



Greenville
NORTH CAROLINA



Greenville
Utilities

2026 BENEFITS ENROLLMENT



OPEN ENROLLMENT:

City of Greenville: Nov. 1 - 30, 2025

Greenville Utilities: Oct. 20 - 31, 2025

NEW HIRES:

Enroll within first 30 days of hire date

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City of Greenville and Greenville Utilities ***Consolidated Employee Benefits Program***



Michael W. Cowin
City Manager
City of Greenville



Anthony C. Cannon
General Manager/CEO
Greenville Utilities Commission

The City of Greenville and Greenville Utilities are dedicated to providing all citizens with high quality services, thereby enhancing the quality of life for those we serve. This is made possible through the exceptional service of all of you, our valued employees.

The Human Resources teams of the City of Greenville and Greenville Utilities are thrilled to continue to offer a progressive and comprehensive benefits package for employees. It is our hope that these benefits will enhance your quality of life and show our gratitude for your service to our community.

This enrollment booklet is intended to help you better understand the benefits that are available to you and your eligible dependents. We encourage you to carefully review all of the materials within this benefits booklet which outline the details of your 2026 benefits package.

Voluntary benefits can provide the added protection you and your loved ones need to mitigate financial loss.

For additional details or specific questions, please contact your respective benefits representative.

Thanks for all you do to make the City of Greenville and Greenville Utilities Commission a great place to work and serve.

EMPLOYEE BENEFITS BOOKLET

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City of Greenville Open Enrollment: Nov. 1 - 30, 2025.










Greenville Utilities Open Enrollment: Oct. 20 - 31, 2025.

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

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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.

Contact: TEspinoza@greenvillenc.gov

Your Benefits Coverage

Eligibility Information

You are eligible for medical and dental benefits if you are a fulltime employee or a designated part-time employee working a minimum of 30 hours per week. You may also enroll your eligible dependents for medical and dental coverage. Eligible retirees may also enroll in medical benefits. Regular part-time, temporary, or seasonal employees are not eligible to receive benefits.

Making Changes During the Year

Generally, you can only change your benefit elections during the annual benefits Open Enrollment period unless you experience a Qualified Life Event (QLE) listed below.

- Marriage, divorce, legal separation, or annulment
- Death of your spouse or dependent child
- Birth or adoption of a child
- Your dependent gains or loses benefits eligibility
- Taking or returning from an eligible leave of absence
- A change in work schedule or status that causes you to gain or lose benefits eligibility

You must notify Human Resources within 30 days of any QLE change or wait until the next enrollment period to make benefit changes. Proof of the change will be required (example: marriage license, birth/death certificate, legal decree, adoption papers). Any changes you make to your benefit choices must be directly related to the Qualified Life Event.

Use Your Medical Benefits to Stay Healthy

There's nothing more valuable than your good health. The City of Greenville/Greenville Utilities Commission's Medical Benefits encourage you to access quality services — in sickness and in health. You can choose from the following plans:

- Cigna Open Access Plus Core Plan
- Cigna Open Access Plus Enhanced Plan
- Cigna Health Savings Account Plan

All medical plans include the vision plan. Participants in a medical plan have the right to opt out of vision coverage upon request; however, there is no change to your payroll deduction. If for any reason you would like to opt out of the vision plan, please contact HR.

More Information

Please see HR for additional information about the benefits described in this guide. For questions regarding your medical, prescription drug, dental, or vision benefits with Cigna, contact Cigna Member Services at 1 (800) 244-6224 or online at www.mycigna.com

Cancer Expert Now

Cancer Expert Now (CEN). They are an award-winning, cutting-edge service that connects employees with leading medical experts. CEN provides employees with fast, secure, and personalized one-on-one e-discussions with world-renowned physicians. Their service provides the information patients and their families need to make confident, informed decisions for their cancer treatment plan.

Reminders

- In addition to our home delivery program, you may also fill a 90-day prescription for maintenance medications at select in-network pharmacies with any of the three medical plans (subject to applicable copays or coinsurance).
- You have access to Cigna Telehealth Connection Services, a convenient and affordable alternative to visiting your physician in person for non-urgent care. You continue to have 24/7/365 access to a network of quality licensed, board-certified, U.S.-based physicians via phone or video conference.
- Omada is a weight-loss and prediabetes coaching program to help employees reduce their risk of obesity-related chronic diseases. This program is at no cost to you (or your covered benefits) if you are enrolled in the Cigna medical plan and are 18 years or older. Visit myCigna.com or omadahealth.com/greenvillenc to take the risk screen questionnaire to determine if you or your dependents are eligible for the program.

Comparing Plans

All the plans offer choice and convenience, as well as access to Cigna's broad national provider network. Other similarities include flexible, high-quality, easy-to-use programs. Some differences between the plans include:

- HSA Plan: Your contribution deducted from your paycheck is significantly less than the Enhanced and Core Plans, but the deductible is higher.
- Core Plan: Your contribution deducted from your paycheck is less than the Enhanced Plan, but the deductible and out-of-pocket maximums are higher.
- Enhanced Plan: Your contribution deducted from your paycheck is more than the Core and HSA Plans, but deductibles and out-of-pocket maximums are less.

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Your Medical Benefit Choices

Health Savings Account (HSA)

An HSA gives you more control over how you spend and save your health care dollars. It consists of two parts:

- 1) **HDHP** A traditional PPO medical plan with a higher deductible and lower monthly premiums. The HDHP with HSA Plan will cover the same medical services as our other plans.
- 2) **HSA** Your personal Health Savings Account, which allows you to contribute money each paycheck on a pre-tax basis to use for eligible health care expenses.

Highlights of the HSA Plan include:

- **Health Savings Account (HSA):** When you sign up for the HDHP, you can enroll in an HSA. With an HSA, you can use pre-tax funds for health care expenses or save money in your HSA for future expenses.
- **Provider choice.** You can go to any provider you choose.
- **Employer contribution.** COG/GUC will contribute \$500 (individual) or \$1,000 (family) into your HSA when you elect the HSA Plan to help pay for the deductible.
- **2026 bonus.** As an added incentive to elect the HSA plan, COG/GUC will give a bonus of \$250 (individual) or \$500 (family) into your HSA, if you enroll in the HSA for the first time. This is in addition to the employer contribution listed above.
- **Annual Contribution Limits.** You are able to contribute up to \$4,400 (individual) and \$8,750 (family) into your HSA each year. These limits include any contributions COG/GUC makes as well as any additional contributions you make as an employee.
- **Catch-up contributions.** The IRS allows employees age 55 to 65 to contribute an additional \$1,000 per year above the annual contribution limits listed above. The "catch-up" contribution may be made anytime during the year in which you turn age 55.
- **Triple tax advantage.** Contributions are made pre-tax, any interest earned on the account is not taxed, and funds are tax-free when withdrawn from an HSA to pay for qualified medical expenses.
- **Account portability.** All money in the account is yours. Even if you retire or leave COG/GUC, the funds are yours to keep.
- **Funds roll over from year to year.** Unlike a Flexible Spending Account, you don't need to use up all the funds each year. You can keep the unused dollars from one year to the next.
- **Limited Purpose FSA eligibility.** To be used only for qualified dental and/or vision expenses in addition to the HSA.

- **Preventive drug coverage.** Certain generic and preferred brand preventive medications are available at absolutely no cost to you at an in-network retail pharmacy or through mail order. For a list of these specific medications, please contact HR. All other medications will be subject to both the deductible and coinsurance until the annual out-of-pocket maximum is met.

For a detailed list of HSA-qualified expenses, please see IRS publication 502, Medical and Dental Expenses. A copy of the publication can be found at www.irs.gov Select "Search Forms & Instructions," then select "List All Current Forms & Instructions."

HSA Eligibility

Setting up the actual HSA to accompany your HDHP medical plan is an individual decision. If you decide the account is for you, you will first want to ensure you meet the IRS eligibility requirements, including:

- You must be enrolled in a qualifying high deductible health plan (HDHP) (only our HSA Plan qualifies).
- You cannot be enrolled in any other health plan that is not an HDHP (e.g., our Core or Enhanced plans or a spouse's plan).
- You cannot be enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return
- You cannot have TriCare
- You cannot have received non-service-related VA benefits in the last 90 days.

Out-of-pocket Maximum Protects You Financially

Regardless of the plan you choose, the out-of-pocket maximum limits the amount you have to pay out of your own pocket each calendar year for covered medical expenses. Your out-of-pocket maximum includes your plan's deductible, coinsurance, and copays. Remember, once you meet your out-of-pocket maximum, the plan will pay 100% of any covered expenses for the remainder of the plan year. With the out-of-pocket maximum, you and your family are protected from financial hardship if you have significant medical expenses during any one year.

If You Do Not Enroll

All employees who do not make an election during the Open Enrollment period will have to wait until the next annual Open Enrollment period unless they experience a Qualified Life Event.

When COBRA Ends

All benefits end the last day of the month in which your employment ends. However, under certain circumstances, you may continue your medical and dental benefits coverage through COBRA.

