



**TIME SENSITIVE**

# VOLUNTARY BENEFITS ENROLLMENT

**PLAN YEAR:  
July 1, 2022 - June 30, 2023**



**LEARN & ENROLL**

[www.pierceins.com/mpark](http://www.pierceins.com/mpark)



Dear Manassas Park City Schools Team:

MPCS is excited to present your Voluntary Benefits Enrollment Guide for plan year July 1, 2022 - June 30, 2023.

We've worked closely with our trusted partner, Pierce Insurance to ensure MPCs employees are receiving best-in-class voluntary benefits with affordable premiums and are able to enroll with limited underwriting.

This benefits in this booklet are:

- |  |  |
|--|--|
|  <b>Group Accident Insurance</b>            |  <b>Cancer Insurance</b>                  |
|  <b>Group Critical Illness Insurance</b>    |  <b>Life (with Long Term Care)</b>        |
|  <b>Group Hospital Indemnity Insurance</b> |  <b>Group Short Term Disability</b>      |
|  <b>Flexible Spending Accounts</b>        |  <b>Legal Plan &amp; Identity Theft</b> |

We encourage you to carefully review this information to understand each plan and determine if enrollment is right for you and your family. If you need more details or have specific questions, please contact Pierce Insurance Agency directly at (800) 421-3142 or visit [www.pierceins.com/mpark](http://www.pierceins.com/mpark).

Thank you for your contribution in making Manassas Park an exceptional place to live, work, and thrive.

Dr. Melissa Saunders  
Superintendent



# EMPLOYEE BENEFITS BOOKLET

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Annual Enrollment Period: May 2 – May 16, 2022.

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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.*

Learn about your health insurance, retirement and other benefit plans at:  
[www.mpark.net/departments/human-resources/benefits](http://www.mpark.net/departments/human-resources/benefits)

# PRE & POST TAX BENEFITS OVERVIEW

## Manassas Park City Schools

Plan Year: July 1, 2022 – June 30, 2023

Annual Enrollment Period: May 2 - May 16, 2022.

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

### PRE-TAX BENEFITS

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



**Flexible Spending Account\*\***



**Group Accident Insurance**



**Group Critical Illness Insurance**



**Group Hospital Indemnity Insurance**



**Cancer Insurance**

\*\*You will need to re-enroll for the spending accounts if you want them to continue next plan year. **If you do not re-enroll your contribution will stop effective 7/1/2022.**

### POST-TAX BENEFITS

A post-tax deduction is money that is taken out of employee's paycheck after all applicable taxes have been withheld.



**Life Insurance (with Long-Term Care)**



**Group Short Term Disability Insurance**



**Legal & Identity Theft**

**ACCESS YOUR BENEFITS**  
**ANYTIME ♦ ANYWHERE**

**[pierceins.com/mpark](https://www.pierceins.com/mpark)**

# IMPORTANT DETAILS

## HOW TO ASK QUESTIONS, MAKE CHANGES, & ENROLL

Special Guarantee Issue Offer\*

 [SCHEDULE YOUR BENEFITS REVIEW>](#) [pierceins.com/mpark](https://www.pierceins.com/mpark)

 [CALL 800-421-3142>](tel:800-421-3142) to speak with a benefits counselor

 [GET A QUOTE & ENROLL>](#) [pierceins.com/mpark](https://www.pierceins.com/mpark)

\*No qualifying health questions (limitations apply). Speak with a benefits counselor for details.

## WHY SCHEDULE YOUR BENEFITS REVIEW APPOINTMENT

- Our goal is to ensure you understand your options so you can select the best combination of benefits for you and your family.
- We'll explain the benefits available to you, and answer any questions you may have.
- After you've selected your benefits, we'll complete your enrollment for you.
- Help raise money for Children's Hospital of Richmond at VCU via -  
Benefits That Benefit **CHILDREN**

## ELIGIBILITY

- Full-time benefit eligible employees working 30 hours or more per week.
- Benefit eligible new hires must apply for benefits during the first 30 days of employment.

## IMPORTANT DETAILS

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

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

- An employee has 90 days after the Plan Year to submit claims for spending account expenses that were incurred during the Plan Year. If employment terminates during the Plan Year the employer's plan year ends the day employment ends. The employee has 90 days after termination to submit claims.
- With Dependent Care Flexible Spending accounts, the maximum reimbursement you can request is equal to the current account balance in your Dependent Care account.

Some policies may contain 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.*

# MyBenefits Website: pierceins.com/mpark



 Benefit Plans

 Enroll

 Video Library

 Benefit Resources

 Questions

 Contact Information



## DOWNLOAD Our New App!

The Pierce Insurance app makes it easier for our client's employees to access their employee benefits in one easy step.

Scan to  
Download



GET IT ON  
Google Play

Download on the  
App Store

[Pierceins.com](http://Pierceins.com) | 800-421-3142

Learn & Enroll: [www.pierceins.com/mpark](http://www.pierceins.com/mpark) | 800-421-3142



Benefits That Benefit  
**CHILDREN**

[info@benefitsthatbenefitchildren.com](mailto:info@benefitsthatbenefitchildren.com)  
[www.benefitsthatbenefitchildren.com](http://www.benefitsthatbenefitchildren.com)

Meet with a Benefits Counselor to learn about valuable voluntary benefits including Chubb's LifeTime Benefit Term\* and **\$10** per person\*\* seen for the first time will be donated to Children's Hospital of Richmond at VCU.

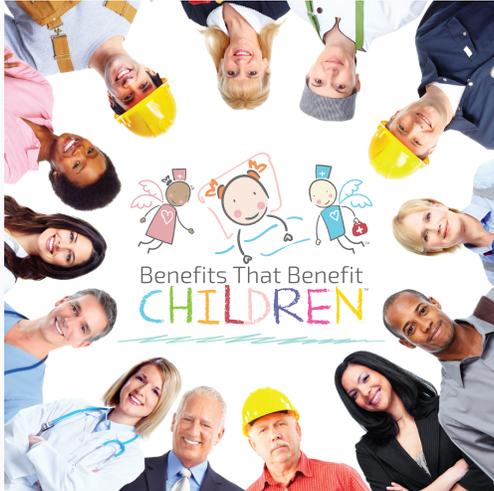
**No Purchase is Necessary for a Donation.**



## Helping Children's Hospitals Help More Children

\* The LifeTime Benefit Term Product is underwritten and issued by Combined Insurance Company of America, a Chubb company.

\*\* \$10.00 donation will apply to employees that have not reviewed Chubb's LifeTime Benefit Term product in the past. You must speak with a Benefit Counselor to review the LifeTime Benefit Term to qualify.



## Help Your Children's Hospital

**Benefits That Benefit Children** is a cause marketing program that supports children's hospitals throughout the country. It was created by National Benefit Partners (NBP), an independent employee benefits distribution organization.

**Benefits That Benefit Children** provides donations to Children's Hospital Foundations when you meet with a benefit counselor to review Chubb's LifeTime Benefit Term product.

Become A  
**"Children's Champion."**



### How do I become a Children's Champion?

It's easy. Simply review the benefits provided with a Benefits Counselor and either purchase or decline to purchase on the enrollment system and that will trigger a **Benefits That Benefit Children** donation which is made to your local children's hospital foundation.

Chubb's LifeTime Benefit Term with Long Term Care is a part of the Benefits That Benefit Children program. For every employee that meets with a benefits counselor during open enrollment, \$10 will be raised and donated to Children's Hospital of Richmond at VCU.

No purchase is necessary for the donation to be made. A donation will only be made for those employees who have not previously reviewed Chubb's LifeTime Benefit Term product and meets with a benefits counselor.

### Why Children's Hospitals?



Children's Hospitals are community organizations that provide special attention and services for children's unique medical needs.

Children's Hospitals provide:

- Specialized health care for children – regardless of their ability to pay
- Ground-breaking research and treatment specifically designed for pediatrics
- An environment that allows children to be children despite their illnesses
- Special uncompensated services like: School, Library, Music Therapy, Play Areas and Special Events



### Why "Benefits That Benefit Children?"

**Benefits That Benefit Children** is a unique cause marketing program that creates a winning combination for employees, and the health of children in the community.

