



CONTRACT RENEWAL LETTER

Date: February 25, 2026
Contract #: UCPJMU6003
Service: Voluntary Supplemental Health Insurance
Renewal Period: 4/5/2026 to 4/4/2027
Renewal #: 5 of 7 One-Yr
Issued By: James Madison University
Adam Fleming, Buyer Senior Ph: 540-568-4280
Fx: 540-568-7935

Contractor: American Family Life Assurance Company of
Columbus (Aflac)
Attn: Keith Farley
1557 Commerce Rd
Verona, VA 24482

Contract Administrator: Julie Byers, Human Resources

Description of Renewal Notice:

In accordance with the renewal provision of the original contract all terms, conditions, and specifications of the original contract remain the same during the contract renewal period, along with any modifications that have been incorporated up until this point. The previous contract pricing schedule is hereby replaced with the pricing schedule attached to this renewal.

All invoices shall be submitted within sixty days of contract renewal term expiration as well as for each subsequent contract renewal period. Any invoices submitted after the sixty day period will not be processed for payment.

Return one executed renewal notice to my attention within ten days.

**American Family Life Assurance Company of
Columbus (Aflac)**

By: Keith Farley
Keith Farley

Name (print)

Senior VP, Individual Voluntary Benefits 2/26/26

Title Date Signed

James Madison University

By: Adam Fleming
Adam Fleming,

Name (print)

Buyer Senior

Title Date Signed 02/25/2026

Contract #: UCPJMU6003

Contractor: American Family Life Assurance Company of Columbus (Aflac)

Renewal Period: 4/5/2026 – 4/4/2027

Commodity: Voluntary Supplemental Health Insurance

Pricing Schedule

1. Contract Pricing: ***No minimum enrollment requirement

| <u>Aflac Accident Insurance – (A38000)</u> | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| Semi-Monthly Rates | | | |
| <i>Coverage Type- Ages 18-75</i> | <i>Option 1 Base Plan</i> | <i>Option 2 Base Plan</i> | <i>Option 3 Base Plan</i> |
| Individual | \$9.61 | \$12.21 | \$13.94 |
| Insured & Spouse | \$13.70 | \$17.40 | \$20.01 |
| One-Parent Family | \$16.25 | \$20.51 | \$23.91 |
| Two-Parent Family | \$21.33 | \$26.58 | \$31.20 |

| <u>Personal Cancer Indemnity Plan (A75000)</u> | | | |
|---|-------------------------------------|----------------|--------------------------|
| Semi-Monthly Rates | | | |
| <i>Coverage Type- Ages 18-70</i> | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> |
| Individual | \$9.35 | \$13.45 | \$16.75 |
| One-Parent Family | \$10.85 | \$16.45 | \$20.10 |
| Two-Parent Family | \$15.25 | \$22.75 | \$27.95 |
| * Optional Riders | | | |
| <i>Coverage Type- Ages 18-70</i> | <i>Initial Diagnosis \$100/unit</i> | | <i>Specified Disease</i> |
| Individual | *\$0.30 | | \$0.50 |
| One-Parent Family | *\$0.45 | | \$0.75 |
| Two-Parent Family | *\$0.65 | | \$1.00 |
| *Rate per \$100 unit of coverage; minimum = one unit; maximum = five units | | | |

| <u>Hospital Confinement Indemnity Plan (A49000)</u> | | | | | |
|--|-------------|-----------------|-----------------|-----------------|-----------------|
| Semi-Monthly Rates | | | | | |
| <i>Essentials Plan</i> | | | | | |
| <i>Coverage Type</i> | <i>Ages</i> | <i>Option 1</i> | <i>Option 2</i> | <i>Option 3</i> | <i>Option 4</i> |
| Individual | 18 – 75 | \$8.97 | \$12.74 | \$16.45 | \$20.93 |
| One-Parent Family | 18 – 75 | \$12.09 | \$19.05 | \$22.88 | \$27.56 |
| Insured & Spouse | 18 – 75 | \$12.87 | \$20.54 | \$26.78 | \$35.17 |

