

CITY OF *Falls Church* VIRGINIA

25/26 VOLUNTARY BENEFITS ENROLLMENT



PLAN YEAR:

July 1, 2025 - June 30, 2026

OPEN ENROLLMENT:

May 16 - 30, 2025

NEW HIRES:

Within 30 days of hire date

LEARN ♦ ENROLL

pierceins.com/fallschurchva

800-421-3142



arranged by:



TIME SENSITIVE



City of Falls Church
300 Park Avenue, Suite 200W
Falls Church, VA 22046

Welcome to your Supplemental Benefits Enrollment!

Dear Valued Employees:

Your unwavering commitment to public service ensures that our neighborhoods remain vibrant, safe, and welcoming. You deserve the very best! That is why we are thrilled to offer you top-tier Voluntary Benefits. Designed to enhance your core benefits, these offerings provide valuable protection through the various stages of life.

This booklet provides information on the supplemental benefits available for plan year July 1, 2025 - June 30, 2026. Plans include:



Flexible Spending Accounts



Group Accident Insurance



Cancer Insurance



Group Hospital Indemnity Insurance



Group Critical Illness Insurance



Perks at Work



Group Short-Term Disability



Life (with Long-Term Care)



Legal Insurance



Identity Theft Protection



Pet Insurance

We encourage you to review the benefits in this booklet and meet with a Pierce Insurance benefits counselor one-on-one. There are no qualifying health questions (up to plan limits) for the supplemental medical plans, and you will not be pressured to purchase.

Thank you for your dedication and hard work. Together, we are reaching new heights and making our Little City a better place for everyone.

Stay well and safe,

Sharon Gibson

Meaghan DeCelle

Christopher Valakos

Sharon Gibson
Director of Human Resources

Meaghan DeCelle
Talent Acquisition Manager

Christopher Valakos
HR Generalist

SUPPLEMENTAL BENEFITS ENROLLMENT













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City of Falls Church, Virginia

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IMPORTANT Note & Disclaimer

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

PRE & POST TAX BENEFITS OVERVIEW

City of Falls Church, Virginia

Plan Year: July 1, 2025 – June 30, 2026

Annual Enrollment Period: May 16 - May 30, 2025

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

PRE-TAX BENEFITS

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



Flexible Spending Account**



Group Accident Insurance



Cancer



Group Hospital Indemnity Insurance

****You will need to re-enroll for the spending accounts if you want them to continue next plan year. If you do not re-enroll your contribution will stop effective 7/1/2025.**

POST-TAX BENEFITS

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



Group Critical Illness Insurance



Group Short-Term Disability Insurance



Life Insurance with Long-Term Care



Legal Insurance



Identity Theft Protection



Pet Insurance



Perks at Work

****You will need to re-enroll for Pet Insurance if you want them to continue next plan year. If you do not re-enroll, your coverage will stop effective 7/1/2025.**

ACCESS YOUR BENEFITS

ANYTIME ♦ ANYWHERE

pierceins.com/fallschurchva

IMPORTANT DETAILS

How To Ask Questions, Make Changes, & Enroll

OPEN ENROLLMENT: MAY 16 - 30, 2025

Benefit counselors will be onsite during Open Enrollment.

SCHEDULE YOUR ONSITE OR VIRTUAL BENEFITS REVIEW> pierceins.com/fallschurchva

CALL 800-421-3142> to speak with a benefits counselor

ENROLL ONLINE> pierceins.com/fallschurchva

Why schedule your benefits review appointment?

- Our goal is to ensure you understand your Supplemental Benefits
- To learn about this special GUARANTEE ISSUE opportunity
- Help raise money for UVA Children's Hospital via Benefits That Benefit **CHILDREN**
- For assistance with enrolling

Open Enrollment eligibility: Benefits-eligible employees working 20 hours or more per week.

NEWLY-HIRED EMPLOYEES (year-round)

Benefit eligible new hires must apply for benefits during the first 30 days of employment. Benefits are effective the 1st of the following month.

CALL 800-421-3142> to speak with a benefits counselor

ENROLL ONLINE> pierceins.com/fallschurchva

IMPORTANT DETAILS

Elections made during the enrollment period cannot be changed outside of open enrollment unless there is a family status change as defined by the Internal Revenue Code. Examples: marriage, divorce, death of a spouse, birth or adoption of a child, termination or commencement of a spouse's employment or the transition of a spouse's employment from full-time to part-time. Once a family status change has occurred, you have 30 days from the event to make changes. Call Pierce Insurance at [800-421-3142](tel:800-421-3142).

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

Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement.

- An employee can roll over up to \$660. If employment terminates during the Plan Year, the employee's plan year ends the day employment ends. The employee has 90 days after termination to submit claims.
- With Dependent Care Flexible Spending accounts, the maximum reimbursement you can request is equal to the current account balance in your Dependent Care account.

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

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

Coverage in most instances is portable when you leave employment. Refer to *Continuation of Coverage After Employment* in this booklet for details.

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

MyBenefits Website: pierceins.com/fallschurchva



 Benefit Plans

 Enroll

 Video Library

 Benefit Resources

 Questions

 Contact Information



DOWNLOAD your MyBenefits App

The Pierce Insurance app makes it easier for employees to access their benefits in one easy step.

Scan to
Download



Pierceins.com/apps

Pierceins.com | 800-421-3142

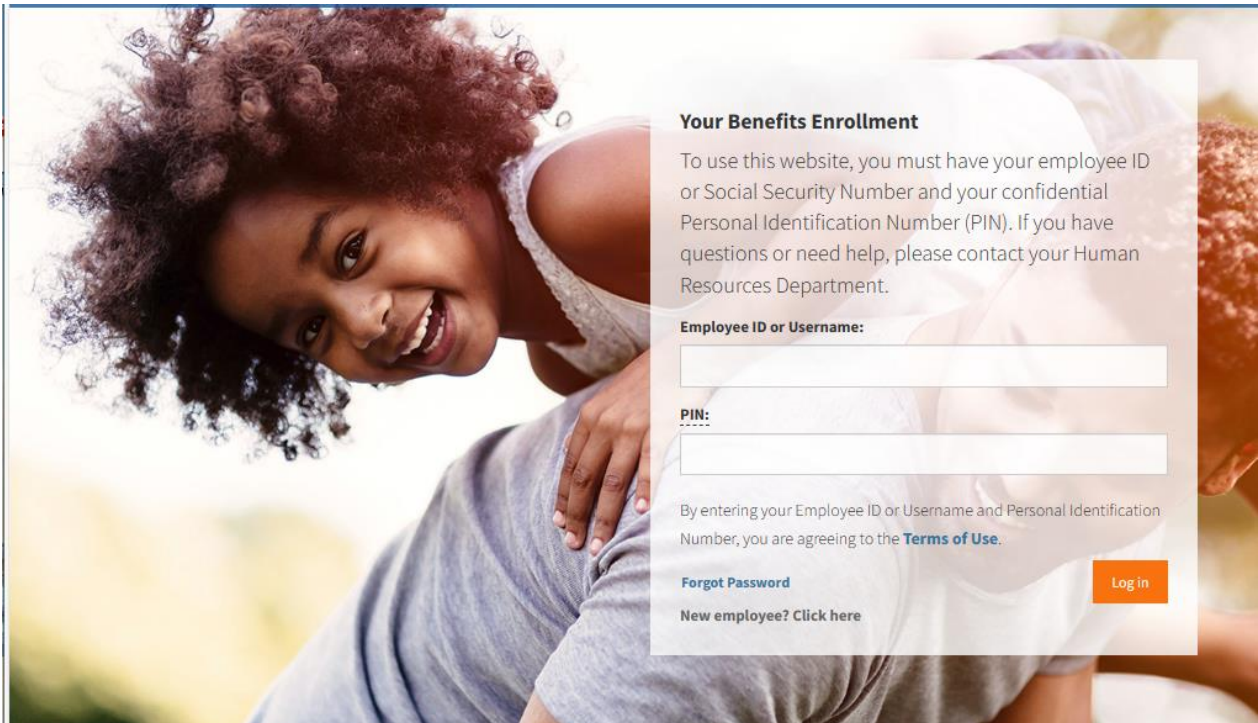
HOW TO ENROLL ONLINE

Step 1. Connect to the website through your web browser at <https://pierceins.com/fallschurchva/> then click the 'Enroll' button:

ENROLL

For added convenience, you may download the mobile app through your web browser at <https://pierceins.com/apps/>. Under this option, select your employer from the drop-down, scroll to the 'How to Enroll'

Step 2. At the 'Enrollment Site' screen, enter your *employee ID* or *Social Security Number* and your personal identification number (*PIN*). If you are logging in for the first time, your PIN is a combination of the last 4 digits of your SSN and the last 2 digits of your year of birth.



Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or Username:

PIN:

By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[Forgot Password](#) [Log in](#)

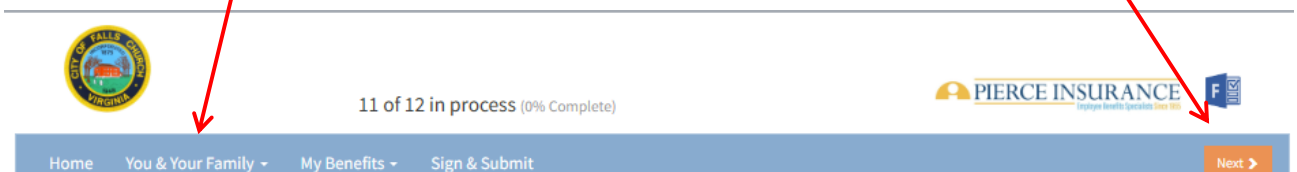
New employee? [Click here](#)

When logging in for the first time, the system will prompt you to update your password.

Step 3 - When the Welcome Page appears on your screen you have successfully logged in! Click Next to move to the next page.

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


Use the '**Next**' button to proceed through the pages.





11 of 12 in process (0% Complete)

Home You & Your Family My Benefits Sign & Submit Next >

HOW TO ENROLL ONLINE



11 of 12 in process (0% Complete)



HomeYou & Your FamilyMy BenefitsSign & Submit

BackNext

My Benefits

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

☐ HealthEquity Flexible Spending Account

Review

You have to complete enrollment in this plan.

☐ Dependent Care FSA (Health Equity)

Review

You have to complete enrollment in this plan.

☐ Aflac Group Accident 70000 Series

Review

You have to complete enrollment in this plan.

☐ Transamerica CancerSelect Plus

Review

You have to complete enrollment in this plan.

☐ Aflac Group Hospital 80000 Series

Review

You have to complete enrollment in this plan.

My Benefits

<input type="radio"/> HealthEquity Flexible Spending Account	\$0.00
<input type="radio"/> Dependent Care FSA (Health Equity)	\$0.00
<input type="radio"/> Aflac Group Accident 70000 Series	\$0.00
<input type="radio"/> Transamerica CancerSelect Plus	\$0.00
<input type="radio"/> Aflac Group Hospital 80000 Series	\$0.00
<input type="radio"/> Aflac Group Critical Illness 21000 Series	\$0.00
<input type="radio"/> Chubb Disability	\$0.00
<input type="radio"/> Chubb LifeTime Benefit Term	\$0.00
<input type="radio"/> LegalEASE	\$0.00
<input type="radio"/> LifeLock	\$0.00
<input type="radio"/> PetPartners Pet Insurance	\$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00

**Total Cost**
Per Pay Period\$0⁰⁰

Step 4. Select or waive coverage as you proceed through the enrollment.

Step 5. Sign and submit your enrollment. Enter your PIN and click 'Sign Form'.

If you have any questions about your enrollment, please contact
Pierce Insurance:
Call 800-421-3142 or chat at pierceins.com/fallschurchva/.

You may log back into the enrollment site to verify you submitted your enrollment form. A Benefit Summary will be emailed to you.



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



When an employee enrolls in LegalEASE (\$1.00 per month) and/or NortonLifelock (\$0.90 per month) will be donated on behalf of City of Falls Church to UVA Children's Hospital.

The donation will continue for as long as the employee maintains coverage and works for City of Falls Church



Meet with a Benefits Counselor to learn about valuable voluntary benefits including Chubb's Disability Income and LifeTime Benefit Term and **\$10** per person not previously seen will be donated to UVA Children's Hospital.

No Purchase is Necessary for a Donation.



Helping Children's Hospitals Help More Children




FILE YOUR WELLNESS, HEALTH SCREENING or BENEFIT CLAIM

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



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

Plan Name	Wellness Benefit	Am I Enrolled?	Date Claim Filed
 Group Critical Illness Insurance *	\$50	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
 Group Cancer Insurance	\$100	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /

*Critical Illness Insurance Health Screening benefit is not paid for dependent children.

VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING.

If you get sick, hurt, need a lawyer, are a victim of identity theft, or pass away unexpectedly, would you need financial help with any of the following?

- Lost income
- Childcare expenses
- Mortgage payment
- Care giving expenses
- Education expenses
- Medical expenses
- Legal fees
- Identity Theft restoration costs
- Long-term care expenses
- Retirement funding

Voluntary Insurance Helps Provide Peace of Mind



HealthEquity® | FSA

Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical, dental, and vision expenses.¹ So you spend less on the healthcare you need. FSA paycheck deductions are tax-free too, which helps reduce your taxable income. The more you contribute, the more you save.

- ✓ Access annual contribution amount on day one.
- ✓ Pay for your spouse and dependents too.
- ✓ Plan ahead because FSA funds eventually expire.



Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.²

FSA

Tax-free

No FSA

Taxed

FSA Contribution Limit³

\$3,300



**See how much
you can save.**

HealthEquity.com/Learn/FSA

¹FSAs are never taxed at a federal income tax level when used appropriately for eligible healthcare expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | ³Contribution limit is accurate as of 10/22/24. Each fall the IRS updates the FSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice.

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Spend tax-free.

There are thousands of eligible expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

An employee can roll over up to \$660. If employment ends during the Plan Year, the employee's plan year ends the day employment ends. The employee has 90 days after termination to submit claims.

HealthEquity® | DCFSA

Dependent Care Flexible Spending Account

A DCFSA lets you use tax-free money to pay for eligible dependent care expenses.¹ A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare. DCFSA paycheck deductions are tax-free too, which helps reduce your taxable income. The more you contribute, the more you save.

- ✓ Access funds as you make contributions.
- ✓ Enjoy fast, hassle-free reimbursement.
- ✓ Plan ahead because DCFSA funds eventually expire.



Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.²

DCFSA

Tax-free

No DCFSA

Taxed

DCFSA Contribution Limit³

\$5,000



**See how much
you can save.**

HealthEquity.com/Learn/DCFSA

¹DCFSA funds are never taxed at a federal income tax level when used appropriately for eligible dependent care expenses. Also, most states recognize DCFSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | ³Contribution limit is accurate as of 10/22/2024. Each fall the IRS updates the DCFSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice.