- Employees receive an opportunity to learn about best-in-class voluntary benefits
- Children's Champions participation creates donations to children's hospitals that are funded by your broker, NBP and benefit providers
- Children's Champions participation creates awareness for the needs of the children's hospital and community



Benefits That Benefit  
**CHILDREN**

[info@benefitsthatbenefitchildren.com](mailto:info@benefitsthatbenefitchildren.com)  
[www.benefitsthatbenefitchildren.com](http://www.benefitsthatbenefitchildren.com)





## 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](http://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx)
- Filing a claim with Transamerica cancer, log into your portal: [www.tebcs.com](http://www.tebcs.com) or call 888-763-7474.



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

Plan Name	Wellness Benefit	Am I Enrolled?	Date Claim Filed
 Group Accident Insurance	\$60	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
 Group Critical Illness Insurance*	\$150	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.

## VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING.

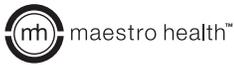
**If you get sick, hurt, need a lawyer, are a victim of identity theft, or die unexpectedly, would you need financial help with any of the following?**

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

### Voluntary Insurance Helps Provide Peace of Mind



# FLEXIBLE SPENDING ACCOUNTS



## FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account, or FSA, is an employee benefit that allows you to conveniently save and pay for you and your family's healthcare expenses. The income you choose to contribute to your FSA becomes tax exempt, giving you extra cash to help pay for upcoming healthcare costs, as well as the inevitable unexpected expenses.

### Healthcare FSA.

Used for certain qualified out-of-pocket expenses not covered by your health plan.

- Out-of-pocket deductible
- Office visit copays
- Out-of-pocket dental
- Orthodontia
- Vision and hearing
- Prescriptions

Here's why you should enroll.

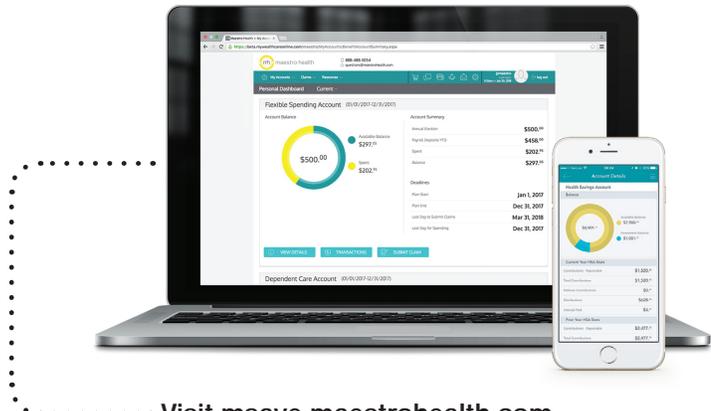
- Fast, daily claim reimbursement
- Online claim filing & account access
- mSAVE™ mobile app for Apple & Android
- mSAVE debit card

Here's how much you can save.

Savings will be determined based on your federal and state tax rates. On average, people save between 20 – 35% on money contributed to an FSA.

What if I don't spend my entire election?

Don't worry. Your employer allows you an additional 2½ months to incur claims after the plan year ends.



Visit [msave.maestrohealth.com](https://msave.maestrohealth.com)

Registration ID: Select "Card Number" and enter the 16-digit number on your mSAVE debit card.

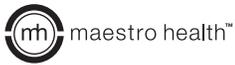
Plan Year Start: July 1st, 2022

Plan Year End: June 30th, 2023

Annual Election Max: \$2,850

Questions? Let us help.

888.488.5054 | [questions@maestrohealth.com](mailto:questions@maestrohealth.com) | [maestrohealth.com](https://maestrohealth.com)



## DEPENDENT CARE FSA



### What is a Dependent Care Flexible Spending Account (FSA)?

A Flexible Spending Account, or FSA, is an employee benefit that allows you to conveniently save and pay for certain types of expenses pre-tax. The Dependent Care FSA is used for expenses paid to care for qualified dependents that allows you to work.

- Daycare
- Nursery or preschool tuition
- Nannies
- Before & after school care
- Day camps

**Plan Year: July 1, 2022 - June 30, 2023**

**Plan Year Maximum: \$5,000**

### How do I sign up?

You must sign up for the Dependent Care FSA every year at open enrollment.

### Learn more at:

[msave.maestrohealth.com](https://msave.maestrohealth.com)

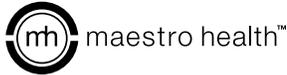
### How much can I save?

You can save hundreds. Regardless of how much you elect to contribute, you'll decrease your taxable income and increase your spendable income. It's a win-win!



### Questions? Let us help.

888.488.5054 | [questions@maestrohealth.com](mailto:questions@maestrohealth.com) | [maestrohealth.com](https://maestrohealth.com)



# ELIGIBLE & INELIGIBLE ITEMS.

For more details, visit [www.fsastore.com](http://www.fsastore.com) or reference the IRS publications 502 & 503.



## Eligible Healthcare Expenses

- Allergy tests & shots
- Acupuncture
- Alcohol & drug abuse treatment
- Ambulance services
- Artificial limbs
- Automobile modifications required by medical condition
- Birth control pills & devices prescribed by a doctor
- Birth prevention surgery
- Braille materials (books and magazines)
- Childbirth classes for mother-to-be
- Chiropractic services
- Christian Science practitioners' fees
- Co-payments
- Deductibles on your or your spouse's group plan
- Dental treatment
- Guide dog
- Hospital/Health Clinic costs not covered by group health plan
- Infertility & treatment of impotence
- Insulin
- Laboratory fees
- Lead-based paint removal
- Learning disability
- Lifetime care fees
- Lodging & meals at medical facilities
- Medical aids/equipment
- Massage therapy (medically necessary)
- Mattresses for treatment of arthritis
- Medical information plan fees
- Nurses' fees
- Obstetrical expenses
- Orthodontic services, if medically necessary
- Orthopedic equipment
- Osteopaths' fees
- Oxygen
- Physicians' fees not covered by medical plan
- Podiatrists' fees, if medically necessary
- Prescription drugs (excluding controlled substances)
- Psychiatric care & fees
- Radial Keratotomy & LASIK
- Ramps required by medical condition
- Routine physical examination
- Smoking programs prescribed by a doctor to treat other medical conditions
- Seeing eye dog & its upkeep
- Spa or resort medical expenses prescribed by a physician
- Telephone costs to purchase and repair special telephone equipment for hearing impaired
- Therapeutic care for substance abuse (drug or alcohol)
- Therapy fees for medical treatment
- Transportation expenses to obtain medical services
- Vision care (exams, glass, contacts)

- Weight loss program prescribed by a physician for specific health problems

## Over-the-counter Medicines\*

### **\*Will require a prescription**

- Acne treatment
- Allergy medicine
- Antacids
- Anti-diarrhea medicine
- BENGAY® Tiger Balm & similar products for muscle pain or joint pain
- Bug bite medication
- Cold medicine
- Cough drops, throat lozenges, sinus medications, nasal sinus sprays
- Eye drops (such as VISINE®)
- First aid cream, Bactine®, special diaper rash ointments, calamine lotion, laxatives such as ex-lax®
- Menstrual cycle products for pain & cramp relief
- Motion sickness pills
- Nasal sinus sprays & nasal strips
- Nicotine gum or patches for smoking cessation
- Pain reliever
- Pedialyte® for child's dehydration
- Pre-natal vitamins
- Rubbing alcohol
- Sleeping aids
- Suppositories/creams for hemorrhoids
- Wart remover treatments

# FLEXIBLE SPENDING ACCOUNTS

## **Over-the-counter items will require a receipt:**

- Band-Aids, bandages, liquid adhesive, gauze pads, first aid kits
- Carpal tunnel wrist supports
- Cold/hot packs
- Condoms and spermicidal foam
- Contact lens cleaning solution
- Glucosamine supplements
- Incontinence supplies
- Pregnancy test kits
- Reading glasses
- Special ointment or cream for sunburns (not regular skin moisturizers)
- Sunscreen
- Take-home screening test kits
- Thermometers