| | | | | | |
|-----------------------|-------------|-----------------|-----------------|-----------------|-----------------|
| Two-Parent Family | 18 – 75 | \$14.37 | \$23.34 | \$29.51 | \$36.21 |
| Preferred Plan | | | | | |
| <i>Coverage Type</i> | <i>Ages</i> | <i>Option 1</i> | <i>Option 2</i> | <i>Option 3</i> | <i>Option 4</i> |
| Individual | 18-75 | \$15.15 | \$18.85 | \$22.23 | \$26.78 |
| One-Parent Family | 18-75 | \$20.61 | \$27.50 | \$31.33 | \$36.08 |
| Insured & Spouse | 18-75 | \$22.49 | \$30.16 | \$36.47 | \$44.85 |
| Two-Parent Family | 18-75 | \$25.42 | \$34.39 | \$40.63 | \$47.26 |
| Select 1500 | | | | | |
| <i>Coverage Type</i> | <i>Ages</i> | <i>Option 1</i> | <i>Option 2</i> | <i>Option 3</i> | <i>Option 4</i> |
| Individual | 18-75 | \$20.80 | \$24.51 | \$27.95 | \$32.44 |
| One-Parent Family | 18-75 | \$27.17 | \$34.13 | \$37.96 | \$42.71 |
| Insured & Spouse | 18-75 | \$31.53 | \$39.20 | \$45.44 | \$53.89 |
| Two-Parent Family | 18-75 | \$34.06 | \$43.10 | \$49.27 | \$55.90 |
| Select 2000 | | | | | |
| <i>Coverage Type</i> | <i>Ages</i> | <i>Option 1</i> | <i>Option 2</i> | <i>Option 3</i> | <i>Option 4</i> |
| Individual | 18-75 | \$26.39 | \$30.10 | \$33.54 | \$38.03 |
| One-Parent Family | 18-75 | \$33.80 | \$40.76 | \$44.59 | \$49.27 |
| Insured & Spouse | 18-75 | \$40.63 | \$48.30 | \$54.54 | \$62.99 |
| Two-Parent Family | 18-75 | \$42.71 | \$51.68 | \$57.85 | \$64.55 |

| Critical Care Protection Plan (A74000) | | | | | | |
|---|-------------|----------------|----------------|----------------|--|--|
| Semi-Monthly Rates | | | | | | |
| <i>Coverage Type</i> | <i>Ages</i> | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> | <i>First Occurrence Building Benefit Rider</i> | <i>Specified Health Event Recovery Benefit Rider</i> |
| Individual | 18 – 35 | \$4.68 | \$8.45 | \$8.91 | \$1.17 | \$0.59 |
| | 36 – 45 | \$7.28 | \$12.03 | \$12.61 | \$2.15 | \$1.43 |
| | 46 – 55 | \$10.14 | \$16.38 | \$18.59 | \$2.54 | \$2.34 |
| | 56 – 70 | \$13.65 | \$21.13 | \$25.74 | \$2.80 | \$3.32 |
| Insured + Spouse | 18 – 35 | \$6.70 | \$16.25 | \$17.10 | \$2.34 | \$1.17 |
| | 36 – 45 | \$11.18 | \$21.13 | \$22.62 | \$4.29 | \$2.41 |
| | 46 – 55 | \$16.77 | \$28.47 | \$34.84 | \$5.07 | \$4.03 |

| | | | | | | |
|-------------------|---------|---------|---------|---------|--------|--------|
| | 56 – 70 | \$24.57 | \$39.65 | \$49.66 | \$5.59 | \$6.18 |
| One Parent Family | 18 – 35 | \$5.20 | \$14.37 | \$15.15 | \$1.24 | \$0.65 |
| | 36 – 45 | \$7.54 | \$17.03 | \$17.88 | \$2.28 | \$1.43 |
| | 46 – 55 | \$10.47 | \$21.91 | \$23.01 | \$2.60 | \$2.34 |
| | 56 – 70 | \$13.98 | \$28.80 | \$32.44 | \$2.93 | \$3.38 |
| Two-Parent Family | 18 – 35 | \$7.74 | \$18.46 | \$19.37 | \$2.41 | \$1.24 |
| | 36 – 45 | \$12.35 | \$23.47 | \$24.64 | \$4.42 | \$2.60 |
| | 46 – 55 | \$18.20 | \$31.33 | \$36.92 | \$5.14 | \$4.36 |
| | 56 – 70 | \$26.26 | \$43.03 | \$53.17 | \$5.72 | \$6.50 |