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Your Medical Benefit Choices

HSA, CORE, & Enhanced Plans

The table below shows your benefits for common medical services and prescription drugs. The amounts and percentages shown are what you pay. This is not a complete list of benefits. Please see your Summary Plan Description (SPD) for more information.

| Coverage | HSA Plan | | Core Plan | |
|--|----------------------|-------------------------------|-------------------------------|-----------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Annual Deductible | | | | |
| Individual | \$1,700 | \$3,200 | \$750 | \$1,500 |
| Family | \$3,400 | \$6,400 | \$1,500 | \$3,000 |
| Out-of-Pocket Maximum | | | | |
| Individual | \$3,000 | \$6,000 | \$3,500 | \$7,000 |
| Family | \$6,000 | \$12,000 | \$7,000 | \$14,000 |
| Coinsurance | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Physician's Services in Office | | | | |
| Primary Care Physician (PCP) | 20% after deductible | 40% after deductible | \$25 copay per office visit | 40% after deductible |
| Specialists | 20% after deductible | 40% after deductible | \$50 copay per office visit | 40% after deductible |
| Surgery | 20% after deductible | 40% after deductible | Subject to office visit copay | 40% after deductible |
| Telehealth Visit | 20% after deductible | In-Network coverage only | \$25 copay per visit | In-Network coverage only |
| Emergency/Urgent Care Services | | | | |
| Emergency room | 20% after deductible | 20% after deductible | \$150 copay if not admitted, | \$150 copay if not |
| | | | then 20% | admitted, then 20% |
| Urgent care facility | 20% after deductible | 20% after deductible | \$35 copay, then 20% | \$35 copay, then 20% |
| Ambulance | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible ² |
| Preventive Care³ | Covered at 100% | In-Network coverage only | Covered at 100% | In-Network coverage only |
| Diagnostics⁴ | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Maternity Care | | | | |
| Initial office visit to confirm pregnancy | 20% after deductible | 40% after deductible | \$25 PCP/\$50 Specialist | 40% after deductible |
| All subsequent prenatal visits, postnatal visits, and physician's delivery charges | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Inpatient hospital/birthing center charges | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Laboratory and Radiology Services | | | | |
| Physician's office | 20% after deductible | 40% after deductible | No charge after PCP or | 40% after deductible |
| Outpatient hospital, independent | 20% after deductible | 40% after deductible | Specialist copay | 40% after deductible |
| X-ray, and/or lab facilities | | | 20% after deductible | |
| Advanced Radiology Services (MRIs, MRAs, CAT/PET scans, etc.) | | | | |
| Physician's office | 20% after deductible | 40% after deductible | Covered at 100% | 40% after deductible |
| Outpatient facility | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Inpatient facility | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Hospital Coverage | | | | |
| Facility services (Inpatient/Outpatient) | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Professional services (Inpatient/Outpatient) | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Mental Health/Substance Abuse | | | | |
| Inpatient | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Outpatient | 20% after deductible | 40% after deductible | \$25 copay | 40% after deductible |
| Short-Term Rehabilitation Therapies/Chiropractic Care⁵ | 20% after deductible | 40% after deductible | \$25 PCP/\$50 Specialist | 40% after deductible |
| HSA Employer Funding | | | | |
| Individual/Family | \$500/\$1,000 | | N/A | |
| HSA Year-One Employer Funding | | | | |
| Individual/Family | \$250/\$500 | | N/A | |
| Prescription Drug Benefits | | | | |
| Retail (30-day supply) | 20% after deductible | 40% after deductible | \$10 \$35 \$60 | 40% |
| Generic Preferred Nonpreferred | | | | |
| Retail (90-day supply) | 20% after deductible | In-Network coverage only | \$20 \$70 \$120 | In-Network coverage only |
| Generic Preferred Nonpreferred | | | | |
| Mail-Order (90-day supply) | 20% after deductible | In-Network coverage only | Free (\$0) \$70 \$96 | In-Network coverage only |
| Generic Preferred Nonpreferred | | | | |
| Specialty | 20% after deductible | In-Network coverage only | \$150 | In-Network coverage only |
| Vision Benefits | | | | |
| Annual examination copay | \$15 | In-Network coverage only | \$15 | In-Network coverage only |
| Materials copay | \$30 | In-Network coverage only | \$30 | In-Network coverage only |
| Single vision lenses | \$0 | \$32 allowance | \$0 | \$32 allowance |
| Bifocal Trifocal Lenticular Lenses | \$0 | Allowance: \$55 \$65 \$80 | \$0 | Allowance: \$55 \$65 \$80 |
| Elective contact lenses | \$100 allowance | \$87 allowance | \$100 allowance | \$87 allowance |
| Therapeutic contact lenses | \$0 | \$210 allowance | \$0 | \$210 allowance |
| Frames (every 24 months) | \$100 allowance | \$55 allowance | \$100 allowance | \$55 allowance |

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| Enhanced Plan | |
|---|---|
| In-Network | Out-of-Network |
| Unlimited | Unlimited |
| \$600 \$1,200 | \$1,200 \$2,400 |
| \$2,500 \$5,000 | \$5,000 \$10,000 |
| 20% after deductible | 40% after deductible |
| \$20 copay per office visit \$40 copay per office visit Subject to office visit copay | 40% after deductible 40% after deductible 40% after deductible |
| \$20 copay per visit | In-Network coverage only |
| \$150 copay if not admitted, then 20% \$35 copay, then 20% 20% after deductible | \$150 copay if not admitted, then 20% \$35 copay ² , then 20% 20% after deductible |
| Covered at 100% | In-Network coverage only |
| 20% after deductible | 40% after deductible |
| \$20 PCP/\$40 Specialist 20% after deductible | 40% after deductible 40% after deductible |
| 20% after deductible | 40% after deductible |
| No charge after PCP or Specialist copay 20% after deductible | 40% after deductible 40% after deductible |
| Covered at 100% | 40% after deductible |
| 20% after deductible | 40% after deductible |
| 20% after deductible | 40% after deductible |
| 20% after deductible \$20 copay | 40% after deductible 40% after deductible |
| \$20 PCP/\$40 Specialist | 40% after deductible |
| N/A | |
| N/A | |
| \$10 \$35 \$60 | 40% |
| \$20 \$70 \$120 | In-Network coverage only |
| Free (\$0) \$70 \$96 | In-Network coverage only |
| \$150 | In-Network coverage only |
| \$15 \$30 \$0 \$0 | In-Network coverage only In-Network coverage only \$32 allowance Allowance: \$55 \$65 \$80 |
| \$100 allowance \$0 | \$87 allowance \$210 allowance |
| \$100 allowance | \$55 allowance |

| 2026 Biweekly Rates (Employees) | Annual Salary | | | |
|------------------------------------|---------------|-----------------------|-----------------------|-----------|
| | <\$32,278 | \$32,278- \$46,950 | \$46,951- \$61,623 | >\$61,623 |
| HSA | | | | |
| Employee Only | \$7.76 | \$9.21 | \$10.68 | \$12.12 |
| Employee + Spouse | \$68.89 | \$81.79 | \$94.71 | \$107.65 |
| Employee + Child(ren) | \$67.25 | \$79.85 | \$92.47 | \$105.06 |
| Family | \$98.34 | \$116.80 | \$135.24 | \$153.68 |
| CORE | | | | |
| Employee Only | \$23.99 | \$26.33 | \$31.16 | \$35.98 |
| Employee + Spouse | \$106.49 | \$116.90 | \$138.34 | \$159.75 |
| Employee + Child(ren) | \$103.98 | \$114.12 | \$135.06 | \$155.97 |
| Family | \$152.05 | \$166.90 | \$197.49 | \$228.07 |
| ENHANCED | | | | |
| Employee Only | \$43.64 | \$46.53 | \$52.48 | \$58.41 |
| Employee + Spouse | \$193.77 | \$206.58 | \$232.98 | \$259.38 |
| Employee + Child(ren) | \$189.14 | \$201.63 | \$227.45 | \$253.21 |
| Family | \$276.68 | \$294.95 | \$332.65 | \$370.33 |

2026 Retiree Medical Cost (Monthly Rates)

| Core | |
|-----------------------|------------|
| Employee Only | \$44.23 |
| Employee + Spouse | \$1,017.17 |
| Employee + Child(ren) | \$972.95 |
| Family | \$1,811.62 |
| Enhanced | |
| Employee Only | \$101.14 |
| Employee + Spouse | \$1,136.63 |
| Employee + Child(ren) | \$1,089.57 |
| Family | \$1,982.21 |

Prescription Plan Details

To help our members reduce the cost of their medications, the following programs were implemented:

- Patient Assurance Program** – Cigna's Patient Assurance Program helps lower your out-of-pocket medication costs. There are no additional requirements to join and it comes at no cost to participate – it's part of your Cigna pharmacy benefits if you enroll in the Enhanced or Core plans. The program makes it easy to save money and stay healthy. Fill an eligible medication⁸ and pay \$25 or less for a 30-day supply out-of-pocket, every time.
- SaveonSP** – at no extra cost to participate, SaveonSP can help lower your out-of-pocket costs by maximizing drug manufacturer assistance. All you need to do is call SaveonSP at 1-800-683-1074 to start. Please note that this program only applies to the Core and Enhanced PPO plans due to first-dollar coverage restrictions on HDHPs.

Not subject to deductible.

²If not a true emergency, then 70% after deductible.

³Includes well-child care to age 18, immunizations, routine physicals, GYN exams (including Pap smear exams), mammogram (one baseline, ages 35-39; one per calendar year, age 40 and older), prostate cancer screenings, colonoscopies (one per calendar year, age 50 and older).

⁴Diagnostics for mammograms, prostate cancer, and colonoscopies (in-network costs and reimbursements for colonoscopies vary based on facility in which performed).

⁵Includes physical therapy, speech therapy, occupational therapy, chiropractic therapy, cardiac rehab, pulmonary rehab, and cognitive therapy (60 days combined maximum per calendar year). For a complete list of covered services, please refer to your Summary Plan Description.

⁶Only available at select in-network retail pharmacies. See HR for list of participating pharmacies.

⁷Deductible does not apply for certain generic and preferred brand preventive medications covered by Cigna. See HR for specific list of applicable medications.

⁸Not all medications are eligible for the Patient Assurance Program. If you're considering switching to an eligible medication, log in to the myCigna App or website to see if your plan covers it. You can also call customer service using the number on your Cigna ID card. Subject to applicable law, Cigna reserves the right to make changes to our drug list or this program at any time.