## **Over-the-counter items requiring a medical practitioner's diagnosis and prescription:**

- Dietary supplements or herbal medicines
- Fiber supplements
- Hormone therapy & treatment for menopause
- Medicated shampoos and soaps
- Nasal sprays for snoring
- Orthopedic shoes & inserts
- Pills for lactose intolerance
- St. John's Wort for depression
- Topical creams to treat gingivitis
- Weight-loss drugs to treat a specific disease (including obesity)
- Home exercise equipment

## **Eligible Dependent Care Expenses**

### **When expenses are necessary due to employment of parent(s)**

- After school care expenses
- Babysitter fees
- Day care center fees
- Federal & state employment taxes you pay for an individual you pay to provide dependent care
- Pre-school tuition
- Wages of individuals who provide care inside or outside your home

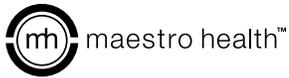
## **Ineligible Healthcare Expenses**

- Contact lens replacement insurance premiums
- Cosmetic services/surgery
- Dance & swimming lessons, even if recommended by physician
- Diaper service
- Fitness programs for general health
- Health insurance premiums
- Illegal operations or treatments
- Life insurance premiums
- Long-term care insurance premiums
- Medicare tax for Part A
- Medicare premiums for Part B
- Marriage counseling
- Maternity clothes
- Nursing home expenses that are custodial in nature
- Over-the-counter (e.g. chapstick, cosmetics, daily vitamins, dandruff shampoos, deodorant, face cream, hair color, hand lotions, moisturizers, razors & other shaving supplies, soaps, toothbrushes & toothpaste)

## **Ineligible Dependent Care Expenses**

- Claims submitted without the care givers' federal tax ID and/or social security number
- Nursing home expenses
- "Sleep away" camp expenses (e.g., camp expenses other than day camp in lieu of the child's regular day care)
- Specialty camps (e.g., tennis camps & basketball camps)
- Wages for a care giver who is your spouse or dependent under the age of 19





# WORKSHEET & EXPENSE GUIDE.



The planning worksheet below can help you estimate your eligible healthcare expenses that may not be covered under your company's group insurance plans. Remember, all eligible healthcare expenses for you, your spouse and your eligible dependents are reimbursable from your Healthcare Flexible Savings Account (aka, FSA).

Please look at the list below and enter amounts for services that you know your family members will need in the plan year. Your employer will then use this to calculate the total amount needed to be loaded on your debit card for you to use at the beginning of your plan year.

Medical & Dental Expenses	Estimated Plan Year Expenses	Vision & Other Expenses	Estimated Plan Year Expenses
Copays	\$ _____	Contact lens supplies	\$ _____
Deductibles	\$ _____	Copays	\$ _____
Lab fees	\$ _____	Deductibles	\$ _____
Physical exams	\$ _____	Eye examinations	\$ _____
Physician fees	\$ _____	Prescription contact lenses	\$ _____
Prescription drug expenses	\$ _____	Prescription eyeglasses or sunglasses	\$ _____
Dental copays	\$ _____	Acupuncture or chiropractic	\$ _____
Dental deductibles	\$ _____	Hearing aids	\$ _____
Dentures	\$ _____	Immunization fees	\$ _____
Dental examinations	\$ _____	Psychiatrist, psychologist, counseling	\$ _____
Orthodontia	\$ _____	Other eligible expenses	\$ _____
Restorative work (crowns, caps, bridges)	\$ _____	<b>TOTAL COLUMN 2</b>	<b>\$ _____</b>
Teeth cleaning	\$ _____		
Other dental expenses	\$ _____		
<b>TOTAL COLUMN 1</b>	<b>\$ _____</b>		

**TOTAL COLUMN 1** \$ \_\_\_\_\_ + **TOTAL COLUMN 2** \$ \_\_\_\_\_ = **TOTAL ESTIMATED EXPENSES** \$ \_\_\_\_\_

## 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.



# GROUP ACCIDENT INSURANCE

	HIGH	LOW
<p><b>INITIAL TREATMENT</b> (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:</p>		
Hospital emergency room with X-Ray / without X-Ray	\$250/\$200	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$250/\$200	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$150/\$100	\$100/\$75
<p><b>AMBULANCE</b> (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	\$400 Ground \$1,200 Air	\$300 Ground \$900 Air
<p><b>MAJOR DIAGNOSTIC TESTING</b> (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.</p>	\$200	\$150
<p><b>EMERGENCY ROOM OBSERVATION</b> (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.</p>	\$100 Each 24 hour period  \$50 Less than 24 hours, but at least 4 hours	\$70 Each 24 hour period  \$35 Less than 24 hours, but at least 4 hours
<p><b>PRESCRIPTIONS</b> (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).</p>	\$5	\$5
<p><b>BLOOD/PLASMA/PLATELETS</b> (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.</p>	\$200	\$200
<p><b>PAIN MANAGEMENT</b> (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.</p>	\$100	\$75
<p><b>CONCUSSION</b> (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.</p>	\$500	\$350
<p><b>TRAUMATIC BRAIN INJURY</b> (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.</p>	\$5,000	\$3,500

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

<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (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.</p>	\$400	\$300
<p><b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (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).</p>	\$100	\$75
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (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.</p>	\$50	\$35
<p><b>INPATIENT SURGERY AND ANESTHESIA</b> (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.</p>	\$1,000	\$750
<p><b>TRANSPORTATION</b> (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	\$500 Plane \$200 Any ground transportation	\$350 Plane \$150 Any ground transportation
<p><b>SUCCESSOR INSURED BENEFIT</b> 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.</p>		

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
<p><b>APPLIANCES</b> (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</p>	\$40 \$100 \$400	\$30 \$75 \$300
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b> (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.</p>	\$50	\$35
<p><b>POST-TRAUMATIC STRESS DISORDER (PTSD)</b> (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.</p>	\$200	\$150

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

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

**FAMILY MEMBER LODGING** (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)  
 Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$200  
per day

\$150  
per day

**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	\$8,750
Spouse	\$2,500	\$3,750
Child(ren)	\$1,250	\$1,750

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

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

**LOSS OF ONE OR MORE FINGERS OR TOES**

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

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

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

**PARALYSIS** (once per accident, diagnosed by a doctor within six months after the accident)  
 Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

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

**PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device per insured)\*  
 Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury.

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

\$1,500

\$2,000

\* 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.

<b>RESIDENCE/VEHICLE MODIFICATION</b> (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"> <li>• The sight of one eye;</li> <li>• The use of one hand/arm; or</li> <li>• The use of one foot/leg.</li> </ul>	\$1,000	\$1,500
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**WELLNESS RIDER**

<b>WELLNESS BENEFIT</b> (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.		
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**THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED:**

First year of certificate and thereafter	\$60	\$60
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**WAIVER OF PREMIUM RIDER**

If the employee becomes totally disabled due to a covered sickness\* or accidental injury, after 90 days of total disability, we will waive premiums for the employee and any covered dependents. As long as the employee remains totally disabled, premium will be waived up to 24 months, subject to the terms of the plan.  
 \*In New Hampshire, Tennessee, and Texas, not applicable.

HIGH PLAN	SEMI-MONTHLY RATES
Employee	\$9.72
Employee and Spouse	\$16.31
Employee and Dependent Children	\$22.24
Family	\$28.83

LOW PLAN	SEMI-MONTHLY RATES
Employee	\$7.89
Employee and Spouse	\$13.17
Employee and Dependent Children	\$17.85
Family	\$23.13

## INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

State references 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 California: 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 or riot.
    - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
    - In Illinois: the statement “war does not include acts of terrorism” is deleted.
    - In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious 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.
    - In Montana: committing or attempting to commit suicide, while sane
    - In Illinois, Michigan and Minnesota: this exclusion does not apply
  - **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.
    - In Idaho: intentionally self-inflicting injury.
    - In Montana: injuring or attempting to injure oneself intentionally, while sane
    - In Michigan: this exclusion does not apply
  - **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
    - In Idaho: this exclusion does not apply
  - **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 California, 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 Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
    - In Michigan: voluntarily participating in, committing or attempting to commit a felony, or being engaged in an illegal occupation
    - In Idaho and South Dakota: this exclusion does not apply
  - **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
    - In California and Idaho: participating in any organized sport in a 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.
    - In Alaska, Massachusetts and Montana: having cosmetic surgery, other elective procedures or dental treatment except as a result of a covered accident.
    - In California: having cosmetic surgery or other elective procedures that are not medically necessary (“cosmetic surgery” does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.
    - In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered dependent child.
  - **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.  
\*\*“Contributed to” language doesn’t apply in Illinois

## HOSPITALIZATION BENEFITS

**Hospital Intensive Care Unit** means a place that meets all of the following criteria:

- Is a specifically designated area of the hospital called a hospital intensive care unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day; and
- Has a doctor assigned to the hospital intensive care unit on a full-time basis.