Aflac Hospital Choice Plan (B40000)*

Semi-Monthly Rates

*This plan is for those who enroll on or after 4/4/2024

Confinement Amount \$500

Semi-Monthly Rates

| <i>Coverage Type</i> | <i>Age</i> | <i>Base Plan</i> | <i>Extended Benefits Rider</i> | <i>Hospital Stay and Surgical Care Rider</i> |
|----------------------|------------|------------------|--------------------------------|--|
| Individual | 18 – 49 | 8.06 | 5.46 | 8.65 |
| | 50 – 59 | 8.32 | 6.24 | 11.12 |
| | 60 – 75 | 8.52 | 6.31 | 14.50 |
| Insured & Spouse | 18 – 49 | 10.53 | 11.51 | 15.86 |
| | 50 – 59 | 11.18 | 12.94 | 22.04 |
| | 60 – 75 | 11.51 | 13.07 | 27.63 |
| One – Parent Family | 18 – 49 | 10.53 | 10.92 | 12.03 |
| | 50 – 59 | 10.79 | 11.18 | 13.65 |
| | 60 – 75 | 11.05 | 11.44 | 17.88 |
| Two – Parent Family | 18 – 49 | 12.03 | 13.98 | 16.19 |
| | 50 – 59 | 12.29 | 14.24 | 21.39 |

| | | | | |
|--|---------|-------|-------|-------|
| | 60 – 75 | 12.55 | 14.82 | 29.51 |
|--|---------|-------|-------|-------|

| Confinement Amount \$1,000 | | | | |
|-----------------------------------|------------|------------------|--------------------------------|--|
| Semi-Monthly Rates | | | | |
| <i>Coverage Type</i> | <i>Age</i> | <i>Base Plan</i> | <i>Extended Benefits Rider</i> | <i>Hospital Stay and Surgical Care Rider</i> |
| Individual | 18 – 49 | 12.74 | 5.46 | 8.65 |
| | 50 – 59 | 13.00 | 6.24 | 11.12 |
| | 60 – 75 | 13.33 | 6.31 | 14.50 |
| Insured & Spouse | 18 – 49 | 18.01 | 11.51 | 15.86 |
| | 50 – 59 | 19.11 | 12.94 | 22.04 |
| | 60 – 75 | 20.41 | 13.07 | 27.63 |
| One – Parent Family | 18 – 49 | 16.19 | 10.92 | 12.03 |
| | 50 – 59 | 16.38 | 11.18 | 13.65 |
| | 60 – 75 | 16.64 | 11.44 | 17.88 |
| Two – Parent Family | 18 – 49 | 19.18 | 13.98 | 16.19 |
| | 50 – 59 | 19.31 | 14.24 | 21.39 |
| | 60 – 75 | 20.67 | 14.82 | 29.51 |

| Confinement Amount \$1,500 | | | | |
|-----------------------------------|------------|------------------|--------------------------------|--|
| Semi-Monthly Rates | | | | |
| <i>Coverage Type</i> | <i>Age</i> | <i>Base Plan</i> | <i>Extended Benefits Rider</i> | <i>Hospital Stay and Surgical Care Rider</i> |
| Individual | 18 – 49 | 18.01 | 5.46 | 8.65 |
| | 50 – 59 | 18.20 | 6.24 | 11.12 |

| | | | | |
|---------------------|---------|-------|-------|-------|
| | 60 – 75 | 19.11 | 6.31 | 14.50 |
| Insured & Spouse | 18 – 49 | 26.26 | 11.51 | 15.86 |
| | 50 – 59 | 27.76 | 12.94 | 22.04 |
| | 60 – 75 | 30.16 | 13.07 | 27.63 |
| One – Parent Family | 18 – 49 | 22.36 | 10.92 | 12.03 |
| | 50 – 59 | 22.62 | 11.18 | 13.65 |
| | 60 – 75 | 22.88 | 11.44 | 17.88 |
| Two – Parent Family | 18 – 49 | 26.52 | 13.98 | 16.19 |
| | 50 – 59 | 28.02 | 14.24 | 21.39 |
| | 60 – 75 | 30.42 | 14.82 | 29.51 |