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Spend tax-free.

There are so many eligible expenses. Here are just few:

- Daycare
- Nursery school
- Babysitter
- Preschool
- Summer day camp
- Before/after school programs
- Elder daycare

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

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

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

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

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

What you need, when you need it.

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



	HIGH	MID
INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:		
Hospital emergency room with X-Ray / without X-Ray	\$400/\$350	\$350/\$300
Urgent care facility with X-Ray / without X-Ray	\$400/\$350	\$350/\$300
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$225/\$175	\$175/\$150
AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$400 Ground \$1,200 Air	\$300 Ground \$900 Air
MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$200	\$150
EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.	\$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours	\$70 Each 24 hour period \$35 Less than 24 hours, but at least 4 hours
PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).	\$5	\$5
BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$200	\$200
PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.	\$100	\$75
CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$500	\$350
TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	\$5,000	\$3,500
COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$10,000	\$7,500

EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown	\$30 Extraction \$120 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.		
Second Degree		
Less than 10%	\$100	\$75
At least 10% but less than 25%	\$200	\$150
At least 25% but less than 35%	\$500	\$375
35% or more	\$1,000	\$750
Third Degree		
Less than 10%	\$1,000	\$750
At least 10% but less than 25%	\$5,000	\$3,750
At least 25% but less than 35%	\$10,000	\$7,500
35% or more	\$20,000	\$15,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$250	\$175
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$4,000 based on a schedule	Up to \$3,000 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule	Up to \$2,250 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):		
Over 15 centimeters	\$800	\$600
5-15 centimeters	\$400	\$300
Under 5 centimeters	\$100	\$75
Lacerations not requiring stitches	\$50	\$37.50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$400	\$300

FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$75
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.	\$50	\$35
INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$1,000	\$750
TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.	\$500 Plane \$200 Any ground transportation	\$350 Plane \$150 Any ground transportation
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.		

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

AFTER CARE BENEFITS	HIGH	MID
APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar Wheelchair, Knee Scooter, Body Jacket, Back Brace	\$40 \$100 \$400	\$30 \$75 \$300
ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	\$50	\$35
POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.	\$200	\$150

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	\$100 per day	\$75 per day
THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.	\$50	\$35
CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	\$30	\$25

HOSPITALIZATION BENEFITS

HIGH

LOW

HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	\$1,250 per confinement	\$900 per confinement
HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	\$300 per day	\$225 per day
HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$400 per day	\$300 per day
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$200 per day	\$150 per day

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	\$200 per day	\$150 per day
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LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)

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

Dismemberment means:

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

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

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)

	HIGH	MID
Employee	\$6,250	\$8,750
Spouse	\$2,500	\$3,750
Child(ren)	\$1,250	\$1,750

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$12,500	\$17,500
Spouse	\$5,000	\$7,500
Child(ren)	\$2,500	\$3,500

LOSS OF ONE OR MORE FINGERS OR TOES

Employee	\$625	\$875
Spouse	\$250	\$375
Child(ren)	\$125	\$175

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee	\$62.50	\$87.50
Spouse	\$62.50	\$87.50
Child(ren)	\$62.50	\$87.50

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia

Quadriplegia

\$2,500	\$3,500
\$5,000	\$7,500

PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)*

Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury.

Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.

\$1,500	\$2,000
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* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident)

Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

\$1,000

\$1,500

HIGH PLAN COVERAGE	SEMI-MONTHLY RATES
Employee	\$8.87
Employee and Spouse	\$14.75
Employee and Dependent Children	\$20.04
Family	\$25.92

MID PLAN COVERAGE	SEMI-MONTHLY RATES
Employee	\$7.11
Employee and Spouse	\$11.75
Employee and Dependent Children	\$15.84
Family	\$20.47

INITIAL ACCIDENT EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

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

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process.

We also will not pay benefits for:

- Allergic reactions
- Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings
- An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
- Any related medical/surgical treatment or diagnostic procedures for such illness
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.

- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

For 24-Hour Coverage, the following exclusions will not apply:

An injury arising from any employment.

An injury or sickness covered by worker's compensation.

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. AGC2200568 R1 EXP 3/26

This is a brief product overview only. The plans have limitations and exclusions that may affect benefits payable. Refer to the plans for complete details, limitations, and exclusions. Policy form numbers C70100VA, C80100VA, and C21100VA.

Group Accident, Hospital Indemnity, and Critical Illness insurance plans are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC2500396 EXP 4/26

PROTECTION YOU CAN COUNT ON

CANCERSELECT® PLUS CANCER-ONLY INSURANCE

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

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

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

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

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

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

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

YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

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

VALUABLE BENEFITS FOR YOUR LIFE

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

HOW IT WORKS

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



Visit:

transamerica.com



Customer Service:

888-763-7474

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

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

EB1 2194570R3 S 04/25



TRANSAMERICA®

Product Details

Hospital Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Hospital Confinement	\$100	\$100	per day of covered confinement
Extended Benefits	\$200	\$200	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$20	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$15	per day while hospital confined
Private Duty Nurse	\$100	\$100	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$100	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$100	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$100	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$100	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Surgery	Inpatient	\$1,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
	Outpatient	\$1,500	
Anesthesia	25%	25%	of covered surgery benefit

Product Details

Prosthesis		\$500	\$1,000	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis		\$50	\$100	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery	Breast Cancer – simple or total mastectomy	\$120	\$240	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
	Breast Cancer – radical mastectomy	\$170	\$340	
	Cancers of the male or female genitalia	\$170	\$340	
	Cancer of the head, neck, or oral cancers	\$250	\$500	
Second Surgical Opinion		\$100	\$200	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center		\$150	\$300	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	\$75	\$150	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$35	\$70	
Radiation and Chemotherapy Benefits		Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Radiation and Chemotherapy		\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges

Product Details

Associated Radiation & Chemo Expenses	\$250	\$500	maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses	\$250	\$500	maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

Product Details

Wellness & Non-Medical Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Annual Cancer Screening	\$100	\$100	per calendar year for cancer screening tests: <ul style="list-style-type: none"> • mammogram • pap smear • flexible sigmoidoscopy • prostate-specific antigen test • chest x-ray • hemocult stool specimen • ultrasound • CEA • CA125 • biopsy • thermography • colonoscopy • serum protein electrophoresis • bone marrow testing • blood screening
Magnetic Resonance Imaging (MRI) Scan	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement
Family Member Lodging	\$100	\$100	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	\$100	\$100	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$50	\$50	per treatment; limit one treatment per day

Product Details

At-Home Nursing	\$100	\$100	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday
Cancer Maintenance Therapy Benefit	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
<ul style="list-style-type: none"> • Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents 	\$1,000	\$1,000	maximum benefit per 12-month period; pays actual charges
First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Initial Diagnosis Benefit	\$1,000	\$2,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

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

Semi-Monthly Premium	Individual	Single Parent Family	Family
Plan Option 1	\$6.50	\$7.67	\$12.16
Semi-Monthly Premium			
Plan Option 2	\$9.83	\$11.34	\$18.05

Issue State: Virginia
Rate generation date: February 16, 2022

Limitations and Exclusions

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

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

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

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

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

First Occurrence Rider

Benefits are not payable:

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

Termination of Insurance

Employee insurance will terminate on the earliest of:

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

Dependent insurance will terminate on the earliest of:

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

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

Limitations and Exclusions

Portability Option

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

Termination of the Group Master Policy

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

Other Insurance with Us

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

GROUP BENEFITS DISCLOSURE POLICY

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

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

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

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

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

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

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

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

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

CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100VA



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

Does your major medical insurance cover all of your bills?