The term **Hospital Intensive Care Unit** specifically excludes any type of facility not meeting the definition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:

- A progressive care unit;
- A sub-acute intensive care unit; or
- An intermediate care unit.

**Intermediate Intensive Care Step-Down Unit** means any of the following:

- A progressive care unit;
- A sub-acute intensive care unit;
- An intermediate care unit; or
- A pre- or post-intensive care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in this plan.

## AFTER CARE BENEFITS

**Psychologist** is a clinical, mental health professional who works with patients.

A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

**Rehabilitation Facility** is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

## YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

## TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

**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.**

Group, Accident, Critical Illness, Hospital Indemnity, and Short Term Disability Insurance 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.

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

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

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

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

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

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

## What you need, when you need it.

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



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

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

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

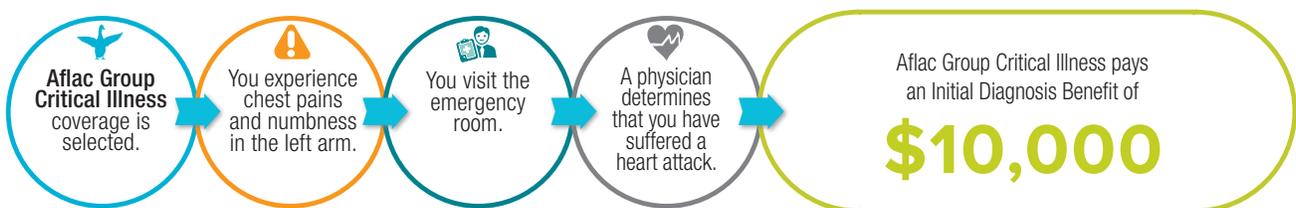
**The Aflac Group Critical Illness plan benefits include:**

- Critical Illness Benefit payable for:
  - 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](http://aflacgroupinsurance.com).**

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b> (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>SEVERE BURN*</b>	100%
<b>PARALYSIS**</b>	100%
<b>COMA**</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%
<p><b>INITIAL DIAGNOSIS</b> We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. 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.</p>	
<p><b>ADDITIONAL DIAGNOSIS</b> 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.</p>	
<p><b>REOCCURRENCE</b> 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.</p>	
<p><b>CHILD COVERAGE AT NO ADDITIONAL COST</b> 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.</p>	
<p><b>SKIN CANCER BENEFIT</b> We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.</p>	

\*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.

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

### 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 \$150 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.**

### PROGRESSIVE DISEASES RIDER

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

**CHILDHOOD CONDITIONS RIDER**

**% OF EMPLOYEE  
BENEFIT AMOUNT**

<b>CYSTIC FIBROSIS</b>	50%
<b>CEREBRAL PALSY</b>	50%
<b>CLEFT LIP OR CLEFT PALATE</b>	50%
<b>DOWN SYNDROME</b>	50%
<b>PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)</b>	50%
<b>SPINA BIFIDA</b>	50%
<b>TYPE 1 DIABETES</b>	50%
<b>AUTISM SPECTRUM DISORDER</b>	One-time Benefit Amount \$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the plan.)

**CRITICAL ILLNESS NON-TOBACCO / Employee / Semi-Monthly Rates**

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.96	\$5.67	\$7.37	\$9.08	\$10.78	\$12.49	\$14.19	\$15.89	\$17.60	\$19.30
30-39	\$4.91	\$7.56	\$10.22	\$12.87	\$15.52	\$18.17	\$20.83	\$23.48	\$26.13	\$28.78
40-49	\$7.24	\$12.23	\$17.21	\$22.19	\$27.17	\$32.16	\$37.14	\$42.12	\$47.10	\$52.09
50-59	\$11.79	\$21.31	\$30.84	\$40.36	\$49.89	\$59.41	\$68.94	\$78.46	\$87.99	\$97.51
60+	\$20.33	\$38.39	\$56.46	\$74.53	\$92.59	\$110.66	\$128.73	\$146.80	\$164.86	\$182.93

**CRITICAL ILLNESS NON-TOBACCO / Spouse / Semi-Monthly Rates**

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.76	\$4.51	\$5.26	\$6.00	\$6.75	\$7.50	\$8.25	\$9.00	\$9.75
30-39	\$4.71	\$5.93	\$7.15	\$8.37	\$9.60	\$10.82	\$12.04	\$13.27	\$14.49
40-49	\$7.04	\$9.42	\$11.81	\$14.20	\$16.59	\$18.98	\$21.36	\$23.75	\$26.14
50-59	\$11.58	\$16.24	\$20.90	\$25.56	\$30.22	\$34.87	\$39.53	\$44.19	\$48.85
60+	\$20.12	\$29.05	\$37.98	\$46.91	\$55.84	\$64.77	\$73.70	\$82.63	\$91.56

**CRITICAL ILLNESS TOBACCO / Employee / Semi-Monthly Rates**

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.57	\$6.89	\$9.20	\$11.52	\$13.83	\$16.15	\$18.46	\$20.78	\$23.09	\$25.41
30-39	\$6.29	\$10.31	\$14.34	\$18.37	\$22.39	\$26.42	\$30.44	\$34.47	\$38.50	\$42.52
40-49	\$9.98	\$17.70	\$25.42	\$33.14	\$40.86	\$48.58	\$56.30	\$64.02	\$71.75	\$79.47
50-59	\$17.51	\$32.77	\$48.02	\$63.28	\$78.53	\$93.79	\$109.04	\$124.29	\$139.55	\$154.80
60+	\$30.34	\$58.42	\$86.50	\$114.58	\$142.66	\$170.74	\$198.82	\$226.90	\$254.98	\$283.06

**CRITICAL ILLNESS TOBACCO / Spouse / Semi-Monthly Rates**

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$4.37	\$5.42	\$6.48	\$7.53	\$8.58	\$9.64	\$10.69	\$11.75	\$12.80
30-39	\$6.08	\$7.99	\$9.90	\$11.81	\$13.72	\$15.63	\$17.54	\$19.45	\$21.36
40-49	\$9.77	\$13.53	\$17.29	\$21.04	\$24.80	\$28.56	\$32.32	\$36.07	\$39.83
50-59	\$17.31	\$24.83	\$32.36	\$39.88	\$47.40	\$54.93	\$62.45	\$69.97	\$77.50
60+	\$30.13	\$44.07	\$58.01	\$71.94	\$85.88	\$99.82	\$113.75	\$127.69	\$141.63

**LIMITATIONS AND EXCLUSIONS**

**All limitations and exclusions that apply to the critical illness 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;
- Insurrection or riot
- Civil commotion or civil state of belligerence

• **Illegal Substance Abuse:**

- Abuse of legally-obtained prescription medication
- Illegal use of non-prescription drugs

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

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

**NOTICES**

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

**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.**

Group, Accident, Critical Illness, Hospital Indemnity, and Short Term Disability Insurance 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.

AGC2000367 R2 EXP 4/23

# AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100VA



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

Does your major medical insurance cover all of your bills?