Confinement Amount \$2,000

Semi-Monthly Rates

| <i>Coverage Type</i> | <i>Age</i> | <i>Base Plan</i> | <i>Extended Benefits Rider</i> | <i>Hospital Stay and Surgical Care Rider</i> |
|----------------------|------------|------------------|--------------------------------|--|
| Individual | 18 – 49 | 23.99 | 5.46 | 8.65 |
| | 50 – 59 | 24.25 | 6.24 | 11.12 |
| | 60 – 75 | 25.68 | 6.31 | 14.50 |
| Insured & Spouse | 18 – 49 | 35.82 | 11.51 | 15.86 |
| | 50 – 59 | 37.77 | 12.94 | 22.04 |
| | 60 – 75 | 41.47 | 13.07 | 27.63 |
| One – Parent Family | 18 – 49 | 29.58 | 10.92 | 12.03 |
| | 50 – 59 | 29.77 | 11.18 | 13.65 |

| | | | | |
|---------------------|---------|-------|-------|-------|
| | 60 – 75 | 30.03 | 11.44 | 17.88 |
| Two – Parent Family | 18 – 49 | 36.01 | 13.98 | 16.19 |
| | 50 – 59 | 38.03 | 14.24 | 21.39 |
| | 60 – 75 | 41.73 | 14.82 | 29.51 |

Laboratory Test and X-Ray Benefit: Pays \$35; limited to 2 payments per covered person, per calendar year.

Ambulance Benefit: Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.

Initial Assistance Benefit: Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission.

Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per day, per covered person, for up to 30 days.

Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.

| Short-Term Disability Plan (A57600) | | | | | | | | |
|--|---------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Industry Class A-0/14 Elimination Period | | | | | | | | |
| Semi-Monthly Rates | | | | | | | | |
| Annual Income | | \$9,000 \$500 | \$12,000 \$600 | \$12,000 \$700 | \$16,000 \$800 | \$18,000 \$900 | \$20,000 \$1,000 | \$22,000 \$1,100 |
| Benefit Period | Age | | | | | | | |
| 12-months | 18 – 49 | \$8.78 | \$10.53 | \$12.29 | \$14.04 | \$15.80 | \$17.55 | \$19.31 |
| | 50 – 64 | \$10.40 | \$12.48 | \$14.56 | \$16.64 | \$18.72 | \$20.80 | \$22.88 |
| | 65 – 74 | \$14.63 | \$17.55 | \$20.48 | \$23.40 | \$26.33 | \$29.25 | \$32.18 |
| | | | | | | | | |
| Annual Income | | \$24,000 \$1,200 | \$26,000 \$1,300 | \$28,000 \$1,400 | \$30,000 \$1,500 | \$32,000 \$1,600 | \$34,000 \$1,700 | \$36,000 \$1,800 |
| Benefit Period | Age | | | | | | | |
| 12-months | 18 – 49 | \$21.06 | \$22.82 | \$24.57 | \$26.33 | \$28.08 | \$29.84 | \$31.59 |
| | 50 – 64 | \$24.96 | \$27.04 | \$29.12 | \$31.20 | \$33.28 | \$35.36 | \$37.44 |
| | 65 – 74 | \$35.10 | \$38.03 | \$40.95 | \$43.88 | \$46.80 | \$49.73 | \$52.65 |
| | | | | | | | | |
| Annual Income | | \$38,000 \$1,900 | \$40,000 \$2,000 | \$42,000 \$2,100 | \$44,000 \$2,200 | \$46,000 \$2,300 | \$48,000 \$2,400 | \$50,000 \$2,500 |
| Benefit | Age | | | | | | | |



