JAMES MADISON UNIVERSITY

CONTRACT MODIFICATION

Date:	July 15, 2026
Contract #:	UCPJMU6003
Service:	Voluntary Supplemental Health Insurance
Modification #:	One
Issued By:	James Madison University — Ph: 540-568-4280
	Adam Fleming, Buyer Senior — 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 Modification Notice:

The previous pricing schedule is hereby replaced with the pricing schedule attached to this modification.

Except as provided herein, all terms and conditions of Contract Number UCPJMU6003 as herefore changed, remain unchanged and in full force and effect.

American Family Life Assurance Company of Columbus (Aflac)

By: Keith Farley

Keith Farley

Name (print)

Senior VP, Individual Voluntary Benefits 7/16/26

Title *Date Signed*

James Madison University

By: Adam Fleming

Adam Fleming, CUPO

Name (print)

Buyer Senior 07/15/2026

Title *Date Signed*

Contract #: UCPJMU6003
Contractor: American Family Life Assurance Company of Columbus (Aflac)
Modification: One
Commodity: Voluntary Supplemental Health Insurance

Pricing Schedule

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

Aflac Accident Insurance – (A38000) Semi-Monthly Rates			
Coverage Type- Ages 18-75	*Option 1 Base Plan*	*Option 2 Base Plan*	*Option 3 Base Plan*
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

Personal Cancer Indemnity Plan (A75000) Semi-Monthly Rates			
Coverage Type - Ages 18-70	*Level 1*	*Level 2*	*Level 3*
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**			
Coverage Type - Ages 18-70	*Initial Diagnosis $100/unit*		*Specified Disease*
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*		

Hospital Confinement Indemnity Plan (A49000) Semi-Monthly Premium Rates					
Essentials Plan					
Coverage Type	*Ages*	*Option 1*	*Option 2*	*Option 3*	*Option 4*
Individual	18 – 75	$7.18	$10.19	$13.16	$16.75
One-Parent Family	18 – 75	$9.67	$15.24	$18.31	$22.05
Insured & Spouse	18 – 75	$10.30	$16.43	$21.43	$28.13

Two-Parent Family	18 – 75	$11.49	$18.67	$23.61	$28.97
Preferred Plan					
Coverage Type	*Ages*	*Option 1*	*Option 2*	*Option 3*	*Option 4*
Individual	18-75	$12.12	$15.08	$17.79	$21.43
One-Parent Family	18-75	$16.49	$22.00	$25.07	$28.86
Insured & Spouse	18-75	$17.99	$24.13	$29.17	$35.88
Two-Parent Family	18-75	$20.33	$27.51	$32.50	$37.81
Select 1500					
Coverage Type	*Ages*	*Option 1*	*Option 2*	*Option 3*	*Option 4*
Individual	18-75	$16.64	$19.61	$22.36	$25.95
One-Parent Family	18-75	$21.74	$27.30	$30.37	$34.17
Insured & Spouse	18-75	$25.22	$31.36	$36.35	$43.11
Two-Parent Family	18-75	$27.25	$34.48	$39.42	$44.72
Select 2000					
Coverage Type	*Ages*	*Option 1*	*Option 2*	*Option 3*	*Option 4*
Individual	18-75	$21.11	$24.08	$26.83	$30.42
One-Parent Family	18-75	$27.04	$32.61	$35.67	$39.42
Insured & Spouse	18-75	$32.50	$38.64	$43.63	$50.39
Two-Parent Family	18-75	$34.17	$41.34	$46.28	$51.64

Critical Care Protection Plan (A74000) Semi-Monthly Rates						
Coverage Type	*Ages*	Level 1	*Level 2*	*Level 3*	*First Occurrence Building Benefit Rider*	*Specified Health Event Recovery Benefit Rider*
Individual	18 – 35	$3.93	$7.10	$7.48	$0.98	$0.49
	36 – 45	$6.12	$10.10	$10.59	$1.80	$1.20
	46 – 55	$8.52	$13.76	$15.62	$2.13	$1.97
	56 – 70	$11.47	$17.75	$21.62	$2.35	$2.78
Insured + Spouse	18 – 35	$5.62	$13.65	$14.36	$1.97	$0.98
	36 – 45	$9.39	$17.75	$19.00	$3.60	$2.02
	46 – 55	$14.09	$23.92	$29.27	$4.26	$3.39

	$20.64	$33.31	$41.71	$4.70	$5.19	$20.64
One Parent Family	18 – 35	$4.37	$12.07	$12.72	$1.04	$0.55
	36 – 45	$6.33	$14.31	$15.02	$1.91	$1.20
	46 – 55	$8.79	$18.40	$19.33	$2.18	$1.97
	56 – 70	$11.74	$24.19	$27.25	$2.46	$2.84
Two-Parent Family	18 – 35	$6.50	$15.51	$16.27	$2.02	$1.04
	36 – 45	$10.37	$19.71	$20.69	$3.71	$2.18
	46 – 55	$15.29	$26.32	$31.01	$4.31	$3.66
	56 – 70	$22.06	$36.15	$44.66	$4.81	$5.46