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

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

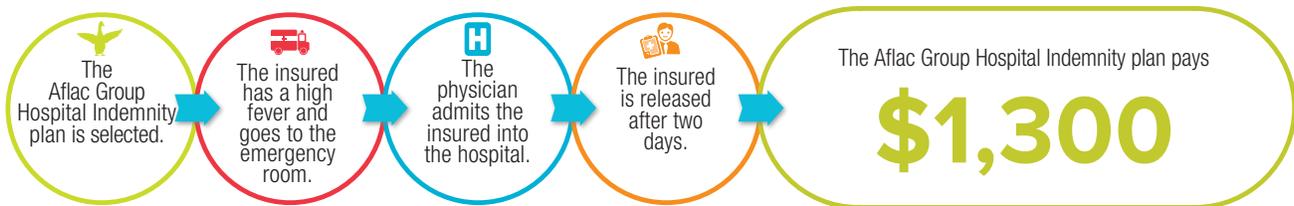
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time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

The Aflac Group Hospital Indemnity plan benefits include the following:

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



### How it works



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

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

## Benefits Overview

### BENEFIT AMOUNT

<p><b>HOSPITAL ADMISSION BENEFIT per confinement</b> (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 in-patient 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).</p>	\$1,000
<p><b>HOSPITAL CONFINEMENT per day</b> (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 in-patient 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.</p>	\$150
<p><b>HOSPITAL INTENSIVE CARE BENEFIT per day</b> (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.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$150
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day</b> (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.</p> <p>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.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$75
<p><b>HEALTH SCREENING BENEFIT</b>                  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.</p> <p>Residents of Massachusetts are not eligible for the Health Screening Benefit.</p>	\$50 per calendar year
<p><b>SUCCESSOR INSURED BENEFIT</b>                  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.</p>	

COVERAGE	SEMI-MONTHLY RATES
Employee	\$11.64
Employee and Spouse	\$22.24
Employee and Dependent Children	\$17.94
Family	\$28.54

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.

## LIMITATIONS AND EXCLUSIONS

### EXCLUSIONS

We will not pay for loss due to:

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

## NOTICES

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

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Group, Accident, Critical Illness, Hospital Indemnity, and Short Term Disability Insurance 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.

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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. This brochure is a brief description of coverage and is not a contract. 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 Form C80100VA.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).



**VALUE ADDED  
BENEFIT**

## HealthAdvocate<sup>SM</sup>

Health Advocacy & Medical Bill Saver

# Health care doesn't have to be hard

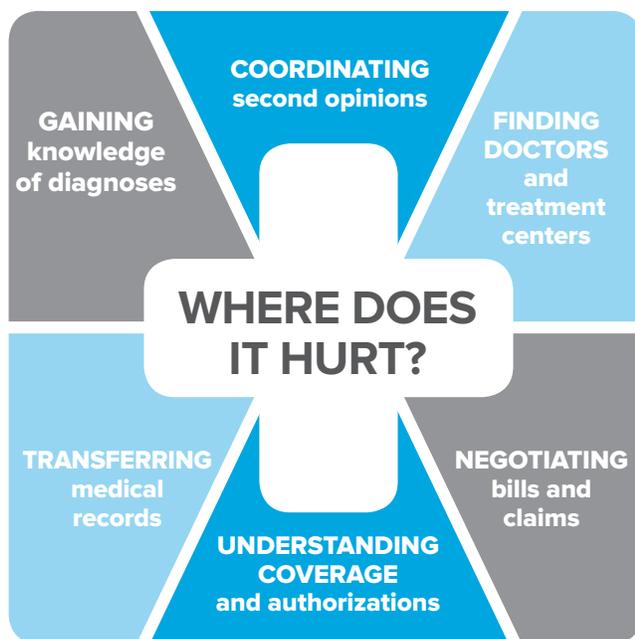
Meet Health Advocacy and Medical Bill Saver,<sup>TM</sup> available through Aflac.

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

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



## Get care for your health care.



### HEALTH ADVOCACY AND MEDICAL BILL SAVER CAN HELP:

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



Value-Added Services



## Get confidential, personalized help with Health Advocate:



**Find doctors**, specialists, hospitals and other providers



**Schedule appointments** for treatments and tests



**Coordinate** second opinions and care



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



**Get help with eldercare issues**, including Medicare and related healthcare issues for your parents and parents-in-law



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



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



**Transfer medical records**, lab results and X-rays



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

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

### HERE'S HOW IT WORKS:

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

## Health care just got easier with Health Advocacy and Medical Bill Saver.™

When your coverage begins, call **855.423.8585** or visit [healthadvocate.com/aflac](http://healthadvocate.com/aflac).

Available through Aflac, powered by Health Advocate.

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. 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.

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

[aflacgroupinsurance.com](http://aflacgroupinsurance.com) | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina



**NEW  
VALUE ADDED  
BENEFIT**

## HealthAdvocate<sup>SM</sup>

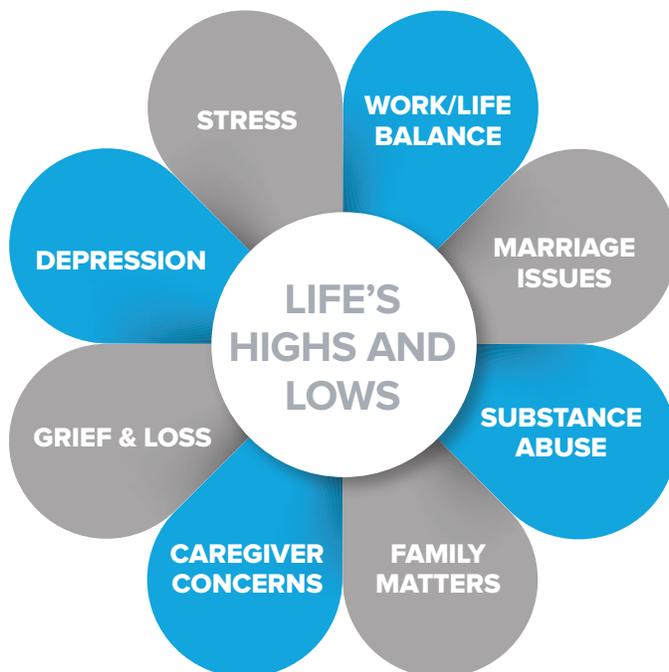
Telephonic EAP

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

### Introducing the Telephonic EAP Program, available through Aflac.

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

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



### USE ANY COMBINATION OF TOOLS, ANY TIME:



**24/7 phone access** to trained counselors



**Long-term** referrals and treatment plans



**Support for full range** of personal and work/life issues



Value-Added Services



## Whatever life brings, call on EAP for help:



**Confidential telephone counseling sessions** with highly trained, licensed professionals



**24/7 phone access** to professional counselors



**Referrals** for long-term counseling or specialized care



**Customized treatment plans**



**Resource website** for work/life matters



**Help for depression** and other mental health issues



**Stress management**



**Support for dealing with grief** and loss



**Substance abuse counseling**

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

**When your coverage begins, call 855.423.8585 or visit [healthadvocate.com/aflac](http://healthadvocate.com/aflac).**

Available through Aflac, powered by Health Advocate.

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

[aflacgroupinsurance.com](http://aflacgroupinsurance.com) | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

# YOUR FLEXIBLE BENEFITS

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

### GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

Health insurance may cover some of the cost of cancer treatment but individuals could still face substantial out-of-pocket costs.

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

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

With this supplemental benefit, you'll have more resources to cope with a diagnosis of cancer and wellness benefits to help you detect it 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 of all the ways this supplemental insurance pays, 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, Cedar Rapids, Iowa. Transamerica Life Insurance Company 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](http://tebcs.com).

### HOW IT WORKS

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

🖱️ Visit:  
[transamericabenefits.com](http://transamericabenefits.com)

📞 Customer Service:  
888-763-7474

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

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

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

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

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

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

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

Issue State: Virginia  
Rate generation date: December 11, 2018

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

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

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

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

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

### **First Occurrence Rider**

Benefits are not payable:

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

### **Termination of Insurance**

Employee insurance will terminate on the earliest of:

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

Dependent insurance will terminate on the earliest of:

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

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

## 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.

## Voluntary benefits that are easy to use, underwritten by Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company.

When you're sick or hurt, you want less aggravation, not more. That's why Transamerica has made our claims process as painless as possible. With our easy and efficient online system, you can submit claims in just minutes.

### HOW TO FILE ONLINE CLAIMS

1. Log onto [tebcs.com](http://tebcs.com).  
Not registered? Click "New User Registration" and use your contract (certificate or policy) number and personal information to register.
2. Click on the policy for which you are filing a claim.
3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.

Print a copy of your claim submission for your records, and allow 7 to 10 days for processing. We'll contact you if we need further information.