| | | | | | | | | |
|--------------------------|---------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Period 12- months | 18 – 49 | \$33.35 | \$35.10 | \$36.86 | \$38.61 | \$40.37 | \$42.12 | \$43.88 |
| | 50 – 64 | \$39.52 | \$41.60 | \$43.68 | \$45.76 | \$47.84 | \$49.92 | \$52.00 |
| | 65 – 74 | \$55.58 | \$58.50 | \$61.43 | \$64.35 | \$67.28 | \$70.20 | \$73.13 |
| | | | | | | | | |
| Annual Income | | \$52,000 \$2,600 | \$54,000 \$2,700 | \$56,000 \$2,800 | \$58,000 \$2,900 | \$60,000 \$3,000 | \$61,000 \$3,100 | \$63,000 \$3,200 |
| Benefit Period | Age | | | | | | | |
| 12- months | 18 – 49 | \$45.63 | \$47.39 | \$49.14 | \$50.90 | \$52.65 | \$54.41 | \$56.16 |
| | 50 – 64 | \$54.08 | \$56.16 | \$58.24 | \$60.32 | \$62.40 | \$64.48 | \$66.56 |
| | 65 – 74 | \$76.05 | \$78.98 | \$81.90 | \$84.83 | \$87.75 | \$90.68 | \$93.60 |
| | | | | | | | | |
| Annual Income | | \$68,000 \$3,300 | \$73,000 \$3,400 | \$78,000 \$3,500 | \$82,000 \$3,600 | \$87,000 \$3,700 | \$92,000 \$3,800 | \$97,000 \$3,900 |
| Benefit Period | Age | | | | | | | |
| 12- months | 18 – 49 | \$57.92 | \$59.67 | \$61.43 | \$63.18 | \$64.94 | \$66.69 | \$68.45 |
| | 50 – 64 | \$68.64 | \$70.72 | \$72.80 | \$74.88 | \$76.96 | \$79.04 | \$81.12 |
| | 65 – 74 | \$96.53 | \$99.45 | \$102.38 | \$105.30 | \$108.23 | \$111.15 | \$114.08 |
| | | | | | | | | |
| Annual Income | | \$102,000 \$4,000 | \$106,000 \$4,100 | \$111,000 \$4,200 | \$116,000 \$4,300 | \$121,000 \$4,400 | \$126,000 \$4,500 | \$130,000 \$4,600 |
| Benefit Period | Age | | | | | | | |
| 12- months | 18 – 49 | \$70.20 | \$71.96 | \$73.71 | \$75.47 | \$77.22 | \$78.98 | \$80.73 |
| | 50 – 64 | \$83.20 | \$85.28 | \$87.36 | \$89.44 | \$91.52 | \$93.60 | \$95.68 |
| | 65 – 74 | \$117.00 | \$119.93 | \$122.85 | \$125.78 | \$128.70 | \$131.63 | \$134.55 |
| | | | | | | | | |
| Annual Income | | \$135,000 \$4,700 | \$140,000 \$4,800 | \$145,000 \$4,900 | \$149,000 \$5,000 | \$153,000 \$5,100 | \$156,000 \$5,200 | \$159,000 \$5,300 |
| Benefit Period | Age | | | | | | | |
| 12- months | 18 – 49 | \$82.49 | \$84.24 | \$86.00 | \$87.75 | \$89.51 | \$91.26 | \$93.02 |
| | 50 – 64 | \$97.76 | \$99.84 | \$101.92 | \$104.00 | \$106.08 | \$108.16 | \$110.24 |
| | 65 – 74 | \$137.48 | \$140.40 | \$143.33 | \$146.25 | \$149.18 | \$152.10 | \$155.03 |
| | | | | | | | | |
| Annual Income | | \$162,000 \$5,400 | \$165,000 \$5,500 | \$168,000 \$5,600 | \$171,000 \$5,700 | \$174,000 \$5,800 | \$177,000 \$5,900 | \$180,000 \$6,000 |
| Benefit Period | Age | | | | | | | |
| 12- months | 18 – 49 | \$94.77 | \$96.53 | \$98.28 | \$100.04 | \$101.79 | \$103.55 | \$105.30 |
| | 50 – 64 | \$112.32 | \$114.40 | \$116.48 | \$118.56 | \$120.64 | \$122.72 | \$124.80 |
| | 65 – 74 | \$157.95 | \$160.88 | \$163.80 | \$166.73 | \$169.65 | \$172.58 | \$175.50 |

For individual plans, as long as premiums are paid, the Contractor shall continue coverage regardless of the number of claims filed or the amount of benefits the policyholder receives. All

individual plans are portable at the same payroll rates, as long as one month of premium has been remitted to the Contractor, through payroll deduction when employees leave or retire from the Purchasing Agency.

2. No other fees shall apply other than those identified