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Your Dental Benefit Choices

Basic & Plus Plans

This is a summary of benefits for your Dental PPO plan options. We offer two dental plan options to help better meet the needs of you and your family. All deductibles, plan maximums, and service-specific maximums (dollar and occurrence) cross-accumulate between in- and out-of-network. This is not a complete list of benefits, exclusions, or limitations. Please see your Summary Plan Description for more information.

| Cigna Radius Network Benefits | Cigna Dental | | Cigna Dental Plus | |
|---|--------------------------|--------------------------|-------------------------------|-------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Class I, II, and III expenses | \$1,000 | \$1,000 | \$2,000 | \$2,000 |
| Calendar Year Deductible | | | | |
| Individual | \$50 | \$50 | \$25 | \$25 |
| Family | \$100 | \$100 | \$50 | \$50 |
| Class I Expenses — Preventive & Diagnostic Care Oral exams Cleanings Routine X-rays Fluoride application Sealants Space maintainers (limited to non-orthodontic treatment) Non-routine X-rays Emergency care to relieve pain | 100%, no deductible | 100%, no deductible | 100%, no deductible | 100%, no deductible |
| Class II Expenses — Basic Restorative Care Fillings Oral surgery Surgical extraction of impacted teeth Anesthetics Major & minor periodontics Root canal therapy/endodontics Relines, rebases, and adjustments Repairs — bridges, crowns, inlays, and dentures | 70% after deductible | 70% after deductible | 80% after deductible | 80% after deductible |
| Class III Expenses — Major Restorative Care Crowns, inlays, onlays Dentures, bridges | 50%, after deductible | 50%, after deductible | 50%, after deductible | 50%, after deductible |
| Class IV Expenses — Orthodontia Lifetime maximum | Not covered | Not covered | 50%, no ortho ded. \$3,000 | 50%, no ortho ded. \$3,000 |

Out-of-Network Reimbursement: 90th percentile of MRC (Maximum Reimbursable Charge). The MRC is the usual charge for a given procedure charged by most dentists in a given area with similar training and experience. Cigna collects claim data to determine what is customary in a geographic area for each covered procedure, and uses that average to calculate what your dental plan will pay when you visit a non-network dentist. Each dentist decides what to charge patients for dental care. Some dentists will charge less than the MRC in their area while others will charge more. When you visit a non-network dentist, you are responsible for all charges above what your plan pays, even if that dentist's regular charge is higher than the MRC.

| 2026 Dental Contributions for Full-Time Employees* | Cigna Dental | | Cigna Dental Plus | |
|--|------------------------|-----------------------|------------------------|-----------------------|
| | Biweekly Contributions | Monthly Contributions | Biweekly Contributions | Monthly Contributions |
| Employee Only | \$3.62 | \$7.84 | \$10.05 | \$21.78 |
| Employee + Spouse | \$13.80 | \$29.89 | \$27.29 | \$59.12 |
| Employee + Child(ren) | \$12.16 | \$26.34 | \$24.03 | \$52.06 |
| Employee + Family | \$19.73 | \$42.75 | \$39.00 | \$84.49 |

* Dental coverage is available to 3/4 designated employees — see HR for rates and details.

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ER Care

Choosing Appropriate Care

Save the ER for true emergencies. Treatment for nonemergency conditions in an emergency room (ER) costs hundreds of dollars more than treatment at an urgent care center or your doctor's office. When your condition isn't life threatening, you can save time and money by going to the most appropriate place for care. This chart highlights the type of treatment provided by each type of facility, and the cost comparisons.

| Facility | Conditions Treated* | Your Cost and Time |
|---|---|--|
| Emergency Room (ER) For immediate treatment of critical injuries or illness. For life-threatening issues, call 911 or go to the nearest ER. Open 24/7. | Sudden numbness, weakness Uncontrolled bleeding Seizure or loss of consciousness Shortness of breath Chest pain Head injury/major trauma Blurry or loss of vision Severe cuts or burns Overdose | Highest cost No appointment needed Wait times may be longer |
| Urgent Care Center For conditions that aren't life threatening. Staffed by nurses & doctors and usually have extended hours | Minor cuts, sprains, burns, rashes Fever and flu symptoms Headaches Chronic lower backpain Joint pain Minor respiratory symptoms Urinary tract infections | Costs lower than ER No appointment needed Wait times vary |
| Doctor's Office The best place for routine or preventive care and to keep track of medications | General health issues Preventive care Routine checkups Immunizations/screenings | May charge copay/coinsurance and/or deductible** Usually need appointment Short wait times |
| Convenience Care Clinic Treats minor medical concerns. Staffed by nurse practitioners & physician assistants. Located in retail stores & pharmacies. Often open nights and weekends | Common cold/flu Rashes or skin conditions Sore throat, earache, sinus pain Minor cuts or burns Pregnancy testing Vaccines | Same or lower than doctor's office No appointment needed Wait times usually shorter |
| On-Site Clinic¹ The most convenient choice for general health, routine medical concerns and immunizations | General health issues, preventative care, routine checkups, common cold/flu, and other common illnesses | Appointments are generally needed Minimal to no wait time No cost for visit Select prescriptions available on-site at no cost |

¹Attending the On-site clinic option does not count towards employees sick leave accruals; additionally, covered dependents (ages 13+) can utilize the clinic.

Surcharges

Spousal Surcharge

The spousal surcharge will continue to be \$100 per month. If your spouse has access to comprehensive health coverage through his or her employer and you choose to enroll your spouse in the City of Greenville/Greenville Utilities health plan, the spousal surcharge of \$100 per month will be deducted from your pay. An affidavit will need to be signed to waive this surcharge.

Tobacco Surcharge

If you are a tobacco user enrolled in COG/GUC's medical insurance plan, you will pay a monthly surcharge of \$100 for your health insurance coverage. All employees are required to sign a "tobacco affidavit" stating whether they smoke or use other tobacco products.

As a reminder, the tobacco surcharge applies to all tobacco use for active employees, including cigarettes, pipes, cigars, smokeless tobacco, and electronic cigarettes. Tobacco use is the leading preventable cause of serious disease.

If you make the healthy choice not to use tobacco, COG/GUC believes you should pay less for your coverage. So, if you don't use tobacco, or you commit to quit, you will save up to \$1,200 in avoided surcharges on your medical plan this year.

You can get help to quit tobacco so you don't have to pay more for health insurance. Cigna offers tobacco cessation assistance and free services to help you quit:

- **Tobacco Cessation Program** – This program includes coaching via a certified tobacco treatment specialist to help you successfully quit tobacco.
- **Quit smoking group sessions** – Group sessions are available at various times and locations.
- **Health plan prescription benefit** – COG/GUC's prescription drug benefit includes coverage for Varenicline (Chantix™), a drug used for tobacco treatment.
- **Health Care FSA** – Keep in mind, you may take advantage of your Flexible Spending Account for additional tax savings on over-the-counter products used for smoking cessation, such as lozenges, nicotine patches, or gum, as long as you have a doctor's prescription.

To find support to stop smoking, call **1-800-QUIT-NOW**, visit www.quitlineNC.com, or log on to www.MyCigna.com for more information.

Pierce Insurance Agency, Inc. does not provide the benefits on this page. The benefits are provided by your employer, City of Greenville or Greenville Utilities. Pierce Insurance Agency, Inc is not to be held responsible for the content of this page and does not make any representation about the accuracy of the information. If you have questions or concerns about the content, please contact your HR Department.

Flexible Spending Accounts

Flexible Spending Account

The better you plan, the more you save! By taking advantage of tax laws, the Flexible Spending Account works with your benefits to save you money.

The Flexible Spending Account offers a unique way to help pay for some of your health care expenses and dependent care expenses that are not covered by insurance. The key is that your eligible expenses are paid for with tax-free dollars. You will not pay any federal, state, or Social Security taxes on funds placed in the FSA. You will save, on an average, 28%–38% for every \$100 you set aside.

Examples of Health Care Eligible Expenses Maximum is \$3,400:

- Fees/copays/deductibles
- Glasses/contacts/contact lens supplies
- Diabetic supplies
- Orthodontic expenses
- Nicotine gum/patches

Examples of Dependent Care Eligible Expenses Maximum is \$7,500:

- Babysitters or nannies
- Licensed day care centers
- Private preschools
- Before- and after-school care
- Day care for elderly or disabled dependent

For a complete listing of eligible expenses, visit www.irs.gov

A debit Mastercard® is available for account reimbursement. It works like a prepaid credit card with no required PIN number. Additional cards are available for your spouse and dependents over age 18.

The “use-it-or-lose-it” provision has been modified to allow participants to roll over a maximum of \$680 from your flexible spending account into the next calendar year if not used during the current plan year. Dependent care account balances remain as “use-it-or-lose-it.”

You can enroll during new employee orientation or during the annual Open Enrollment period in November.

Limited Purpose Flexible Spending Account

Given the special tax advantages of the HSA, the IRS does not allow individuals or employers to contribute to a Health Savings Account if the employee or their spouse is a tax dependent, has dollars in a traditional FSA. However, you are allowed to enroll in a Limited Purpose FSA (LPFSA) and contribute to the HSA.

A Limited Purpose FSA allows you to pay for eligible dental and vision care expenses with pre-tax dollars while reserving your HSA for medical expenses and/or other dental and vision expenses now or in the future.

- If you are currently enrolled in a traditional FSA and elect the HSA plan in 2026, or elect the HSA in 2026 and would like to elect an FSA for the first time, you will be automatically enrolled in an LPFSA in 2026.
- If your spouse is your tax dependent and has money in a traditional FSA, your spouse will need to spend down that account by December 31, 2025, or convert it to an LPFSA at their employer in order for you and your employer to contribute to your HSA.
- If you are currently enrolled in an FSA, you may roll over up to \$680 to your Limited Purpose FSA. However, these funds will not be available for use until April 1.
- Any new contributions to your LPFSA for 2026 will be available January 1.
- The maximum amount you can contribute to your LPFSA is \$3,400.
- Being enrolled in the HSA does not impact the Dependent Care FSA; you are still able to contribute to it and use it as you normally would.