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

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

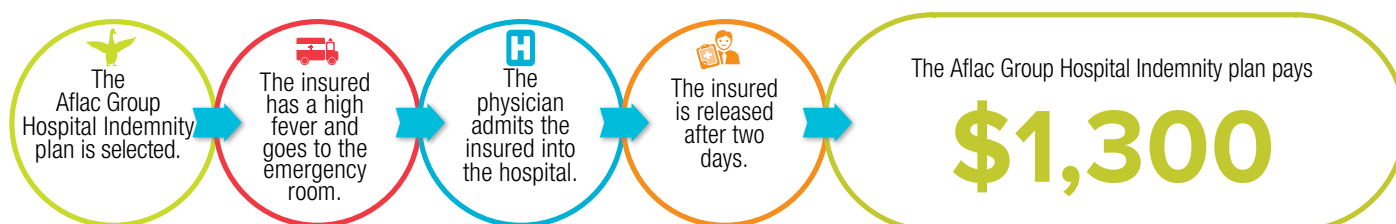
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more



How it works



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

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

HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

\$1,000

We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

\$200

HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

\$150

This benefit is payable in addition to the Hospital Confinement Benefit.

INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.

\$75

Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

COVERAGE	SEMI-MONTHLY RATES
Employee	\$11.44
Employee and Spouse	\$21.84
Employee and Dependent Children	\$17.67
Family	\$28.07

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

We will not pay for loss due to:

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

NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. AGC2200565 EXP 3/26

This is a brief product overview only. The plans have limitations and exclusions that may affect benefits payable. Refer to the plans for complete details, limitations, and exclusions. Policy form numbers C70100VA, C80100VA, and C21100VA.

Group Accident, Hospital Indemnity, and Critical Illness insurance plans are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC2500396 EXP 4/26

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

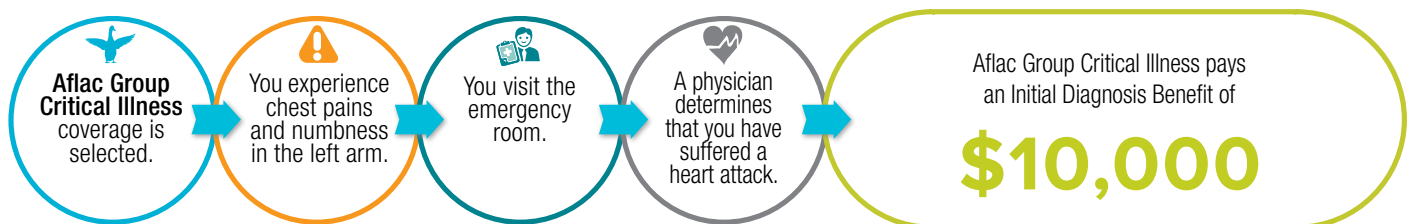
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Severe Burn
 - Coma
 - Paralysis
 - Loss of Sight / Speech / Hearing
- Health Screening Benefit

Features:

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

How it works



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

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
SEVERE BURN*	100%
COMA**	100%
PARALYSIS**	100%
LOSS OF SIGHT / SPEECH / HEARING**	100%
CORONARY ARTERY BYPASS SURGERY	25%
INITIAL DIAGNOSIS We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.	
ADDITIONAL DIAGNOSIS We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.	
REOCCURRENCE We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.	
CHILD COVERAGE AT NO ADDITIONAL COST Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.	
WAIVER OF PREMIUM If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.	
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.	
HEALTH SCREENING BENEFIT (Employee and Spouse only) We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.	

*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.

The plan has limitations and exclusions that may affect benefits payable.

This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

NON-TOBACCO / EMPLOYEE / SEMI-MONTHLY PREMIUMS

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.08	\$1.41	\$1.74	\$2.07	\$2.40	\$2.73	\$3.06	\$3.39	\$3.72	\$4.05
30-39	\$1.41	\$2.08	\$2.74	\$3.41	\$4.07	\$4.73	\$5.40	\$6.06	\$6.73	\$7.39
40-49	\$2.08	\$3.41	\$4.75	\$6.08	\$7.41	\$8.74	\$10.07	\$11.41	\$12.74	\$14.07
50-59	\$3.20	\$5.66	\$8.11	\$10.56	\$13.01	\$15.47	\$17.92	\$20.37	\$22.82	\$25.28
60+	\$5.05	\$9.36	\$13.66	\$17.97	\$22.27	\$26.58	\$30.88	\$35.18	\$39.49	\$43.79

NON-TOBACCO / SPOUSE / SEMI-MONTHLY PREMIUMS

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.08	\$1.25	\$1.41	\$1.58	\$1.74	\$1.91	\$2.07	\$2.24	\$2.40
30-39	\$1.41	\$1.75	\$2.08	\$2.41	\$2.74	\$3.07	\$3.41	\$3.74	\$4.07
40-49	\$2.08	\$2.75	\$3.41	\$4.08	\$4.75	\$5.41	\$6.08	\$6.74	\$7.41
50-59	\$3.20	\$4.43	\$5.66	\$6.88	\$8.11	\$9.33	\$10.56	\$11.79	\$13.01
60+	\$5.05	\$7.21	\$9.36	\$11.51	\$13.66	\$15.81	\$17.97	\$20.12	\$22.27

TOBACCO / EMPLOYEE / SEMI-MONTHLY PREMIUMS

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.51	\$2.27	\$3.03	\$3.79	\$4.56	\$5.32	\$6.08	\$6.84	\$7.60	\$8.36
30-39	\$2.46	\$4.16	\$5.87	\$7.57	\$9.28	\$10.99	\$12.69	\$14.40	\$16.11	\$17.81
40-49	\$3.84	\$6.93	\$10.01	\$13.10	\$16.19	\$19.28	\$22.36	\$25.45	\$28.54	\$31.63
50-59	\$5.79	\$10.83	\$15.87	\$20.91	\$25.95	\$30.99	\$36.03	\$41.07	\$46.11	\$51.15
60+	\$9.10	\$17.46	\$25.81	\$34.17	\$42.52	\$50.87	\$59.23	\$67.58	\$75.94	\$84.29

TOBACCO / SPOUSE / SEMI-MONTHLY PREMIUMS

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.51	\$1.89	\$2.27	\$2.65	\$3.03	\$3.41	\$3.79	\$4.17	\$4.56
30-39	\$2.46	\$3.31	\$4.16	\$5.02	\$5.87	\$6.72	\$7.57	\$8.43	\$9.28
40-49	\$3.84	\$5.38	\$6.93	\$8.47	\$10.01	\$11.56	\$13.10	\$14.64	\$16.19
50-59	\$5.79	\$8.31	\$10.83	\$13.35	\$15.87	\$18.39	\$20.91	\$23.43	\$25.95
60+	\$9.10	\$13.28	\$17.46	\$21.63	\$25.81	\$29.99	\$34.17	\$38.34	\$42.52

LIMITATIONS AND EXCLUSIONS

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

EXCLUSIONS

We will not pay for loss due to:

- **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:**
 - War (declared or undeclared) or military conflicts;
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
- **Illegal Substance Abuse:**
 - 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, are payable only while coverage is in force.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy. AGC2200566 EXP 3/26

This is a brief product overview only. The plans have limitations and exclusions that may affect benefits payable. Refer to the plans for complete details, limitations, and exclusions. Policy form numbers C70100VA, C80100VA, and C21100VA.