If you have additional questions or concerns regarding your insurance, please contact our customer service professionals:



#### Email

[tebcustresp@transamerica.com](mailto:tebcustresp@transamerica.com)



#### Customer service

888-763-7474

Monday – Thursday  
7 a.m. to 6 p.m. CT

Friday  
7 a.m. to 5 p.m. CT

Online at [tebcs.com](http://tebcs.com)

## **GROUP BENEFITS DISCLOSURE POLICY**

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

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

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

## **COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS**

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

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

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

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

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

## 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.<sup>1</sup>

\$85,775 median annual nursing home cost, semi-private room in 2017.<sup>1</sup>

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

For employees of

**Manassas Park City Schools**

CWB-LBT-LTC-1-0921

## LifeTime Benefit Term Provides You with the Protection Your Family Needs

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

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

### You Decide How You Want to Use LifeTime Benefit Term Benefits

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

#### As Life Insurance

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

#### For Long Term Care\* (LTC)

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

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



How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
<b>1. Life Insurance</b>	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
<b>2. Long Term Care (LTC) insurance</b>	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
<b>3. Split your Death Benefit for LTC &amp; life insurance</b>	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					
<b>Extra Long Term Care for up to 50 additional months</b>	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$200,000	\$200,000
<b>Option 1, 2 or 3 + Extra LTC Coverage = TOTAL COVERAGE</b>					<b>\$300,000</b>

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

## Term Life Insurance Built for Today

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### 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

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit.

### 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.

### Additional Benefit Option *(additional premium required)*

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#### Child Term

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

### 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.

\* 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

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### Affordable 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

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

### Long Term Care Exclusions

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

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

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

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

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

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

Chubb. Insured.<sup>SM</sup>

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

CWB-LBT-LTC75-Manassas-VA-0221

# AFLAC GROUP DISABILITY INSURANCE PLAN

Policy Form C50000VA

# DI<sup>G</sup>

## Aflac can help you protect one of your most important assets. Your income.

All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

What most of us don't realize is that in addition to accidental injuries, conditions such as arthritis, heart disease, diabetes, and even pregnancy are some of the leading causes of disability that can keep you out of work and affect your income.

### That's where Aflac group disability insurance can help.

Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work. Our plan was created with you in mind and includes:

- Off-job only coverage.
- Benefits that help you maintain your standard of living.

## What you need, when you need it.

Group disability insurance pays cash benefits that you can use any way you see fit when you are unable to work due to an accident or sickness.



## Here's why the Aflac group disability plan is 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. Our group disability plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there, having group short-term disability insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses such as rent, mortgage or car payments.

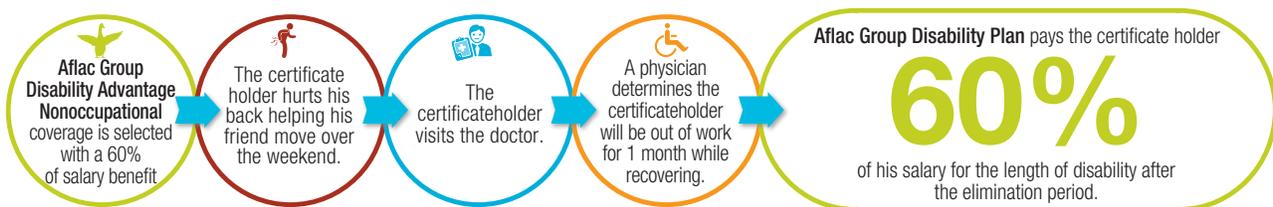
### The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary (up to 40% in states with state disability).
- Minimum and Maximum Total Monthly Benefit – \$400 to \$6,000.
- Partial Disability Benefit.
- A 3-month benefit period and 14/14 elimination period apply.

### Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

### How it works



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

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

## Benefits Overview

### TOTAL DISABILITY

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

### PARTIAL DISABILITY

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

### PORTABILITY

If you cease employment with your employer, you may elect to continue your coverage. In order to continue your coverage you must meet all of the requirements listed below.

- You must work full-time for another employer.
- You must make a written application and pay the required premium to us within 31 days after the date your insurance would otherwise terminate.
- You must continue to pay any required premiums.

The coverage you may continue is that which you had on the date your employment terminated. If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate shown in your certificate as previously issued will apply. Coverage may not be continued if you fail to pay any required premium or if the master policy terminates. Instructions for continuing coverage will be provided within your certificate of coverage.

AGE	SEMI-MONTHLY RATES (Per \$100 of monthly benefit)
18-49	\$0.87
50-64	\$0.94
65-74	\$1.13

<b>ANNUAL SALARY RANGE</b>	<b>Monthly Benefit</b>	<b>Age 18-49</b>	<b>Age 50-64</b>	<b>Age 65-74</b>
\$9,000 to \$9,999	\$400	\$3.50	\$3.80	\$4.56
\$10,000 to \$11,999	\$500	\$4.38	\$4.74	\$5.69
\$12,000 to \$13,999	\$600	\$5.25	\$5.69	\$6.83
\$14,000 to \$15,999	\$700	\$6.12	\$6.64	\$7.97
\$16,000 to \$17,999	\$800	\$7.01	\$7.59	\$9.10
\$18,000 to \$19,999	\$900	\$7.88	\$8.54	\$10.25
\$20,000 to \$21,999	\$1,000	\$8.75	\$9.49	\$11.39
\$22,000 to \$23,999	\$1,100	\$9.63	\$10.44	\$12.52
\$24,000 to \$25,999	\$1,200	\$10.50	\$11.39	\$13.66
\$26,000 to \$27,999	\$1,300	\$11.38	\$12.34	\$14.80
\$28,000 to \$29,999	\$1,400	\$12.26	\$13.28	\$15.93
\$30,000 to \$31,999	\$1,500	\$13.13	\$14.23	\$17.08
\$32,000 to \$33,999	\$1,600	\$14.00	\$15.18	\$18.22
\$34,000 to \$35,999	\$1,700	\$14.88	\$16.13	\$19.35
\$36,000 to \$37,999	\$1,800	\$15.76	\$17.08	\$20.49
\$38,000 to \$39,999	\$1,900	\$16.63	\$18.03	\$21.63
\$40,000 to \$41,999	\$2,000	\$17.51	\$18.98	\$22.76
\$42,000 to \$43,999	\$2,100	\$18.38	\$19.93	\$23.91
\$44,000 to \$45,999	\$2,200	\$19.25	\$20.87	\$25.05
\$46,000 to \$47,999	\$2,300	\$20.14	\$21.82	\$26.18
\$48,000 to \$49,999	\$2,400	\$21.01	\$22.77	\$27.32
\$50,000 to \$51,999	\$2,500	\$21.88	\$23.72	\$28.46
\$52,000 to \$53,999	\$2,600	\$22.76	\$24.67	\$29.59
\$54,000 to \$55,999	\$2,700	\$23.63	\$25.62	\$30.74
\$56,000 to \$57,999	\$2,800	\$24.51	\$26.57	\$31.87
\$58,000 to \$59,999	\$2,900	\$25.39	\$27.52	\$33.01
\$60,000 to \$61,999	\$3,000	\$26.26	\$28.47	\$34.15
\$62,000 to \$63,999	\$3,100	\$27.13	\$29.41	\$35.28
\$64,000 to \$65,999	\$3,200	\$28.01	\$30.36	\$36.43
\$66,000 to \$67,999	\$3,300	\$28.89	\$31.31	\$37.57
\$68,000 to \$69,999	\$3,400	\$29.76	\$32.26	\$38.70
\$70,000 to \$71,999	\$3,500	\$30.64	\$33.21	\$39.84
\$72,000 to \$73,999	\$3,600	\$31.51	\$34.16	\$40.98
\$74,000 to \$75,999	\$3,700	\$32.38	\$35.11	\$42.11
\$76,000 to \$77,999	\$3,800	\$33.27	\$36.06	\$43.26
\$78,000 to \$79,999	\$3,900	\$34.14	\$37.01	\$44.40
\$80,000 to \$81,999	\$4,000	\$35.01	\$37.95	\$45.53
\$82,000 to \$83,999	\$4,100	\$35.89	\$38.90	\$46.67
\$84,000 to \$85,999	\$4,200	\$36.76	\$39.85	\$47.81
\$86,000 to \$87,999	\$4,300	\$37.63	\$40.80	\$48.94