In order to set up an online account and view your account balance, transaction history, and gain more knowledge on an FSA, visit <https://fba.wealthcareportal.com/>

You may contact Flexible Benefit Administrators by phone: **1-800-437-3539**; email: flexdivision@flex-admin.com; fax: **757-431-1155** online chat: www.flex-admin.com

Contact: TEspinoza@greenvillenc.gov

City of Greenville & Greenville Utilities Health Clinic

Convenient, quality healthcare for our employees

City of Greenville Health Clinic

Service Hours:

M-F 7:00 am – 4:00 pm

Provider Hours:

Mon: 8:00 am – 12:00 pm or 1:00 pm – 4:00 pm

Wed: 8:00 am – 12:00 pm

Thur: 8:00 am – 12:00 pm

For appointments or information:

252-329-HLTH (4584)

HealthClinic@greenvillenc.gov

Location

1400 Brownlea Dr.
Beside Peppermint Park

Greenville Utilities Health Clinic

Service Hours:

M-F 7:00 am – 5:30 pm

Provider Hours:

Mon, Tue, Wed, & Fri

8:00 am – 12:00 pm

Thur: 1:00 pm – 5:00 pm

For appointments or information:

252-329-2167

Location

3355 NC 43

| Minor Sick Visits | Preventive Care | Disease Management |
|---|--|---|
| <p>The clinic offers fast and affordable treatment of minor health issues such as:</p> <ul style="list-style-type: none"> • Cold or flu symptoms • Allergies • Sinus infections/respiratory problems • Sprains or strains • Lab work • Minor injuries • Urinary tract infections | <p>The clinic offers office visits and routine checkups to help you avoid serious illness:</p> <ul style="list-style-type: none"> • Wellness screenings • Health coaching • Tobacco cessation including medication evaluation • Sports physicals | <p>The clinic coordinates with your primary care provider to assist you with managing chronic health conditions such as:</p> <ul style="list-style-type: none"> • Diabetes • High blood pressure • High cholesterol • Chronic Obstructive Pulmonary Disease (COPD) • Asthma • Other chronic health conditions |



Health Clinic services are available to City of Greenville and Greenville Utilities employees on the Cigna medical insurance plan. The clinics are also open to spouses and dependents ages 13 and older on the Cigna medical insurance plan.



Advantages of Using the Onsite Health Clinic

- **Free** – All services at the health clinics are free to users. No copay required.
- **Timely** – Most visits to the health clinic last about 30 minutes or less.
- **Waiting Areas** – Waiting areas are small and private.
- **Onsite Pharmacy** – Can provide certain acute care medications free of charge to prevent traveling to an outside pharmacy.

Pierce Insurance Agency, Inc. does not provide the benefits on this page. The benefits are provided by your employer, City of Greenville or Greenville Utilities. Pierce Insurance Agency, Inc is not to be held responsible for the content of this page and does not make any representation about the accuracy of the information. If you have questions or concerns about the content, please contact your HR Department.

PRE & POST TAX OVERVIEW

pierceins.com/city-of-greenville
pierceins.com/greenville-utilities

Plan Year: January 1 - December 31, 2026

City of Greenville Open Enrollment: Nov. 1 - Nov. 30, 2025

Greenville Utilities Open Enrollment: Oct. 20 - 31, 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).



Group Hospital Indemnity Insurance



Cancer Insurance

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 Accident Insurance



Short-term Disability



Life Insurance

ACCESS YOUR BENEFITS

ANYTIME ♦ ANYWHERE

**pierceins.com/city-of-greenville &
pierceins.com/greenville-utilities**

E-BENEFIT BOOKLET (Details and Premiums)

HOW TO ENROLL • VIDEO LIBRARY

POLICYHOLDER RESOURCES • FAQ • CONTACT

AVAILABLE 24/7 ONLINE



DESKTOP



MOBILE




TABLET

ELIGIBILITY AND ENROLLMENT

Qualifications: You must be a full time employee, working 30 hours or more per week. Benefit-eligible new hires must apply for benefits online during the first 30 days of employment.



HOW TO ENROLL, MAKE CHANGES, & ASK QUESTIONS

 Call 800-421-3142 to speak with a licensed benefits counselor.

 Schedule an appointment or self-enroll:

pierceins.com/city-of-greenville

pierceins.com/greenville-utilities

Why schedule an appointment with a benefits counselor?

- Review existing coverage to make sure you are enrolled in the desired plans
- Learn about the benefits available to you
- Ensure your coverage is properly renewed for 2026 through a licensed counselor

IMPORTANT FACTS

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 service center: [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.

Some policies may contain 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.

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.

How to Enroll Online

Call: 800.421.3142

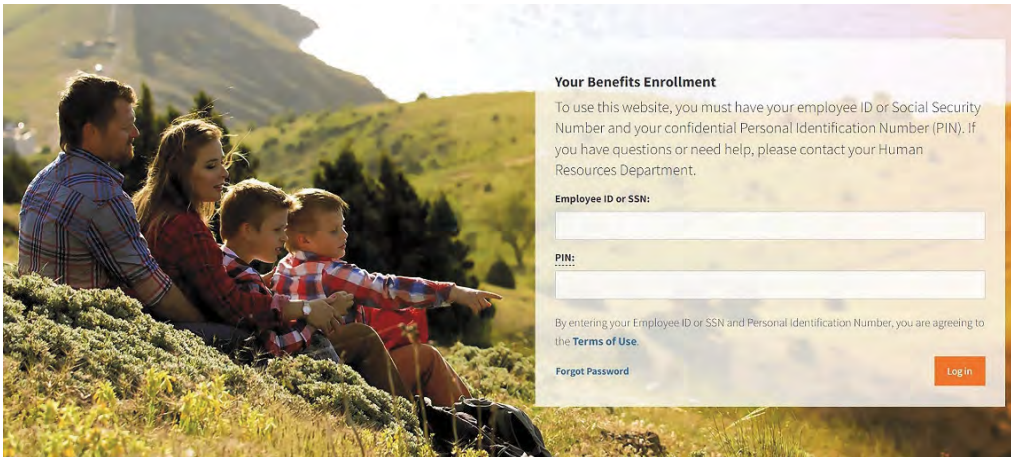
Step 1 - Connect to the Website through your web browser at pierceins.com/city-of-greenville & pierceins.com/Greenville-utilities or download mobile app at pierceins.com/apps. You may use your desktop computer or any mobile device to complete your enrollment.

Step 2 – At the “Enrollment Site” screen, enter your full **Social Security Number (SSN)** 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 2-digit year of your birth.

For example, if the last 4 digits of your SSN are 3214 and you were born in the year 1970, your PIN would be “321470”.

On your first log in, you will be prompted to change your PIN.

If you are having trouble logging on the system, contact Pierce Insurance Agency at 800-421-3142.



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.

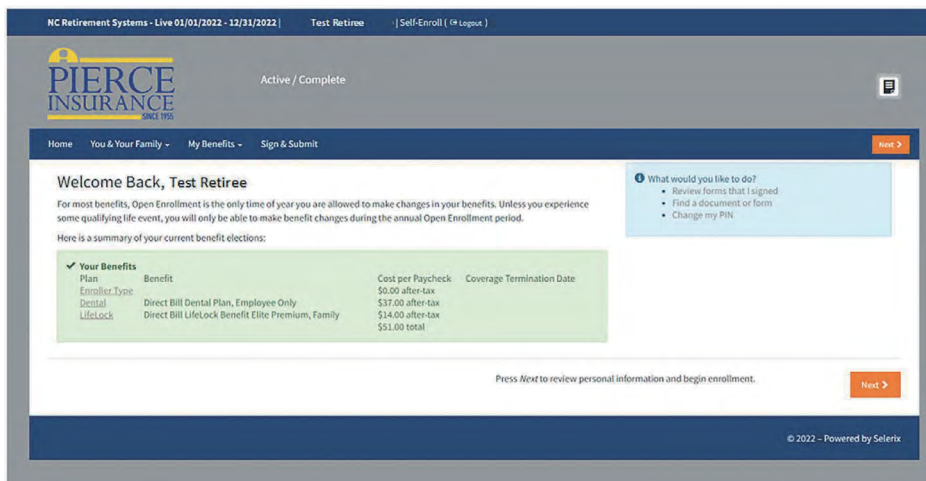
Employee ID or SSN:

PIN:

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

[Forgot Password](#) [Login](#)

Step 3 - When the Welcome Page appears on your screen you have successfully logged in! Follow the on screen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.



NC Retirement Systems - Live 01/01/2022 - 12/31/2022 | Test Retiree | Self-Enroll (Logout)

PIERCE INSURANCE

Active / Complete

Home | You & Your Family | My Benefits | Sign & Submit

Welcome Back, Test Retiree

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the annual Open Enrollment period.

Here is a summary of your current benefit elections:

| Plan | Benefit | Cost per Paycheck | Coverage Termination Date |
|--|---------|-------------------|---------------------------|
| Direct Bill Dental Plan, Employee Only | | \$0.00 after-tax | |
| Direct Bill LifeLock Benefit Elite Premium, Family | | \$37.00 after-tax | |
| | | \$14.00 after-tax | |
| | | \$51.00 total | |

Press Next to review personal information and begin enrollment.

© 2022 - Powered by Selerix

How to Enroll Online

Call: 800.421.3142

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

When you have finished making your selections, click sign and submit to review & sign your enrollment form.

You can move from plan to plan by clicking next or clicking review.

Active / Complete

Home You & Your Family My Benefits Sign & Submit

Back Next

My Benefits

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

✓ Enroller Type Review

Enrollment Details

| Person Name | Relationship | Description | Policy # | Cost |
|-------------|--------------|-------------------|----------|--------|
| john test | Employee | Enroller Type; EO | | \$0.00 |

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

✗ Dental Review

You have elected to WAIVE coverage under this plan.

✗ Vision Review

You have elected to WAIVE coverage under this plan.

✓ LifeLock Review

Enrollment Details

My Benefits

| | |
|-------------------|----------------|
| Enroller Type | \$0.00 |
| Dental | \$0.00 |
| Vision | \$0.00 |
| LifeLock | \$14.00 |
| Employer Cost | \$0.00 |
| Pre-tax cost | \$0.00 |
| Post-tax cost | \$14.00 |
| Total Cost | \$14.00 |
| Per Pay Period | |

To sign and submit your enrollment form you will need to enter your PIN and click sign form.

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN Sign Form

If you have any questions about your enrollment, please contact Pierce Insurance Agency by phone at [800-421-3142](tel:800-421-3142) or chat at pierceins.com/city-of-greenville & pierceins.com/Greenville-utilities.

You may also log back into the enrollment site to verify you submitted your enrollment form.