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Need help for life's highs and lows? Just call

Introducing the Telephonic EAP Program, available through Aflac.

We never know what life can bring from one day to the next. But you can be sure you have help when you need it. Health Advocate's Telephonic Employee Assistance Program provides support for a range of personal, family and work/life balance matters.

Telephonic EAP provides 24/7 phone access to licensed, professional counselors, prepared to help with your personal situation. They can also provide referrals for long-term counseling or specialized care, with customized plans to meet your specific needs.

Use any combination of tools, and time:



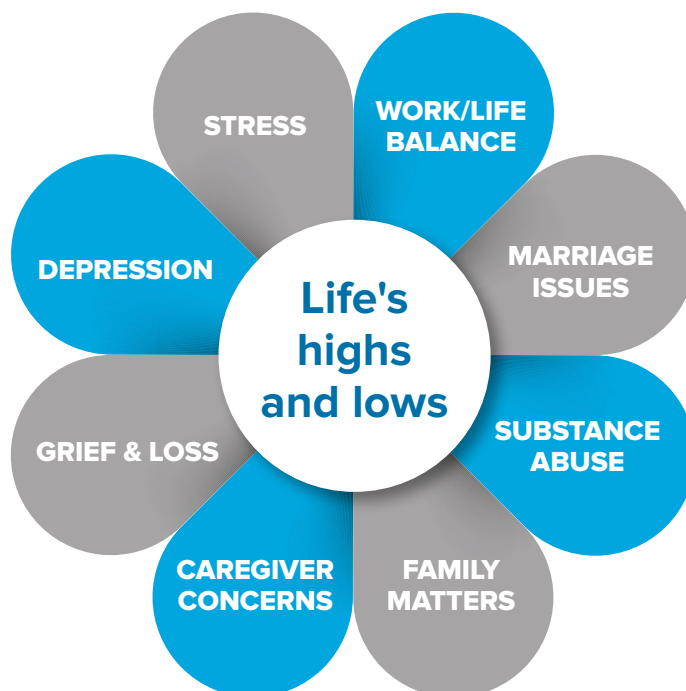
24/7 phone access
to trained counselors.



Long-term referrals and
treatment plans.



Support for a full range
of personal and work/life
issues.



Whatever life brings, call on EAP for help



Confidential telephone counseling sessions with highly trained, licensed professionals.



24/7 phone access to professional counselors.



Referrals for long-term counseling or specialized care.



Customized treatment plans.



Resource website for work/life matters.



Help for depression and other mental health issues.



Stress management.



Support for dealing with grief and loss.



Substance abuse counseling.

Count on Telephonic EAP to be here when you need it.

When your coverage begins, call 855.423.8585 or visit healthadvocate.com/aflac.

Available through Aflac, powered by Health Advocate.



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

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Continental American Insurance Company | Columbia, South Carolina

Health care doesn't have to be hard

Meet Health Advocacy and Medical Bill Saver, available through Aflac.

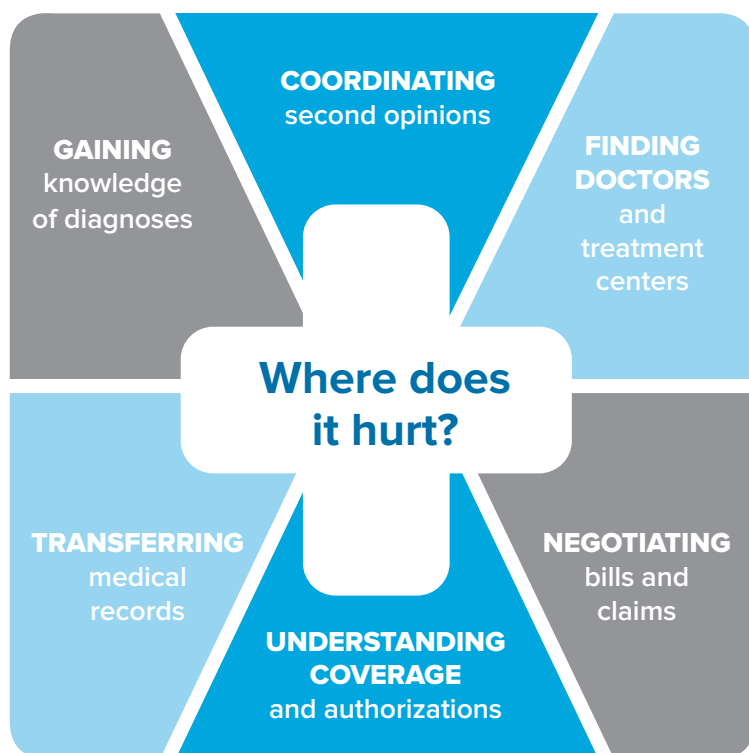
Dealing with health care and health coverage can be complicated — and often stressful. But now you have Health Advocacy and Medical Bill Saver.

With Health Advocacy, you have a team of experts who can help solve your health care and insurance-related questions. They can assist you with a variety of needs like finding specialists, clarifying coverage, addressing claim issues, getting second opinions — and even help negotiating medical bills.

Get care for your health care

Health Advocacy and Medical Bill Saver can help:

-  **Find doctors**
and treatment centers.
-  **Coordinate care**
and second opinions.
-  **Untangle medical bill**
and claim issues.
-  **Negotiate bills**
\$400 or more.
-  **Available 24/7,**
anytime, anywhere.



Get confidential, personalized help with Health AdvocateSM:



Find doctors, specialists, hospitals and other providers.



Schedule appointments for treatments and tests.



Coordinate second opinions and care.



Resolve issues, from claims problems and medical bills, to coordinating benefits.



Get help with eldercare issues, including Medicare and related health care issues for your parents and parents-in-law.



Get answers about your test results, treatments, prescriptions and more.



Work with your insurance companies to get approvals and clarify coverage.



Transfer medical records, lab results and X-rays.



Here for you 24/7 by convenient app or phone.

Medical Bill Saver gives you access to skilled negotiators who can help reduce your out-of-pocket costs from medical or dental bills not covered by insurance. And it's as easy as just sending in your bill.

Here's how it works:

1. Send in your medical or dental bills of \$400 or more.
2. Your negotiator contacts the provider to negotiate a discount.
3. If an agreement is reached, the provider approves payment terms and conditions.
4. You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms.

Health care just got easier with Health Advocacy and Medical Bill Saver[®].

When your coverage begins, call 855.423.8585 or visit healthadvocate.com/aflac.

Available through Aflac, powered by Health Advocate.



Value-Added
Services

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This offering may not supersede the terms and conditions of any existing contract the client has with Health Advocate. Health Advocate reserves the right to refuse any client group through Aflac if the client group cancels a pre-existing contract with Health Advocate prior to expiration date of the contract.

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

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

Disability Income Insurance

CHUBB®

Get income protection when
you're unable to work



No one plans on losing their paycheck . . . but just in case, we've got you covered.

With Chubb Disability Income insurance, you can receive a monthly benefit check to help replace your income if you have a sickness, injury or pregnancy that causes you to miss work. For each day you are out of work and disabled, Chubb will pay you benefits to replace your income. With Chubb Disability Income insurance, you can receive a disability benefit amount of up to 60% of your income, up to \$5,000 per month.