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

Coverage Type	*Age*	*Base Plan*	*Extended Benefits Rider*	*Hospital Stay and Surgical Care Rider*
Individual	18 – 49	$7.26	$4.92	$7.79
	50 – 59	$7.49	$5.62	$10.01
	60 – 75	$7.67	$5.68	$13.05
Insured & Spouse	18 – 49	$9.48	$10.36	$14.28
	50 – 59	$10.06	$11.64	$19.83
	60 – 75	$10.36	$11.76	$24.87
One – Parent Family	18 – 49	$9.48	$9.83	$10.83
	50 – 59	$9.71	$10.06	$12.29
	60 – 75	$9.95	$10.30	$16.09
Two – Parent Family	18 – 49	$10.83	$12.58	$14.57
	50 – 59	$11.06	$12.81	$19.25

	60 – 75	$11.29	$13.34	$26.56

Confinement Amount $1,000 Semi-Monthly Rates				
Coverage Type	*Age*	*Base Plan*	*Extended Benefits Rider*	*Hospital Stay and Surgical Care Rider*
Individual	18 – 49	$11.47	$4.92	$7.79
	50 – 59	$11.70	$5.62	$10.01
	60 – 75	$12.00	$5.68	$13.05
Insured & Spouse	18 – 49	$16.21	$10.36	$14.28
	50 – 59	$17.20	$11.64	$19.83
	60 – 75	$18.37	$11.76	$24.87
One – Parent Family	18 – 49	$14.57	$9.83	$10.83
	50 – 59	$14.74	$10.06	$12.29
	60 – 75	$14.98	$10.30	$16.09
Two – Parent Family	18 – 49	$17.26	$12.58	$14.57
	50 – 59	$17.38	$12.81	$19.25
	60 – 75	$18.61	$13.34	$26.56

Confinement Amount $1,500 Semi-Monthly Rates				
Coverage Type	*Age*	*Base Plan*	*Extended Benefits Rider*	*Hospital Stay and Surgical Care Rider*
Individual	18 – 49	$16.21	$4.92	$7.79
	50 – 59	$16.38	$5.62	$10.01

	60 – 75	$17.20	$5.68	$13.05
Insured & Spouse	18 – 49	$23.64	$10.36	$14.28
	50 – 59	$24.98	$11.64	$19.83
	60 – 75	$27.15	$11.76	$24.87
One – Parent Family	18 – 49	$20.13	$9.83	$10.83
	50 – 59	$20.36	$10.06	$12.29
	60 – 75	$20.59	$10.30	$16.09
Two – Parent Family	18 – 49	$23.87	$12.58	$14.57
	50 – 59	$25.22	$12.81	$19.25
	60 – 75	$27.38	$13.34	$26.56

Confinement Amount $2,000 Semi-Monthly Rates				
Coverage Type	*Age*	*Base Plan*	*Extended Benefits Rider*	*Hospital Stay and Surgical Care Rider*
Individual	18 – 49	$21.59	$4.92	$7.79
	50 – 59	$21.82	$5.62	$10.01
	60 – 75	$23.11	$5.68	$13.05
Insured & Spouse	18 – 49	$32.24	$10.36	$14.28
	50 – 59	$33.99	$11.64	$19.83
	60 – 75	$37.33	$11.76	$24.87
One – Parent Family	18 – 49	$26.62	$9.83	$10.83
	50 – 59	$26.80	$10.06	$12.29

	60 – 75	$27.03	$10.30	$16.09
Two – Parent Family	18 – 49	$32.41	$12.58	$14.57
	50 – 59	$34.23	$12.81	$19.25
	60 – 75	$37.56	$13.34	$26.56

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 $7000**	**$16,000 $800**	**$18,000 $900**	**$20,000 $1,000**	**$22,000 $1,100**
Benefit Period 12-months	Age							
	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 12-months	Age							
	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	Age							
Period	18 – 49	$45.63	$47.39	$49.14	$50.90	$52.65	$54.41	$56.16
12-	50 – 64	$54.08	$56.16	$58.24	$60.32	$62.40	$64.48	$66.56
months	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	Age							
Period	18 – 49	$57.92	$59.67	$61.43	$63.18	$64.94	$66.69	$68.45
12-	50 – 64	$68.64	$70.72	$72.80	$74.88	$76.96	$79.04	$81.12
months	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	Age							
Period	18 – 49	$70.20	$71.96	$73.71	$75.47	$77.22	$78.98	$80.73
12-	50 – 64	$83.20	$85.28	$87.36	$89.44	$91.52	$93.60	$95.68
months	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	Age							
Period	18 – 49	$82.49	$84.24	$86.00	$87.75	$89.51	$91.26	$93.02
12-	50 – 64	$97.76	$99.84	$101.92	$104.00	$106.08	$108.16	$110.24
months	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	Age							
Period	18 – 49	$94.77	$96.53	$98.28	$100.04	$101.79	$103.55	$105.30
12-	50 – 64	$112.32	$114.40	$116.48	$118.56	$120.64	$122.72	$124.80
months	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