Voluntary Benefits Website & Mobile Web App

pierceins.com/city-of-greenville &
pierceins.com/greenville-utilities



- Benefits Statement
- Benefit Plans
- Contact Information
- Benefit Resources
- Questions
- Video Library
- Enroll



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







FILE YOUR WELLNESS, HEALTH SCREENING or BENEFIT CLAIM

- Filing a claim with Aflac (annual wellness/health screening for accident, critical illness, and hospital indemnity).
Access directly: www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx
- Filing 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 and is available for family members.

| Plan Name | Wellness Benefit | Am I Enrolled? | Date Claim Filed |
|---|------------------|---|------------------|
|  Group Accident Insurance | up to \$60 | Y <input type="checkbox"/> N <input type="checkbox"/> | / / |
|  Group Critical Illness Insurance* | \$100 | Y <input type="checkbox"/> N <input type="checkbox"/> | / / |
|  Group Hospital Indemnity | \$50 | Y <input type="checkbox"/> N <input type="checkbox"/> | / / |
|  Cancer Insurance | \$100 | Y <input type="checkbox"/> N <input type="checkbox"/> | / / |

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



PIERCE INSURANCE

Supplemental Benefits Specialists Since 1955

WHY VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING

What if you get sick, hurt or pass away unexpectedly?

- Lost income
- Care giving expense
- Long-term-care expenses
- Mortgage payment
- Education expenses
- Childcare expenses
- Retirement funding
- Burial expenses

Voluntary Insurance Helps Provide Peace of Mind



Group Benefit Program Summary for City of Greenville/Greenville Utilities Commission

Basic Term Life (Employer Paid)



The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

| | |
|---|---|
| Eligibility | All Active Full-Time Employees |
| Group Term Life Benefit: Employee | 1 times salary to a maximum of \$100,000 with a minimum of \$10,000 |
| Guarantee Issue Amount – Employee | \$100,000 |
| Group Term Life Benefit: Spouse (Includes Domestic Partners) | \$2,000, not to exceed 100% of the employee benefit amount |
| Group Term Life Benefit: Child(ren) | Birth to age 26: \$2,000 |
| Group Term Life Age Reduction Schedule | Benefits reduce by 35% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75. |
| Waiver of Premium | Elimination Period: 6 Months; Duration: To age 65 |
| Accelerated Death Benefit (ADB) | Benefit: Up to 75% of the employee's life insurance; Life expectancy: 12 months or less |
| Portability Feature (Life Coverage) | Included (employee) |
| Conversion | Included |
| Beneficiary Resource Service | Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents. |
| Travel Resource Service | Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet. |

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.



Group Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

| | |
|---------------------------------|--------------------|
| Group AD&D Benefit: Employee | Same as Basic Life |
| AD&D Age Reduction Schedule | Same as Basic Life |

| AD&D Schedule of Loss* | Principal Sum |
|---|---------------|
| Loss of Life | 100% |
| Loss of both hands or both feet | 100% |
| Loss of one hand and one foot | 100% |
| Loss of speech and hearing | 100% |
| Loss of sight of both eyes | 100% |
| Loss of one hand and sight of one eye | 100% |
| Loss of one foot and sight of one eye | 100% |
| Quadriplegia | 100% |
| Paraplegia | 75% |
| Hemiplegia | 50% |
| Loss of sight of one eye | 50% |
| Loss of one hand or one foot | 50% |
| Loss of speech or hearing | 50% |
| Loss of thumb and index finger of the same hand | 25% |
| Uniplegia | 25% |

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Repatriation Benefit
- ▲ Education Benefit
- ▲ In the Line of Duty Benefit

*Loss must occur within 365 days of accident.

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GUARANTEE ISSUE*

Group Benefit Program Summary for City of Greenville/Greenville Utilities Commission Supplemental Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Dearborn National Life Insurance Company's Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

| | |
|---|--|
| Eligibility | All Active Full-Time Employees |
| Group Term Life Benefit: Employee | \$10,000 - \$500,000 in increments of \$10,000 |
| Grandfathering | Not Included |
| Guarantee Issue Amount – Employee | \$150,000 (subject to eligibility rules and enrollment status guidelines) |
| Group Term Life Benefit: Spouse (Includes Domestic Partners) | \$5,000 - \$250,000 in increments of \$5,000, not to exceed 50% of the employee benefit amount |
| Guarantee Issue Amount – Spouse | \$10,000 |
| Group Term Life Benefit: Child(ren) | Birth to age 26: \$5,000 or \$10,000 |
| Group Term Life Age Reduction Schedule | Same as Basic Life |
| Premium Waiver Type | Same as Basic Life |
| Accelerated Death Benefit (ADB) | Same as Basic Life |
| Portability Feature (Life Coverage) | Included (employee) |
| Conversion | Included |

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) and certain of its affiliates. Dearborn National® Life Insurance Company is solely responsible for the life and disability products described in this flier.

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue.

**Supplemental Life
Premium Rate Grid
City of Greenville / Greenville Utilities Commission - #F022089**

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life

Employee Benefit: \$10,000 to \$500,000 in \$10,000 increments.

Spouse Benefit: \$5,000 to \$250,000 in \$5,000 increments.
(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

Benefits reduce by 35% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75.

Guarantee Issue – New Hires Only

Employee: \$150,000

Spouse: \$10,000

Child Coverage

Birth to Age 26 \$5,000 or \$10,000

| Bi-weekly Premium Cost Based on 26 payroll deductions per year | | | |
|---|---------|----------------|---------|
| Employee Premium | | Spouse Premium | |
| Benefit Amount | Premium | Benefit Amount | Premium |
| \$10,000 | \$1.02 | \$5,000 | \$0.51 |
| \$20,000 | \$2.03 | \$10,000 | \$1.02 |
| \$30,000 | \$3.05 | \$15,000 | \$1.52 |
| \$40,000 | \$4.06 | \$20,000 | \$2.03 |
| \$50,000 | \$5.08 | \$25,000 | \$2.54 |
| \$60,000 | \$6.09 | \$30,000 | \$3.05 |
| \$70,000 | \$7.11 | \$35,000 | \$3.55 |
| \$80,000 | \$8.12 | \$40,000 | \$4.06 |
| \$90,000 | \$9.14 | \$45,000 | \$4.57 |
| \$100,000 | \$10.15 | \$50,000 | \$5.08 |
| \$110,000 | \$11.17 | \$55,000 | \$5.58 |
| \$120,000 | \$12.18 | \$60,000 | \$6.09 |
| \$130,000 | \$13.20 | \$65,000 | \$6.60 |
| \$140,000 | \$14.22 | \$70,000 | \$7.11 |
| \$150,000 | \$15.23 | \$75,000 | \$7.62 |
| \$200,000 | \$20.31 | \$100,000 | \$10.15 |
| \$250,000 | \$25.38 | \$125,000 | \$12.69 |
| \$300,000 | \$30.46 | \$150,000 | \$15.23 |
| \$350,000 | \$35.54 | \$175,000 | \$17.77 |
| \$400,000 | \$40.62 | \$200,000 | \$20.31 |
| \$450,000 | \$45.69 | \$225,000 | \$22.85 |
| \$500,000 | \$50.77 | \$250,000 | \$25.38 |

| Dependent Life (Children) Bi-weekly Premium per Family | |
|---|---------|
| Benefit Amount | Premium |
| \$5,000 | \$0.42 |
| \$10,000 | \$0.85 |

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

Group Benefit Program Summary for City of Greenville/Greenville Utilities Commission

Voluntary Group Short-term Disability Insurance (STD)-Off the Job coverage only

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

| | |
|--|--|
| Eligibility | Option 1 - All Active Full-Time Employees enrolled in the 30/30 EP Plan Option 2 - All Active Full-Time Employees enrolled in the 60/60 EP Plan Option 3 - All Active Full-Time Employees enrolled in the 90/90 EP Plan |
| Group STD Benefit | \$100 - \$1,200 in increments of \$100 not to exceed 60% of basic weekly earnings |
| Benefits Are Payable On | Option 1 - 31st day for Injury / 31st day for Sickness Option 2 - 61st day for Injury / 61st day for Sickness Option 3 - 91st day for Injury / 91st day for Sickness |
| Maximum Benefit Period | 104 Weeks or until end of STD Duration |
| Total Disability | Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings. |
| Partial Disability | Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%). |
| Pre-Existing Condition Limitation | 3/6 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 6 months of your effective date will not be covered. |
| Additional Features | Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit, FMLA Coverage Extension, Recurrent Disability |

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

VOLUNTARY GROUP SHORT TERM DISABILITY (STD)-Off the Job coverage only

PREMIUM RATE GRID

INCREMENTAL PURCHASE

City of Greenville/Greenville Utilities Commission

Eligibility

Option 1 - All Active Full-Time Employees enrolled in the 30/30 EP Plan

Option 2 - All Active Full-Time Employees enrolled in the 60/60 EP Plan

Option 3 - All Active Full-Time Employees enrolled in the 90/90 EP Plan

Benefit Schedule

You may choose a weekly benefit amount from \$100 to \$1,200 in \$100 increments, not to exceed 60% of weekly earnings*.

Maximum Benefit Duration

104 weeks or until end of STD Duration

Elimination Period

Option 1 - 30 days for accident - 30 days for sickness

Option 2 - 60 days for accident - 60 days for sickness

Option 3 - 90 days for accident - 90 days for sickness

| You may select a weekly benefit up to 60% of weekly earnings | Bi-weekly Premium Cost Based on 26 payroll deductions per year | | |
|--|---|----------|----------|
| | Option 1 | Option 2 | Option 3 |
| \$ 100 | \$4.48 | \$3.37 | \$2.54 |
| \$ 200 | \$8.95 | \$6.74 | \$5.08 |
| \$ 300 | \$13.43 | \$10.11 | \$7.62 |
| \$ 400 | \$17.91 | \$13.48 | \$10.15 |
| \$ 500 | \$22.38 | \$16.85 | \$12.69 |
| \$ 600 | \$26.86 | \$20.22 | \$15.23 |
| \$ 700 | \$31.34 | \$23.58 | \$17.77 |
| \$ 800 | \$35.82 | \$26.95 | \$20.31 |
| \$ 900 | \$40.29 | \$30.32 | \$22.85 |
| \$ 1,000 | \$44.77 | \$33.69 | \$25.38 |
| \$ 1,100 | \$49.25 | \$37.06 | \$27.92 |
| \$ 1,200 | \$53.72 | \$40.43 | \$30.46 |

*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, any extra compensation or commissions. The information provided is only a summary of the benefits available. Refer to a certificate for details and limitations of coverage.