Chubb Disability Income insurance goes to work when you can't.

1 in 4 young
workers will
become disabled
before they
retire.¹

Over 40% of
adults can't pay
an unexpected
\$400 bill.²

50% of working
adults can't cover
3 months of living
expenses.²

For employees of

City of Falls Church



An illness or injury that stops your pay check can cause overwhelming stress for you and your family. Be prepared with financial protection from Chubb.

Expenses add up quickly

If you can't earn a paycheck due to disability, your savings might not be enough to cover household expenses plus healthcare and recovery costs that can continue for months. Chubb Disability Income insurance can help to keep you in your home and better able to cover regular bills or out-of-pocket expenses, such as:

- Car Payments
- Credit Card Debt
- Student Loans
- Necessary Household Expenses
- College Tuition
- Preplanned Retirement Saving
- Prescriptions
- Physical Therapy Expenses
- Rehabilitation Programs
- Medical Travel
- Extra Childcare or Parent Care

Would a check for \$3,000 help?

Chubb Disability Income insurance helps replace your income when you lose your paycheck due to a disability.

How Disability Benefits work

Susan hurt her back and was out of work for 2 months after satisfying her elimination period. Chubb Disability Income insurance paid Susan \$5,000 to pay her bills.

Here's how Susan's benefits stack up.

Disability Benefit Month 1	\$2,500
Disability Benefit Month 2	\$2,500
Total Benefit	\$5,000

Additional benefits may apply and may be subject to deductible sources of income.

* This example is for illustrative purposes only and should not be compared to an actual claim. Whether a disability is covered depends on the circumstances of the loss. Refer to the certificate of insurance for terms and conditions.

Chubb makes it easy

Fully Portable

You can keep your coverage even if you change jobs.

Guaranteed Renewable

Coverage is renewable until age 72 and cannot be cancelled as long as premiums are paid as due.

Convenient Payroll Deduction

No bills to watch for or checks to mail. Premiums are deducted automatically.



Additional Benefits

With Chubb's Disability Income insurance, you get even more than your disability benefit. To help you avoid financial hardship and ease your recovery, you get these benefits too:

Pregnancy Benefit

After your coverage has been in force for 10 months from your effective date, disability benefits for pregnancy will be covered the same as a covered Sickness.

Mental or Nervous Disorder Benefit

Chubb pays 50% of your disability benefit for disabilities resulting from mental and nervous disorders. The lifetime cumulative maximum benefit period for all disabilities due to mental or nervous disorders is 24 months.

Substance Abuse Benefit

With this benefit, Chubb pays 50% of your disability benefit for disabilities resulting from substance abuse. The lifetime cumulative maximum benefit period for all disabilities due to alcoholism or drug abuse is 12 months.

Waiver of Premium

Once you have been disabled for 14 days after satisfying your elimination period, you no longer have to pay premium for your coverage. Premium will not be due until you are no longer receiving disability benefits.

Organ Donation Benefit

A disability due to an organ donation is covered as a sickness and the elimination period is waived.

How do I qualify for Disability Benefits?

You qualify for benefits when, as a result of an injury or sickness[†], you

- are unable to work at your occupation;
- are not working for pay or benefits; and
- are under a physician's care for the covered injury or sickness.

Following a disability, if you are able to return to work but not able to perform all of your job duties, you may be eligible for partial disability benefits up to 50% of the maximum benefit amount.

When do benefits begin?

If you become disabled, benefits begin immediately following your elimination period.

PLAN 1

Accident Elimination Period: 0 days

Sickness Elimination Period: 7 days

PLAN 2

Accident Elimination Period: 14 days

Sickness Elimination Period: 14 days

When do benefits end?

Benefits end when you return to work or have reached your maximum benefit period, if sooner.

PLAN 1

Benefit Period: 3 months

PLAN 2

Benefit Period: 3 months

[†] The covered injury or sickness must occur after the Certificate Effective Date.



Initial eligibility

Active Employees

- Ages 18 to 69, working at least 20 hours per week

Pre-existing Condition Limitation

A pre-existing condition means a condition for which you received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed drugs or medications within the 12 months preceding your effective date.

Benefits will not be paid for any disability caused by, contributed by, or the result of a pre-existing condition which begins within the first 12 months following your Effective Date.

Exclusions

Benefits are not payable for Disabilities contributed to or caused by:

- Occupational Injury;
- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug, narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Being intoxicated or under the influence of alcohol, drugs or any narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;
- War, declared or undeclared, participation in a riot, insurrection or rebellion;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;
- Engaging in any illegal or fraudulent occupation, work or employment; or
- Committing or attempting to commit a felony or an assault; or for
- Disabilities that occur while you are incarcerated or imprisoned; or
- Disabilities that result solely as the result of a loss of a professional license, occupational license, or certificate.

This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage.

This document is only a brief description of Group Disability Income Certificate ICC17-C19202. See the certificate for complete details about features, benefits, exclusions and limitations.

1. Social Security Administration, Fact Sheet, January 2019
2. Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2017, May 2018

Chubb. Insured.SM

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

www.chubbworkplacebenefits.com

CWB-DI-CityFalls-0423



Life Insurance— Valuable protection for your loved ones



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

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

LifeTime Benefit Term can help.

Nearly 70%
of people turning
age 65 will need
some type of
Long Term Care.¹

\$93,075
average annual cost
for nursing home
care in 2020.²

46% of households
would face the
financial impact...
if the primary wage
earner died.³

For employees of

City of Falls Church

LifeTime Benefit Term Provides You with the Protection Your Family Needs

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

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

You Decide How You Want to Use LifeTime Benefit Term Benefits

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

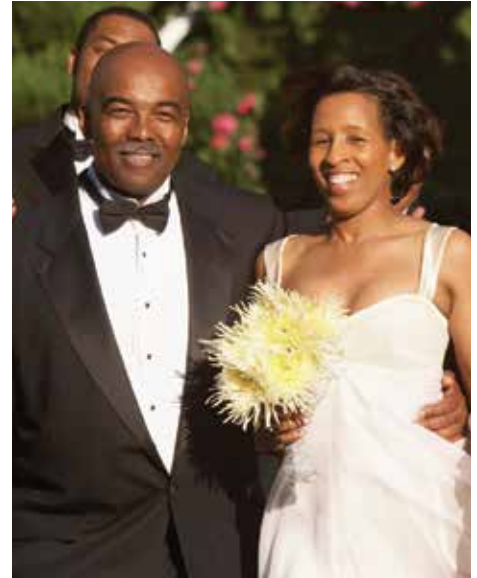
As Life Insurance

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

For Long Term Care* (LTC)

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

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



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

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

Term Life Insurance Built for Today

Guaranteed Premiums*

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

Guaranteed Benefits During Working Years

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

Guaranteed Benefits After Age 70

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

Paid-up Benefits

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

Long Term Care (LTC)*

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

Extension of Benefits*

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

Terminal Illness

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



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

Additional Benefit Option *(additional premium required)*

Child Term

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

LifeTime Benefit Term Sample Rates \$25,000 Face Amount (Non-Smoker)

Age at Purchase	Semi-Monthly
30	\$8.06
40	\$12.84
50	\$22.89

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

LifeTime Benefit Term Features

Budget Friendly Financial Security

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

Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

Highly Competitive Rates

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

Fully Portable and Guaranteed Renewable for Life

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

Family Coverage

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

LifeTime Benefit Term Exclusions

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

Long Term Care Exclusions

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

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

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

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

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

1. LongTermCare.gov, Feb. 18, 2020, acl.gov/ltc/basic-needs/how-much-care-will-you-need
2. Statista; March 17, 2021; www.statista.com/statistics/310446/annual-median-rate-of-long-term-care-services-in-the-us/
3. The 2021 Insurance Barometer Study, LIMRA and Life Happens, Oct. 14, 2021

Chubb. Insured.SM

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

We've Got You Covered

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

What's Included?