\$88,000 to \$89,999	\$4,400	\$38.52	\$41.75	\$50.09
\$90,000 to \$91,999	\$4,500	\$39.39	\$42.70	\$51.23
\$92,000 to \$93,999	\$4,600	\$40.26	\$43.65	\$52.36
\$94,000 to \$95,999	\$4,700	\$41.14	\$44.60	\$53.50
\$96,000 to \$97,999	\$4,800	\$42.01	\$45.54	\$54.64
\$98,000 to \$99,999	\$4,900	\$42.89	\$46.49	\$55.77
\$100,000 to \$101,999	\$5,000	\$43.77	\$47.44	\$56.92
\$102,000 to \$103,999	\$5,100	\$44.64	\$48.39	\$58.06
\$104,000 to \$105,999	\$5,200	\$45.51	\$49.34	\$59.19
\$106,000 to \$107,999	\$5,300	\$46.39	\$50.29	\$60.33
\$108,000 to \$109,999	\$5,400	\$47.27	\$51.24	\$61.47
\$110,000 to \$111,999	\$5,500	\$48.14	\$52.19	\$62.60
\$112,000 to \$113,999	\$5,600	\$49.02	\$53.14	\$63.75
\$114,000 to \$115,999	\$5,700	\$49.89	\$54.08	\$64.89
\$116,000 to \$117,999	\$5,800	\$50.76	\$55.03	\$66.02
\$118,000 to \$119,999	\$5,900	\$51.65	\$55.98	\$67.16
\$120,000 or more	\$6,000	\$52.52	\$56.93	\$68.30

## LIMITATIONS AND EXCLUSIONS

### LIMITATIONS AND EXCLUSIONS

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

We will not pay benefits for loss caused by Pre-Existing Conditions (except as stated in the provision below).

We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined; 7. Alcoholism or drug addiction; 8. An Injury that arises from any employment; 9. Injury or Sickness that is covered by Worker's Compensation.

### PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the Effective Date.

For a condition to have been Pre-existing a Doctor must have advised, diagnosed, or treated the covered employee, or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

Treatment or Medical Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

We will not pay benefits for any Disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after the Effective Date.

We will not reduce or deny a claim for benefits for any Disability due to a pre-existing condition that was diagnosed more than 12 months after the Effective Date.

### PREGNANCY LIMITATION

Within the first nine months of the Effective Date of coverage, we will not pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth will be payable. The maximum Period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames due to Complications of Pregnancy.

Group, Accident, Critical Illness, Hospital Indemnity, and Short Term Disability Insurance 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.

AGC2000367 R2 EXP 4/23



Relax... you're covered.®

# Manassas Park City Schools

## Protect Yourself and Your Family For Only \$18.00 Per Month!

Few employee benefits offer so much for so little. As a Legal Resources Member, you'll have immediate and ongoing access to **comprehensive legal coverage, services, and expertise** that will easily save you money — and could save you a whole lot more.

**Don't let this opportunity get away!**

# FULLY COVERED SERVICES

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES<sup>1</sup>



### General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



### Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



### Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



### Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



### Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence  
1st Offense



### Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



### Elder Law

- Estate advice
- Powers of attorney for members' parents



### Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



### Criminal Matters<sup>2</sup>

- Defense of misdemeanor
  - Misdemeanor defense of juveniles
- Fully covered for first offense involving alcohol or illegal drugs



### Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



### Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

This **SUMMARY OF COVERAGE** is intended to provide a broad general overview of plan coverage and is not a contract. Coverage may vary by organization. For specific coverage questions, please call Member Services at 800.728.5768. Member is responsible for all non-attorney costs such as filing fees, court costs, fines, etc.

## YOUR LEGAL NEEDS WILL BE COVERED!

### Don't see your legal need listed?

The Legal Resources Plan covers pre-existing legal matters as well as ANY less commonly needed legal service at a **25% discount**.<sup>3</sup>

Please visit [LegalResources.com](http://LegalResources.com) for more information or call Member Services at 800.728.5768.

1 Member is responsible for all non-attorney costs such as filing fees, fines, court costs etc. The Plan covers the individual, spouse and qualifying dependents. 12 month commitment required. Courtroom representation, when necessary, is fully covered through General District Court. The definition of General District Court may vary by state.

2 Offenses involving illegal drugs, alcohol (except 1st offense DUI) and firearms are covered at a 25% discount.

3 Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.



# PARENT COVERAGE

## INCLUDES SERVICES SUCH AS:

- Advance Medical Directives
- Durable power of attorney
- Financial power of attorney
- Medical power of attorney
- Estate advice/Probate
- Living wills
- Will revisions/Codicils
- Periodic trust updates
- Housing and care
- And much more



Do you have parents who could use the advice of a trusted attorney, but don't think they can afford it?

## WE HAVE THE SOLUTION!

Now, the parents of Legal Resources Members receive legal services at a **25% discount** on attorney fees and/or legal assistant/paralegal fees when using a Legal Resources Network Law Firm.

In order to be eligible, parents must reside in an area where a participating Legal Resources Network Law Firm is available.

Parent Coverage not available in all areas. Consult coverage information for details.

Please call our Member Services Department with any questions. We look forward to serving you and your family.

800.728.5768 [LegalResources.com](http://LegalResources.com)



# MINIMIZE YOUR RISK OF IDENTITY THEFT

With Legal Resources' 360° Identity Theft Protection



www.LegalResources.com

## PLAN OPTIONS

**GOLD**

TRUSTED  
VALUE



### MONITOR AND ALERT

Individual Plan: \$8.00/month

Family Plan: \$18.00/month

Change of Address Monitoring	
Instant Credit Report Monitoring	1 Bureau
Advanced Identity Monitoring	
Suspicious Activity Alerts	
Social Security Number Monitoring	
Medical Insurance Account Monitoring	
Passport Number Monitoring	
Driver's License Number Monitoring	
Online Banking Password Reset Alert	
Bank Account Number Monitoring	
Credit Card Number Monitoring	
Payday Loan Monitoring	
Telecom Account Monitoring	



### CONTROL

Credit Reports and Scores	1 Bureau
Credit Report and Score Frequency	Monthly
Credit Score Tracker	Monthly
Identity Risk Level	
Junk Mail Opt-Out	
Online Data Protection Tools	



### RESOLVE

Certified Identity Restoration Specialists 24/7	
Identity Theft Insurance	\$1 Million
Lost Wallet Assistance	
Emergency Cash and Travel Arrangements	