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy has exclusions, conditions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. Refer to your certificate for complete details and limitations of coverage. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

AFLAC GROUP ACCIDENT INSURANCE

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.



Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.

GROUP ACCIDENT INSURANCE

| | HIGH | LOW |
|---|---|---|
| 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 Urgent care facility with X-Ray / without X-Ray Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray | \$200/\$150 \$200/\$150 \$100/\$75 | \$125/\$100 \$125/\$100 \$75/\$50 |
| AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury. | \$300 Ground \$900 Air | \$200 Ground \$600 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. | \$150 | \$100 |
| 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. | \$70 Each 24 hour period \$35 Less than 24 hours, but at least 4 hours | \$50 Each 24 hour period \$25 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 | \$100 |
| 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. | \$75 | \$50 |
| 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. | \$350 | \$250 |
| 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. | \$3,500 | \$2,500 |

| | | |
|--|--|--|
| 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. | \$7,500 | \$5,000 |
| 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. | \$30 Extraction \$120 Repair with a crown | \$25 Extraction \$100 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% | \$75 | \$50 |
| At least 10% but less than 25% | \$150 | \$100 |
| At least 25% but less than 35% | \$375 | \$250 |
| 35% or more | \$750 | \$500 |
| Third Degree | | |
| Less than 10% | \$750 | \$500 |
| At least 10% but less than 25% | \$3,750 | \$2,500 |
| At least 25% but less than 35% | \$7,500 | \$5,000 |
| 35% or more | \$15,000 | \$10,000 |
| 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. | \$175 | \$125 |
| 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 \$3,000 based on a schedule | Up to \$2,000 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 \$2,250 based on a schedule | Up to \$1,500 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 | \$600 | \$400 |
| 5-15 centimeters | \$300 | \$200 |
| Under 5 centimeters | \$75 | \$50 |
| Lacerations not requiring stitches | \$37.50 | \$25 |

| | | |
|--|--|--|
| 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. | \$300 | \$200 |
| 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). | \$75 | \$50 |
| 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. | \$35 | \$25 |
| 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. | \$750 | \$500 |
| TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months 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 | \$350 Plane \$150 Any ground transportation | \$250 Plane \$100 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 | LOW |
|---|-----------------------|-----------------------|
| 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 | \$30 \$75 \$300 | \$20 \$50 \$200 |
| 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. | \$35 | \$25 |
| 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. | \$150 | \$100 |

| | | |
|---|-----------------|-----------------|
| <p>REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>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.</p> <p>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.</p> | \$75 per day | \$50 per day |
| <p>THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>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.</p> | \$35 | \$25 |
| <p>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)</p> <p>Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p> | \$25 | \$15 |

| HOSPITALIZATION BENEFITS | HIGH | LOW |
|---|-------------------------------|-----------------------------|
| <p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p> | \$1,000 per confinement | \$625 per confinement |
| <p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.</p> <p>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.</p> <p>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.</p> | \$225 per day | \$150 per day |
| <p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.</p> <p>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.</p> <p>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.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$300 per day | \$200 per day |
| <p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.</p> <p>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.</p> <p>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.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$150 per day | \$100 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:

- 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.

\$150
per day

\$100
per day

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

LOW

Employee

\$6,250

\$6,250

Spouse

\$2,500

\$2,500

Child(ren)

\$1,250

\$1,250

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

Employee

\$12,500

\$12,500

Spouse

\$5,000

\$5,000

Child(ren)

\$2,500

\$2,500

LOSS OF ONE OR MORE FINGERS OR TOES

Employee

\$625

\$625

Spouse

\$250

\$250

Child(ren)

\$125

\$125

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

Employee

\$62.50

\$62.50

Spouse

\$62.50

\$62.50

Child(ren)

\$62.50

\$62.50

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

\$2,500

\$2,500

Quadriplegia

\$5,000

\$5,000

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

\$1,500

* 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: <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. | \$1,000 | \$1,000 |
|--|---------|---------|

WELLNESS RIDER

| | | |
|---|--|--|
| WELLNESS BENEFIT (once per calendar year) Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. | | |
|---|--|--|

| THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: | HIGH | LOW |
|--|------|------|
| First, second, third, fourth and fifth year of certificate | \$50 | \$50 |
| Sixth year of certificate and thereafter | \$50 | \$60 |

| ORGANIZED ATHLETIC ACTIVITY RIDER | HIGH | LOW |
|--|------|-----|
| ORGANIZED ATHLETIC ACTIVITY BENEFIT We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event. | 20% | 20% |

| ACCIDENTAL DEATH RIDER | HIGH ONLY |
|--|--|
| ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die. | \$50,000 Employee \$25,000 Spouse \$10,000 Child |
| ACCIDENTAL COMMON-CARRIER DEATH BENEFIT Payable if the insured: <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. *In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days. | \$100,000 Employee \$50,000 Spouse \$20,000 Child |

| GUNSHOT WOUND RIDER | HIGH ONLY |
|---|-----------------------------|
| Payable once per accident if on the job (or in the line of duty), the employee receives an unintentional gunshot wound from a conventional fire arm in a covered accident that does not cause death. The injury must result in treatment within 24 hours and admission to a hospital as an inpatient (in New Hampshire, admission is not required). If the insured is shot more than once in a 24-hour period, we will pay benefits only for the first wound. If, within 90 days (in Utah, 180 days), the insured loses a finger/toe, a hand/foot, or the sight of an eye or eyes, or dies as the result of the same covered accident, we will pay only one benefit. We will pay the larger of the applicable Gunshot Wound Benefit, Dismemberment Benefit, or Accidental Death Benefit (if available). | \$1,000 Employee Only |

CATASTROPHIC ACCIDENT RIDER

HIGH ONLY

Payable at the end of the elimination period if any insured (365-day elimination period):

- Sustains a catastrophic loss as the result of a covered accident,
- Is under the appropriate care of a doctor during the catastrophic accident elimination period,
- Remains alive at the end of the catastrophic accident elimination period, and
- Is actively at work when the accident occurs.

The benefits provided in this rider are reduced by any benefits paid under the Accidental Death, Dismemberment, or Paralysis Benefits (if available).

\$250,000
Employee

\$100,000
Spouse/
Children

| HIGH PLAN | BIWEEKLY RATES |
|---------------------------------|----------------|
| Employee | \$7.85 |
| Employee and Spouse | \$13.03 |
| Employee and Dependent Children | \$17.12 |
| Family | \$22.30 |

| LOW PLAN | BIWEEKLY RATES |
|---------------------------------|----------------|
| Employee | \$4.58 |
| Employee and Spouse | \$7.98 |
| Employee and Dependent Children | \$11.17 |
| Family | \$14.57 |

INITIAL ACCIDENT EXCLUSIONS

State references within this brochure refer to the state of your group and not your resident state.

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.
 - In North Carolina: 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 civil participation in an active riot. 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. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any viral or microorganism 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.
 - **Felony** (In Idaho only) – participation in a felony
- 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.
 - In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers' compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

AFLAC GROUP CRITICAL ILLNESS

INSURANCE – PLAN INCLUDES BENEFITS FOR CANCER AND HEALTH SCREENING

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 other 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.

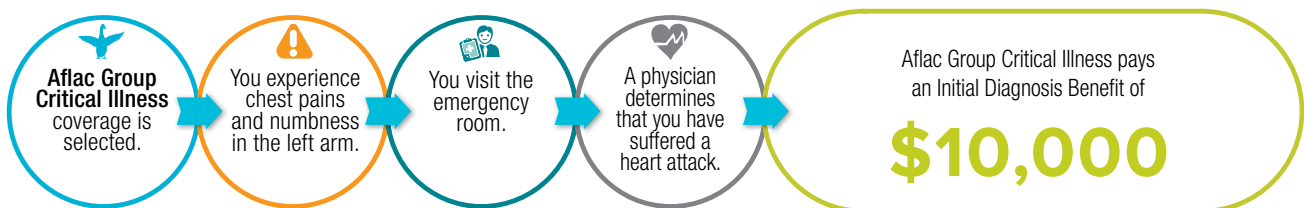
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - 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
 - Non-Invasive Cancer
 - Skin Cancer
 - Severe Burn
 - Coma
 - Paralysis
 - Loss of Sight / Hearing / Speech
- 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:

| | |
|--|------|
| CANCER (Internal or Invasive) | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% |
| STROKE (Ischemic or Hemorrhagic) | 100% |
| MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant) | 100% |
| KIDNEY FAILURE (End-Stage Renal Failure) | 100% |
| BONE MARROW TRANSPLANT (Stem Cell Transplant) | 100% |
| SUDDEN CARDIAC ARREST | 100% |
| SEVERE BURN* | 100% |
| PARALYSIS** | 100% |
| COMA** | 100% |
| LOSS OF SPEECH / SIGHT / HEARING** | 100% |
| NON-INVASIVE CANCER | 25% |
| CORONARY ARTERY BYPASS SURGERY | 25% |

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. 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. Cancer diagnoses are subject to the cancer diagnosis limitation.

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. Cancer diagnoses are subject to the cancer diagnosis limitation.

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.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

*This benefit is only payable for a burn 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.

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 \$100 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 pays the applicable maximum benefit amount for the initial positive diagnosis of occupational human immunodeficiency virus (HIV), as a result of a covered injury. This benefit is payable once, and once the benefit is paid, coverage for that individual will terminate.

This benefit is paid based on your selected Critical Illness Benefit amount.