**FAMILY
LAW**



**ESTATE PLANNING
& WILLS**



**AUTO
& TRAFFIC**



**HOME &
RESIDENTIAL**



**FINANCIAL
& CONSUMER**



**GENERAL
COVERAGE**

Plan Details:

\$9.90 Semi-Monthly
via payroll deduction

Who's Covered:

Employee, Spouse or
Domestic Partner,
Dependent Children up
to age 26

Enroll Today!

Offered only during Open Enrollment, don't miss this opportunity to sign up for the LegalEASE Plan for paid in full legal coverage. Visit legaleaseplan.com/fallschurchva or give us a call at 1(800) 248-9000 to learn more about enrolling in the LegalEASE Plan.

For more information:

Visit: www.legaleaseplan.com/fallschurchva

Call: 1(800) 248-9000

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



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

- DAN, MEMBER



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

- JACQUELYN, MEMBER



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

- RANNISHA, MEMBER

How it Compares:

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



50+
Years of Experience



13 Million
Members Served



4.8/5
Google Review

For more information:

Visit: www.legaleaseplan.com/fallchurchva

Call: 1(800) 248-9000 and reference "City of Falls Church"
(Monday - Friday 7am- 7:30pm CST)

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.
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**NO COST
TO
EMPLOYEES**

The Legal Corner Web Resource

Legal Resources & Attorney Help

Resources and Attorney Help

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

The Legal Corner Offers

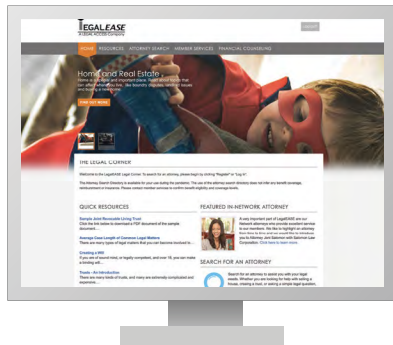
- An interactive directory that connects you to one of our Plan Attorneys with expertise specific to your legal matter (if there is one convenient to your area)
- A help center full of resources designed to navigate common individual or family legal issues
- Review and print out sample legal documents

Legal Corner Web Address

<https://legalcorner.legaleaseplan.com>



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



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

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

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

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

New topics, features and articles added every week.



ATTORNEY SEARCH

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



SAMPLE DOCUMENTS

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



ARTICLES ON AREAS OF LAW

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



FINANCIAL COUNSELING

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



TOPICAL SECTIONS

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



FEATURED IN-NETWORK ATTORNEY

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



LEGAL EAGLE VIDEOS

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



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



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

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LegalEASE Access Methods



LegalEASE Attorney Matching Portal

LAMP™ offers an online, enhanced member experience using improved technology to assist your legal or financial matters.

- Simple 5-step intake process
- Ability to select specific attorney traits needed for your individual situation
- Direct email communications with an attorney when your case is matched
- Track progress of your submitted case

Available 24 hours a day, 7 days a week to open a case at your convenience.



Advocate Compatibility Matching Service

- Live Help/Phone assistance for members
- Trained advocates to help you every step of the way from intake until your case is completed
- Save time and reduce stress with a more accurate attorney connection

Call our Member Services Specialists
1-888-416-4313 | 7AM-7:30PM CST
Monday - Friday



Online Account Registration



Visit online at legalcorner.legaleaseplan.com

STEP 1: Click **REGISTER** button at the top right to create an account.

STEP 2: **INSTRUCTIONS** sent to your registered email address to confirm your newly created account; Setup password & verify membership

STEP 3: Login using your email and password

STEP 4: Click **FIND AN ATTORNEY** tab; Select the **LAMP** button

STEP 5: Fill out the online intake form; **SUBMIT** your case for matching

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Plans are underwritten by insurance carrier partners in states where required. Please contact LegalEASE for complete details. ©2023 LegalEASE All rights reserved.

Are you worried about the health of your digital life?

We help protect your personal information and finances.

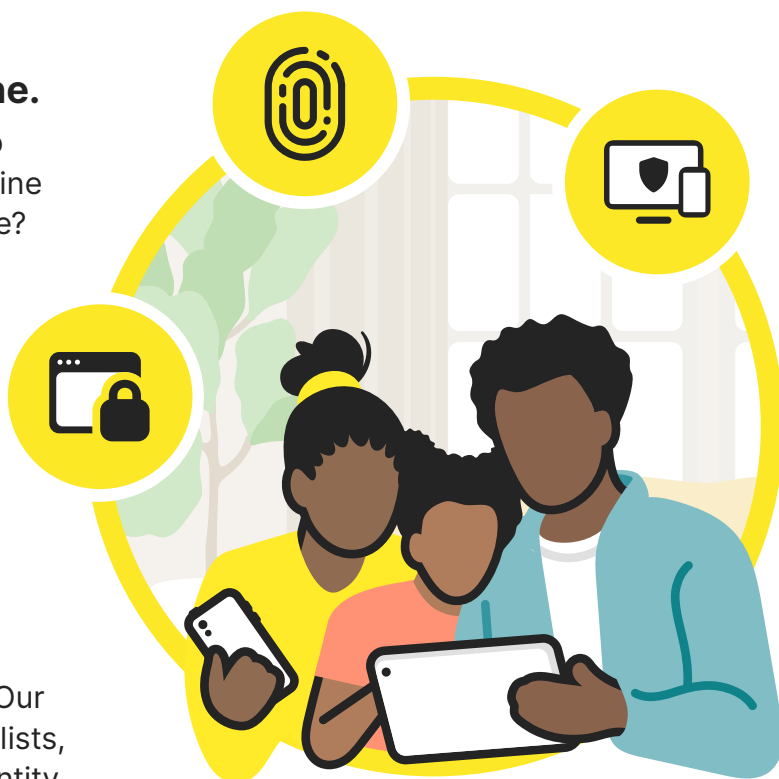
Your identity is valuable, regardless of what you own or how much money you make. We help protect your finances by monitoring your personal information for possible identity theft and financial fraud.

We provide protection when you connect online.

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

We're here to help when you need it.

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



Has your personal info been exposed in a data breach?

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



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



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



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



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



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



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

Enroll Now!

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

Compare to see which plan fits your needs.

Essential

\$2.50 Employee Only
\$4.99 Employee + Family

*Semi-Monthly Rates

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

Premier

\$4.75 Employee Only
\$9.49 Employee + Family

*Semi-Monthly Rates

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

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

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

No one can prevent all cybercrime or identity theft.

LifeLock does not monitor all transactions at all businesses.