**NORTHERN VIRGINIA****ALEXANDRIA**

0015 ROSENBLUM & ROSENBLUM  
333 North Fairfax Street, Suite 204  
Alexandria, VA 22314

0150 BUSHMAN LAW GROUP  
700 North Fairfax Street, Suite 605  
Alexandria, VA 22314

0230 SELECT LAW PARTNERS, PLC  
2121 Eisenhower Avenue, Office 202  
Alexandria, VA 22314

**ARLINGTON COUNTY**

0206 WOEHRLE, DAHLBERG, JONES & YAO, PLLC  
2007 15th Street North  
Arlington, VA 22201

**FAIRFAX COUNTY**

0016 FRIEDLANDER & FRIEDLANDER, P.C.  
1364 Beverly Road, Suite 201  
McLean, VA 22101

0106 THE LAW OFFICES OF KIDWELL & KENT  
Woodson Square, 9695 C Main Street  
Fairfax, VA 22031

0212 SELECT LAW PARTNERS, PLC  
297 Herndon Parkway, #103  
Herndon, VA 20170

0218 SELECT LAW PARTNERS, PLC  
10560 Main Street, Penthouse #10  
Fairfax, VA 22030

0219 MELONE LAW, P.C.  
12110 Sunset Hills Road, Suite 600  
Reston, VA 20190

0111 PAUL P. VANGELLOW, P.C.  
6109A Arlington Boulevard  
Falls Church, VA 22044

0188 WOEHRLE, DAHLBERG, JONES & YAO, PLLC  
10615 Judicial Drive, Suite 102  
Fairfax, VA 22030

**LOUDOUN COUNTY**

0214 BECKMAN SCHMALZLE GEORGELAS &  
ROSS, PLC  
29 North King Street  
Leesburg, VA 20176

0204 WOEHRLE, DAHLBERG, JONES & YAO, PLLC  
19 East Market Street  
Leesburg, VA 20176

**PRINCE WILLIAM COUNTY**

0006 THE MANASSAS LAW GROUP, P.C.  
9255 Lee Avenue  
Manassas, VA 20110

0187 WOEHRLE, DAHLBERG, JONES & YAO, PLLC  
12872 Harbor Drive  
Woodbridge, VA 22192

**FREDERICKSBURG CITY**

0211 SELECT LAW PARTNERS, PLC  
910 Littlepage Street, Suite A  
Fredericksburg, VA 22401

0185 WOEHRLE, DAHLBERG, JONES & YAO, PLLC  
2016 Lafayette Boulevard, Suite 101  
Fredericksburg, VA 22401

**STAFFORD COUNTY**

0213 SELECT LAW PARTNERS, PLC  
385 Garrisonville Road, #203  
Stafford, VA 22554

**WASHINGTON, D.C.**

0004 AXELSON, WILLIAMOWSKY, BENDER &  
FISHMAN, P.C.  
700 12th Street, NorthWest, Suite 700  
Washington, D.C. 20005

0027 KARP, WIGODSKY, NORWIND, KUDEL &  
GOLD, P.A.  
5335 Wisconsin Ave. NW, Suite 440  
Washington, D.C. 20015

0220 KARP, WIGODSKY, NORWIND, KUDEL &  
GOLD, P.A.  
2101 L Street #400  
Washington, D.C. 20037

0234 KARP, WIGODSKY, NORWIND, KUDEL &  
GOLD, P.A.  
300 New Jersey Ave., NW, Suite 900,  
Washington, D.C. 20001

For Network Law Firms outside of these areas contact Member Services at 800.728.5768 or view our Law Firm Finder at [LegalResources.com](http://LegalResources.com)

**MARYLAND****ANNE ARUNDEL COUNTY**

- 0021 LAW OFFICE OF MICHAEL L. WILSMAN  
565 Baltimore Annapolis Boulevard  
Severna Park, MD 21146
- 0083 GREGORY P. ROBINSON, J.D., LLC.  
1610 West Street #205  
Annapolis, MD 21401

**BALTIMORE CITY/COUNTY**

- 0022 COOPER & TUERK, L.L.P.  
201 North Charles Street, Suite 2300  
Baltimore, MD 21201

- 0023 SCHWARTZ & GREENBAUM, LLC  
409 Washington Avenue, Suite 300  
Towson, MD 21204

- 0010 McFARLAND & MASTERS  
920 Frederick Road  
Catonsville, MD 21228

**CHARLES COUNTY**

- 0133 MUDD, MUDD & FITZGERALD, P.A.  
107 Centennial Street, 2nd Floor  
La Plata, MD 20646

**FREDERICK COUNTY**

- 0104 ARTHUR W. BOYCE, P.A.  
308 West Patrick Street, Frederick, MD 21701  
*Available in Washington and Carroll Counties*
- 0018 AXELSON, WILLIAMOWSKY, BENDER &  
FISHMAN, P.C.  
5100 Buckeystown Pike, Suite 250  
Frederick, MD 21704

- 0215 BECKMAN SCHMALZLE GEORGELAS &  
ROSS, PLC  
15 North Court Street, Suite 201  
Frederick, MD 21701

- 0072 KARP, WIGODSKY, NORWIND, KUDEL  
& GOLD, P.A.  
100 North Court Street, Frederick MD, 21701

- 0180 WAMPLER & SOUDER LLC  
170 West Patrick Street  
Frederick, MD 21701

**HOWARD COUNTY**

- 0028 AXELSON, WILLIAMOWSKY, BENDER &  
FISHMAN, P.C.  
10211 Wincopin Circle, Suite 620  
Columbia, MD 21044

- 0221 BERGER & BURNS, LLC  
3701 Court House Drive  
Ellicott City, MD 21043

**HARFORD COUNTY**

- 0025 KARAS & BRADFORD  
325 South Main Street  
Bel Air, MD 21014

**MONTGOMERY COUNTY**

- 0005 AXELSON, WILLIAMOWSKY, BENDER &  
FISHMAN, P.C.  
1401 Rockville Pike., Suite 650  
Rockville, MD 20852

- 0088 KARP, WIGODSKY, NORWIND, KUDEL &  
GOLD, P.A.  
2273 Research Boulevard, Suite 200  
Rockville, MD 20850

- 0235 KIDWELL & KENT, LLC  
6259 Executive Blvd  
Rockville, MD 20852

- 0179 WAMPLER & SOUDER LLC  
12114-B Heritage Park Circle  
Silver Spring, MD 20906

**PRINCE GEORGE'S COUNTY**

- BRENNAN, McKENNA & LAWLOR,  
CHARTERED
- 0142 6305 Ivy Lane, Suite 700  
Greenbelt, MD 20770

- 0143 14416 Old Mill Road, Suite 101  
Upper Marlboro, MD 20772

- 0181 WAMPLER & SOUDER LLC  
14452 Old Mill Road, #301  
Upper Marlboro, MD 20772

- 0100 KARP, WIGODSKY, NORWIND, KUDEL &  
GOLD, P.A.  
Fort Washington Professional Park  
11414 Livingston Road  
Fort Washington, MD 20744

For Network Law Firms outside of these areas contact Member Services at 800.728.5768 or view our Law Firm Finder at [LegalResources.com](http://LegalResources.com)

→ 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.
Legal Resources: Legal &/or Identity Theft	Direct Bill	Call customer service at 800-728-5768 and request a letter of continuation. The letter will provide payment options.

# CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

## MANASSAS PARK CITY SCHOOLS

**Madison Tiller, HR Generalist**

**1 Park Center Court, Suite A**

**Manassas Park, VA 20111**

**Phone: 703-335-8852**

**Email: [madison.tiller@mpark.net](mailto:madison.tiller@mpark.net)**

**<https://www.mpark.net/departments/human-resources/benefits>**

## PIERCE INSURANCE AGENCY, INC.

**3766 South Main Street,**

**P.O. Box 727, Farmville, NC 27828**

**Customer Service: 800-421-3142**

**[www.pierceins.com/mpark](http://www.pierceins.com/mpark)**

## AFLAC - GROUP ACCIDENT, GROUP CRITICAL ILLNESS, GROUP HOSPITAL INDEMNITY, AND GROUP SHORT TERM DISABILITY

**Customer Service and Claims: 800-433-3036**

**[https://aflacgroupinsurance.com/customer\\_service/](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](mailto:CSMail@selmanco.com)**

## LEGAL RESOURCES - LEGAL & IDENTITY THEFT

**Member Services: 800-728-5768**

**<https://legalresources.com>**

## MAESTRO HEALTH - FLEXIBLE SPENDING ACCOUNT/DEPENDENT CARE FSA

**Customer Advocate: 888-488-5054**

**<https://msave.maestrohealth.com>**

**email: [questions@maestrohealth.com](mailto:questions@maestrohealth.com)**

## TRANSAMERICA LIFE INSURANCE COMPANY – CANCER

**Claims Customer Service Department: 888-763-7474**

**Customer Service & Claims Fax 866-586-6528**

**Email Claim Documents to: [tebclaimsscanning@transamerica.com](mailto:tebclaimsscanning@transamerica.com)**







## BENEFITS AVAILABLE:

- |   |   |
|---|---|
|  <b>Group Accident Insurance</b>         |  <b>Flexible Spending Accounts</b>         |
|  <b>Cancer Insurance</b>                 |  <b>Group Hospital Indemnity Insurance</b> |
|  <b>Group Critical Illness Insurance</b> |  <b>Legal Plan &amp; Identity Theft</b>    |
|  <b>Group Disability Insurance</b>       |  <b>Life Insurance with Long Term Care</b> |

**ACCESS YOUR BENEFITS**  
**ANYTIME ♦ ANYWHERE**

[pierceins.com/mpark](https://pierceins.com/mpark)  
**800-421-3142**

118042R2 05/22

arranged by:  
**PIERCE**  
**INSURANCE**  
Employee Benefits Specialists