CRITICAL ILLNESS NON-TOBACCO / Employee / Biweekly Rates

| Ages | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|-------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 18-29 | \$2.34 | \$3.29 | \$4.24 | \$5.19 | \$6.14 | \$7.10 | \$8.05 | \$9.00 | \$9.95 | \$10.90 |
| 30-39 | \$2.97 | \$4.55 | \$6.13 | \$7.71 | \$9.29 | \$10.86 | \$12.44 | \$14.02 | \$15.60 | \$17.18 |
| 40-49 | \$4.51 | \$7.63 | \$10.75 | \$13.86 | \$16.98 | \$20.10 | \$23.22 | \$26.34 | \$29.46 | \$32.57 |
| 50-59 | \$7.49 | \$13.59 | \$19.69 | \$25.78 | \$31.88 | \$37.98 | \$44.08 | \$50.18 | \$56.28 | \$62.38 |
| 60-69 | \$13.12 | \$24.86 | \$36.59 | \$48.33 | \$60.06 | \$71.80 | \$83.53 | \$95.27 | \$107.00 | \$118.74 |

CRITICAL ILLNESS NON-TOBACCO / Spouse / Biweekly Rates

| Ages | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 |
|-------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| 18-29 | \$2.32 | \$2.78 | \$3.25 | \$3.71 | \$4.17 | \$4.64 | \$5.10 | \$5.57 | \$6.03 |
| 30-39 | \$2.95 | \$3.72 | \$4.50 | \$5.28 | \$6.06 | \$6.84 | \$7.61 | \$8.39 | \$9.17 |
| 40-49 | \$4.49 | \$6.03 | \$7.58 | \$9.13 | \$10.68 | \$12.22 | \$13.77 | \$15.32 | \$16.87 |
| 50-59 | \$7.47 | \$10.50 | \$13.54 | \$16.58 | \$19.62 | \$22.65 | \$25.69 | \$28.73 | \$31.77 |
| 60+ | \$13.10 | \$18.96 | \$24.81 | \$30.67 | \$36.53 | \$42.38 | \$48.24 | \$54.09 | \$59.95 |

CRITICAL ILLNESS TOBACCO / Employee / Biweekly Rates

| Ages | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|-------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 18-29 | \$2.75 | \$4.11 | \$5.47 | \$6.83 | \$8.18 | \$9.54 | \$10.90 | \$12.26 | \$13.62 | \$14.98 |
| 30-39 | \$3.89 | \$6.38 | \$8.88 | \$11.38 | \$13.88 | \$16.37 | \$18.87 | \$21.37 | \$23.86 | \$26.36 |
| 40-49 | \$6.34 | \$11.29 | \$16.23 | \$21.18 | \$26.13 | \$31.08 | \$36.02 | \$40.97 | \$45.92 | \$50.87 |
| 50-59 | \$11.32 | \$21.24 | \$31.17 | \$41.10 | \$51.02 | \$60.95 | \$70.88 | \$80.80 | \$90.73 | \$100.66 |
| 60-69 | \$19.82 | \$38.24 | \$56.67 | \$75.09 | \$93.52 | \$111.94 | \$130.37 | \$148.79 | \$167.22 | \$185.64 |

CRITICAL ILLNESS TOBACCO / Spouse / Biweekly Rates

| Ages | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 |
|-------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| 18-29 | \$2.73 | \$3.39 | \$4.06 | \$4.73 | \$5.40 | \$6.07 | \$6.73 | \$7.40 | \$8.07 |
| 30-39 | \$3.86 | \$5.10 | \$6.34 | \$7.58 | \$8.81 | \$10.05 | \$11.29 | \$12.52 | \$13.76 |
| 40-49 | \$6.31 | \$8.78 | \$11.24 | \$13.70 | \$16.16 | \$18.63 | \$21.09 | \$23.55 | \$26.01 |
| 50-59 | \$11.29 | \$16.25 | \$21.20 | \$26.15 | \$31.10 | \$36.05 | \$41.00 | \$45.96 | \$50.91 |
| 60+ | \$19.79 | \$28.99 | \$38.19 | \$47.40 | \$56.60 | \$65.80 | \$75.00 | \$84.20 | \$93.40 |

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

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

EXCLUSIONS

We will not pay for loss due to:

- **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; this does not include terrorism
 - 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.

AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



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.

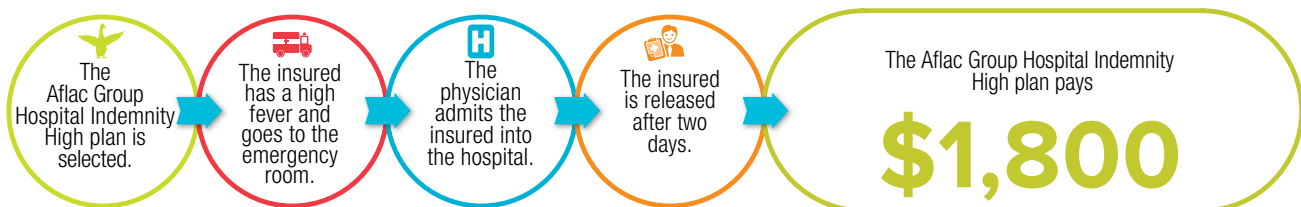
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover.

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 (\$1,500) and Hospital Confinement (\$150 per day).

| BIWEEKLY RATES (26 PP/YEAR) | HIGH PLAN | LOW PLAN |
|---------------------------------|-----------|----------|
| Employee | \$10.80 | \$8.51 |
| Employee and Spouse | \$21.75 | \$17.07 |
| Employee and Dependent Children | \$17.13 | \$13.64 |
| Family | \$28.08 | \$22.20 |

Benefits Overview

HIGH

LOW

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.

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).

\$1,500

\$1,000

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.

\$150

\$150

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.

\$200

\$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.

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.

\$100

\$75

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

BOTH PLANS

HEALTH SCREENING BENEFIT

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

Residents of Massachusetts are not eligible for the Health Screening Benefit.

\$50
per calendar year

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 (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

State references within this brochure refer to the state of your group and not your resident state.

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 North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- 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.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- 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.
 - In Arizona: this exclusion does not apply.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to 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.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- 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.

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.

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

Accident, Critical Illness, and Hospital Indemnity are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family, CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Policy Series C21000, C70000, and C8000.

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EXP 10/26

Need help with health care? We've got your lifeline

Introducing Health Advocacy, Medical Bill Saver[™] and Telemedicine services, now part of your Aflac

We've enhanced your plan without adding cost. Now, if you have an eligible Aflac plan, you also have access to three services that make it easier to access care, reduce out-of-pocket medical expenses and navigate the health care system with greater ease:

- **Get answers and expert help** with Health Advocacy from Health Advocate
- **Let advocates negotiate your medical bills** with Medical Bill Saver, also from Health Advocate
- **Connect with health providers via phone,** app or online with MeMD

Best of all, you can start using them as soon as your Aflac coverage starts.



Start using Health Advocacy and Medical Bill Saver from Health Advocate and Telemedicine from MeMD when your coverage begins. Questions?

Health Advocate and Medical Bill Saver: 855.423.8585

MeMD: memd.me/aflac



Value-Added
Services

Get more without spending more



More than just peace of mind. Health Advocacy from Health Advocate

You have **24/7** access to personal health advocates who start helping from the first call:

- Find doctors, dentists, specialists, hospitals and other providers
- Schedule appointments, treatments and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare and more
- Help transfer medical records, lab results and x-rays
- Work with insurance companies to obtain approvals and clarify coverage



More than just cash benefits. Medical Bill SaverTM from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



More than just care. Telemedicine from MeMD

You can quickly connect with board-certified, U.S.-licensed health providers online for **24/7/365** access to medical care — fast:

- Create your account at www.MeMD.me/Aflac
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app or phone
- Get ePrescriptions,* referrals and more
- Use it for a range of health issues, from allergies and colds to medication refills
- Prescription for common medicine

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.

*When medically necessary, MeMD's providers (except therapists) can submit a prescription electronically for purchase and pickup at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain reliever or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed. If you have already created a MeMD account and are being charged an incorrect price, call MeMD's care coordination team at

1-855-636-3669 to update.

† Service availability and age restrictions vary by state.

MeMD is comprised of independent physician practices. Fabric Labs, Inc. d/b/a MeMD (MeMD) offers medical and talk therapy services via telehealth to patients nationwide. Telehealth services may vary by state. Telehealth services are provided in accordance with state law by licensed health care professionals, subject to the licensed professionals' judgment. When medically necessary, MeMD providers may prescribe medication that can be picked up at a local pharmacy of the patient's choice; MeMD does not guarantee that a prescription will be written. MeMD providers do not prescribe controlled substances. MeMD is not a pharmacy or an insurance product. Virtual Urgent Care visits are not a replacement for a primary care physician.

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

AGC2400933

EXP 9/25

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.

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 124126R4 S 07/24

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



TRANSAMERICA®

Product Details

| Hospital Benefits | | Plan Option 1 - 1.00 Units | Policy Pays |
|--------------------------------|--|----------------------------|---|
| Hospital Confinement | | \$100 | per day of covered confinement |
| Extended Benefits | | \$200 | per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia) |
| Attending Physician | | \$20 | per day while hospital confined; one visit per 24-hour period |
| Inpatient Drugs and Medicines | | \$15 | per day while hospital confined |
| Private Duty Nurse | | \$100 | per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member |
| Ambulance | | \$100 | for service by a licensed ambulance service for transportation to a hospital; admittance required |
| Extended Care Facility | | \$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 | per day of covered confinement; in lieu of all other benefits |
| Hospice Care | | \$100 | per day of hospice care; 100-day lifetime maximum; not payable while hospital confined |
| Surgery Benefits | | Plan Option 1 - 2.00 Units | Policy Pays |
| Surgery | Inpatient | \$2,000 | 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 | \$3,000 | |
| Anesthesia | | 25% | of covered surgery benefit |
| Prosthesis | | \$1,000 | maximum benefit; pays actual charges per device requiring implantation |
| Hair Prosthesis | | \$100 | maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment |
| Reconstructive Surgery | Breast Cancer – simple or total mastectomy | \$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 | \$340 | |
| | Cancers of the male or female genitalia | \$340 | |
| | Cancer of the head, neck, or oral cancers | \$500 | |

Transamerica Life Insurance Company

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Product Details

| | | |
|---|-----------------------------------|--|
| Second Surgical Opinion | \$200 | when surgery is prescribed; excludes skin cancer |
| Ambulatory Surgical Center | \$300 | maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center |
| Skin Cancer | One removal \$150 | for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides) |
| | Per additional removal \$70 | |
| Radiation and Chemotherapy Benefits | Plan Option 1 - 2.00 Units | Policy Pays |
| Radiation and Chemotherapy | \$10,000 | maximum benefit per 12-month period; pays actual charges |
| Associated Radiation & Chemo Expenses | \$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 | \$10,000 | maximum benefit per 12-month period; pays actual charges |
| Associated Blood & Plasma Expenses | \$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 | \$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 |