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

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

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

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NEB19388FL

Plan Options:

Underwritten by Independence American Insurance Company

Accident & Illness Coverage - per covered pet

Subject to any applicable Deductible, Coinsurance and Annual Limit

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

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

Accident Only Coverage - per covered pet

Subject to any applicable Deductible, Coinsurance and Annual Limit

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

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

Base Plan	Accident Only	Accident & Illness
Annual Deductible The amount you are responsible for per coverage period per pet before we will pay a claim for covered expense.	\$500	\$500
Coinsurance (% the policy pays) The reimbursement portion of covered expenses after the deductible is met per pet.	70%	70%
Annual Limit The maximum amount we will reimburse you for all covered expenses during a coverage period.	\$5,000	\$5,000
Minimum Issue Age of Pet at Effective Date	8 Weeks	8 Weeks
Maximum Issue Age of Pet at Effective Date	No Maximum Age Limit	No Maximum Age Limit
Expiration Age of Pet	None	None

Benefit Waiting Periods

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

Injuries	Waived	Waived
Illnesses	<i>Not Applicable</i>	Waived
Cruciate Ligament (knee) Injury	6 Months	6 Months
Pre-Existing Conditions	Covered after 12 months (look back period is from date of birth)	6 months look back, then covered after 12 months

	Accident Only	Accident & Illness
Prior Coverage Credit Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date.	<i>Not Applicable</i>	Included
Continuity of Coverage In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.		
Office Exams and Telehealth Consult Provides reimbursement toward covered expenses towards physical examination, including costs/fees for telephone consultation, not wellness or routine related.	Included - Subject to Deductible & Coinsurance	Included - Subject to Deductible & Coinsurance
Rehabilitation and Physical Therapy Provides reimbursement toward the rehabilitation and physical therapy treatment for a covered condition, such as hydrotherapy and therapeutic massage.	Included - Subject to Deductible & Coinsurance	Included - Subject to Deductible & Coinsurance
Inherited and Congenital Care -- Not available for Accident Only Provides reimbursement, after a 30-day Benefit Waiting Period*, toward covered expenses for congenital and inherited conditions, such as hip dysplasia and birth defects.	<i>Not Applicable</i>	Included - Subject to Deductible and Coinsurance, and 30-day Benefit Waiting Period
Alternative and Behavioral Care Provides reimbursement toward holistic and alternative treatment for a covered condition such as Acupuncture, Chiropractic, Homeopathy, Herbal Therapy, Naturopathy, and Vitamins/Supplements (Behavioral Care not available for Accident Only)	Included - Subject to Deductible & Coinsurance	Included - Subject to Deductible & Coinsurance Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period
Final Respects Provides reimbursement toward the cremation or burial expenses of your pet due to death or humane euthanasia.	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance

For exclusions and definitions, visit <https://docs.pierceins.com/pdf/pet-partners/Pet-Exclusions-Definitions.pdf>

Accident Only – per Covered Pet

Frequency: Monthly – 12

\$7.60

Accident & Illness – per Covered Pet

Frequency: Monthly – 12

	Age	Adult Weight in Pounds
Dog	Age 0 - 14+	0 - 90+
		\$43.63
Cat	Age 0 - 14+	
		\$24.48



Now You Can Play More and Worry Less

Protect your furry family members with plans available now during Open Enrollment.



We've Got You Covered



Common Illnesses



Broken Bones



Diagnostics



Prescription Medication



Surgery



Alternative Treatments**



Toxin Ingestion



Digestive Issues



Behavioral Issues**



Cancer



Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

Employee Plan

- Visit any vet
- Enjoy great perks such as Rx discounts, 24/7 live vet & more
- Pre-existing condition coverage*
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Don't wait! Enroll today for peace of mind tomorrow

Use Your Benefits Page To Enroll

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. *Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA. **Eligible with optional Alternative & Behavioral Care rider

Questions? Call us at 800-956-2495

Learn & Enroll: pierceins.com/fallschurchva | 800-421-3142

Find the perks that matter to you.



Perks at Work is your exclusive Employee discounts platform, designed to help you save money and time. With over 30,000 offers available, you can find the perks that matter to you, from everyday purchases to larger one-off purchases.

In addition, Perks at Work offers free courses in fitness and learning & development for both kids and adults. Join live on Thursdays or on demand via the video hub.



Perks at Work is FREE for you to join, and you can even invite family members or friends to the benefit too.

Simply log on to:

www.perksatwork.com

Click “Register for Free” and follow the instructions to activate your account.

CLASSPASS

Udemy

Walmart
Save money. Live better.

logitech



Lenovo

Rosetta Stone



instacart

Perks at Work

Looking after your
financial wellbeing

Pierce Insurance does not provide this benefit and is not to be held responsible for the content of this page. For questions and concerns, contact your HR department.

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

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

Coverage	Option	Same Rate	Remarks
Transamerica: Cancer Insurance	Direct Bill	Yes	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
Chubb: LifeTime Benefit Term Insurance	Direct Bill	Yes	Call Pierce Insurance Agency 800-421-3142
Chubb: Short-Term Disability	Direct Bill	Yes	Call Pierce Insurance Agency 800-421-3142
Aflac Group: Accident Insurance	Direct Bill	Yes	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Critical Illness Insurance	Direct Bill	Yes	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Hospital Indemnity	Direct Bill	Yes	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
LegalEASE: Group Legal Plan	Direct Bill	Yes	You will receive a continuation package from LegalEASE on how to continue your policy on direct bill. If you have questions call 800-421-3142.
Norton LifeLock: Identity Theft Protection	Direct Bill	No	Call 866-456-9316 to choose a plan and mention discount code WB3.
Pet Partners - Pet Insurance	Direct Bill	No	Customer Service: 800-956-2495; mypolicy@petpartners.com https://portal.independenceamerican.com .

QUESTIONS AND CLAIMS

PIERCE INSURANCE AGENCY

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

FLEXIBLE SPENDING ACCOUNTS

- Customer Service: 866-735-8795
- HealthEquity.com

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

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

CHUBB - LIFETIME BENEFIT TERM

- Customer Service: 855-241-9891
- Customer Service & Claims Fax: 603-352-1179
- Customer Service & Claims Email: csmail@selmanco.com

CHUBB - DISABILITY

- Claims: 833-542-2013
- chubb.com/WorkplaceBenefitsClaims

TRANSAMERICA - CANCER

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

NORTON LIFELOCK

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

LEGALEASE

- 800-248-9000 reference "City of Falls Church"
- <https://www.legaleaseplan.com/fallschurchva>

PETPARTNERS - PET INSURANCE

- Customer Service: 800-956-2496
- Email: mypolicy@petpartners.com
- <https://portal.independenceamerican.com/login?groupNumber=GPPI-00467>

CITY OF FALLS CHURCH

- 300 Park Ave.
- Falls Church, VA 22046
- fallschurchva.gov

- Sharon Gibson
- Human Resources Director
- Ofc: 703-248-5004 (TTY 711)
- Cell: 571-499-3682 (TTY 711)
- Email: sgibson@fallschurchva.gov

Meaghan DeCelle
Talent Acquisition Manager

- Ofc: 703-248-5125 (TTY 711)
- Email: mdecelle@fallschurchva.gov

Christopher Valakos
HR Generalist

- Ofc: 703-248-5128 (TTY 711)
- Email: cvalakos@fallschurchva.gov



CITY OF *Falls Church* VIRGINIA



BENEFITS AVAILABLE

-  Flexible Spending Accounts
-  Group Accident Insurance
-  Cancer Insurance
-  Group Hospital Indemnity Insurance
-  Group Critical Illness Insurance
-  Perks at Work

-  Group Short-Term Disability
-  Life (with Long-Term Care)
-  Legal Insurance
-  Identity Theft Protection
-  Pet Insurance



EB1 2194570R3 S 04/25

ACCESS YOUR BENEFITS
ANYTIME ♦ ANYWHERE

pierceins.com/fallschurchva
800-421-3142

