect your family today, and more importantly tomorrow. And, you won't even have to pay for it after age 65 (or 20 years if you purchased the policy after age 45), because it's guaranteed to be paid up.

## Plan Features

- Permanent and yours to keep when you change jobs or retire
- Non-participating Whole Life (no dividends)
- Guaranteed death benefit<sup>1</sup>
- Guaranteed paid-up insurance at age 65, or 20 years if you purchased the policy after age 45
- If you're actively at work the day you enroll, you can qualify for basic amounts with no additional underwriting
- Rates shown include Accelerated Death Benefit for Chronic Illness
- Rates shown include Waiver of Premium for ages 17-59
- If you desire more coverage, you may qualify by answering just four health questions.<sup>2</sup>
- Coverage available for spouse, children, and grandchildren.<sup>3</sup>

## Sample Semi-Monthly (24 deductions) Rates

Age	Face Amount	Semi-Monthly Premium Non-Tobacco, Includes Chronic Illness & Waiver of Premium	Semi-Monthly Premium Tobacco, Includes Chronic Illness & Waiver of Premium	Paid-Up Age
20	\$50,000	\$19.06	\$23.48	65
25	\$50,000	\$21.71	\$27.32	65
30	\$50,000	\$26.73	\$33.51	65
35	\$50,000	\$34.10	\$43.25	65
40	\$50,000	\$45.90	\$57.70	65
45	\$50,000	\$62.72	\$81.01	65

<sup>1</sup> - Guarantees are subject to product terms, exclusions, and limitations.

<sup>2</sup> - Coverage will depend on the answers to these questions.

<sup>3</sup> - Coverage not available on children and grandchildren in Washington.

**TEXAS LIFE**  
INSURANCE COMPANY

Policy Form WL0T0-NI-11 or ICC11-WL0T0-NI-11

# 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 For UFA* At Attained Age
IFA* ⇒	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		
UFA*⇒	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		
(ALB)	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
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

Form: 11Mo35-1 (B2) B-S-3WS

# 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 <sup>1</sup>							
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

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

# Continuation of Benefits

## **MetLife Cancer Plan**

You may continue your MetLife 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

**Wageworks**  
1-800-950-0105 opt 1  
[www.myflexonline.com](http://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](mailto: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](http://Aflacgroupinsurance.com)

**MetLife**  
Bay Bridge Administrators, LLC  
P.O. Box 161690 • Austin, TX 78716  
1-800-845-7519  
512-275-9350 (Fax)  
[www.bbadmin.com](http://www.bbadmin.com)  
Submit claims to [claims@bbadmin.com](mailto: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







View additional benefits information  
or download forms at:  
[mymarkiii.com](http://mymarkiii.com)

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