Transamerica Life Insurance Company

EB1 124126R4 S 07/24

Product Details

| Wellness & Non-Medical Benefits | Plan Option 1 - 2.00 Units | Policy Pays |
|---------------------------------------|----------------------------|--|
| Annual Cancer Screening | \$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 | per calendar year for MRI scan used as diagnostic tool for breast cancer |
| Non-Local Transportation | 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 | 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 | 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 | per treatment; limit one treatment per day |
| At-Home Nursing | \$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 | 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 |

Transamerica Life Insurance Company

EB1 124126R4 S 07/24

Product Details

| Cancer Maintenance Therapy Benefit | Plan Option 1 - 1.00 Units | Policy Pays |
|---|----------------------------|--|
| <ul style="list-style-type: none"> • Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents | \$1,000 | maximum benefit per 12-month period; pays actual charges |
| First Occurrence Rider (Rider Form Series CROCC100, 200 or 300) | Plan Option 1 - 2.00 Units | Policy Pays |
| Initial Diagnosis Benefit | \$2,000 | pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer (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.

| Bi-Weekly Premium | Individual | Single Parent Family | Family |
|-------------------|------------|----------------------|---------|
| Plan Option 1 | \$9.07 | \$10.47 | \$16.66 |

Issue State: North Carolina
Rate generation date: March 14, 2018

Transamerica Life Insurance Company

EB1 124126R4 S 07/24

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.
- 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.

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 but only until the employee has reached the maximum point of recovery and is still totally disabled. 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. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

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.

Transamerica Life Insurance Company

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.

Transamerica Life Insurance Company

EB1 124126R4 S 07/24

LifeTime Benefit Term

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.

52% of people
turning age 65 will
need some type of
Long Term Care.¹

\$85,775
median annual
nursing home cost,
semi-private room
in 2017.¹

35% of households
would feel the
financial impact...
if the primary wage
earner died.²

Combined Insurance
Company of America,
a Chubb company

CWB-LBT-LTC-NC-0523

For employees of

**City of Greenville and
Greenville Utilities**

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.

Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 25% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.



| 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 |
| Restore your Death Benefit | If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 25% of your original death benefit | \$25,000 | --- | --- | \$25,000 |
| Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = TOTAL COVERAGE | | | | | \$325,000 |

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

This product is underwritten by Combined Insurance Company of America, a Chubb company.

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 | \$7.61 |
| 40 | \$12.16 |
| 50 | \$21.65 |

* 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

Reasonably Priced 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 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, except for acts of terrorism; 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, Restoration of Death Benefits=34559, Accelerated Death Benefit for Terminal Illness=34550, Long Term Care=34553 and Extension of Benefits=34554). For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

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

1. Long-Term Support and Services Fact Sheet. AARP Public Policy Institute, March 2017, www.aarp.org
2. The 2018 Insurance Barometer Study. Life Happens, LIMRA

This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

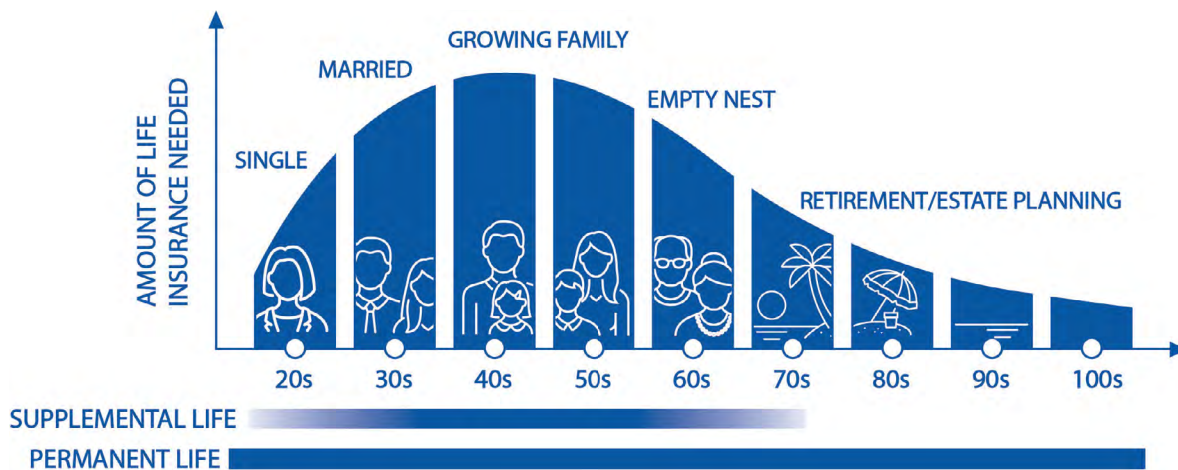
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Life Insurance options for each step of your journey.



Why does your employer offer two life insurance options? It's simple—just as your life changes and evolves, so should your life insurance coverage. Let's take a closer look at your options and when they make the most sense in your journey.

Supplemental & Permanent Life Insurance



Supplemental Life

- Designed to bring you inexpensive life insurance during your working years (i.e., 1x, 2x, 3x salary)
- Rates increase every year based on your age

The downside of using Supplemental Life Insurance beyond your working years:

- Expensive conversion (moving to Universal or Whole Life) or portability (allowing one to keep the policy after employment ends)
- Many policies increase rates over 900%
- Total cost may be more than 3x a Permanent Life product

Permanent Life

- Can keep it for life
- Fully portable with no rate increase or benefit reduction
- Offered with little or no health questions
- Paid-up benefits allow you to keep the policy for life with no more premiums due

Why consider Permanent Life Insurance?



Provides guaranteed level life insurance premiums based on the age you enroll.



Guaranteed portability with the same rates and same benefits whether you leave or retire.



Permanent Life Insurance provides guaranteed paid-up benefits.

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 | Remarks |
|---|-------------|--|
| Transamerica: Cancer Insurance | Direct Bill | 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 | Call Pierce Insurance Agency 800-421-3142 |
| Aflac Group: Accident Insurance | Direct Bill | Call customer service at 800-433-3036 and request a port packet to arrange for direct bill. |
| Aflac Group: Critical Illness Insurance | Direct Bill | Call customer service at 800-433-3036 and request a port packet to arrange for direct bill. |
| Aflac Group: Hospital Indemnity | Direct Bill | Call customer service at 800-433-3036 and request a port packet to arrange for direct bill. |
| Dearborn National: Term Life Insurance | Convertible | Call Pierce Insurance Agency 800-421-3142 |

COBRA COVERAGE

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allows you and/or your dependents to continue your current Medical, Dental and Vision and HCFSAs coverage for a specific period when you and/or your dependents are enrolled and coverage is lost due to a qualifying event. **You must pay the required cost of coverage.**

The following charts show the coverage provisions - **except for the duration of coverage for the HCFSAs, which can only be continued to end of plan year.**

| Qualifying Event | Qualifying Beneficiaries Who May Continue Coverage | Duration of Coverage |
|--|--|--|
| Your employment ends for any reason other than gross misconduct | You, spouse, dependent children | Up to 18 months |
| You lose benefit eligibility due to reduction in hours | You, spouse, dependent children | Up to 18 months |
| During the first 60 days of COBRA coverage you or your dependent become disabled under the Social Security Act | You, spouse, dependent children | Up to 29 months; months 1-18, 102% of premium; months 19-29, 150% of premium |
| You divorce or legally separate | Ex-spouse and/or dependent children | Up to 36 months from initial qualifying event |
| Your dependent children lose eligibility | Dependent children | Up to 36 months from initial qualifying event |
| You become covered by Medicare | Spouse and/or dependent children | Up to 36 months from initial qualifying event |
| Upon death of employee | Spouse and/or dependent children | Up to 36 months from initial qualifying event |

CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

CITY OF GREENVILLE

Traicy Espinoza

TEspinoza@greenvillenc.gov

Phone 252-329-4496

Fax 252-329-4313

PIERCE INSURANCE AGENCY, INC.

3766 South Main Street, Farmville, NC 27828

Mailing address: P.O. Box 727, Farmville, NC 27828

Customer Service: 800-421-3142

pierceins.com/city-of-greenville/

AFLAC - GROUP HOSPITAL INDEMNITY, ACCIDENT & CRITICAL ILLNESS

Customer Service and Claims: 800-433-3036

https://aflacgroupinsurance.com/customer_service/

CHUBB - LIFETIME BENEFIT TERM

Customer Service 855-241-9891, claims option 2, customer service option 3

Customer Service & Claims Fax 603-352-1179

Customer Service & Claims Email CSMail@selmanco.com

DEARBORN NATIONAL - EMPLOYER PAID TERM LIFE, SUPPLEMENTAL LIFE AND DISABILITY

Life: Customer Service and Claims: 800-348-4512

Disability: Customer Service and Claims: 877-348-0487

<https://www.dearbornnational.com/login.html>

TRANSAMERICA LIFE INSURANCE COMPANY – CANCER

Claims Customer Service Department: 888-763-7474

Email Claim Documents to: tebclaimsscanning@transamerica.com

<https://customers.transamericaemployeebenefits.com>

GREENVILLE UTILITIES

Leah Herring

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Phone 252-551-1473

Juanita Sims

simsjd@guc.com

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Cort Bazemore

bazemocd@guc.com

Phone 252-329-2108

PIERCE INSURANCE AGENCY, INC.

3766 South Main Street, Farmville, NC 27828

Mailing address: P.O. Box 727, Farmville, NC 27828

Customer Service: 800-421-3142

pierceins.com/greenville-utilities/

NOFS

2026 Benefits



BENEFITS AVAILABLE:



Group Accident Insurance



Cancer Insurance



Group Critical Illness Insurance



Dental Insurance



Flexible Spending Accounts



Group Hospital Indemnity



Life Insurance



Medical Insurance



Short-term Disability



Vision Insurance



City of Greenville



Greenville Utilities

arranged by:



pierceins.com/city-of-greenville
pierceins.com/greenville-utilities
800-421-3142