



COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT

Contract No. UCPJMU6004

This contract entered into this 5th day of April 2021, by Pierce Insurance Agency, Inc. hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From April 5, 2021 through April 4, 2022 with seven (7) one-year renewal options.

The contract documents shall consist of:

- (1) This signed form;
(2) The following portions of the Request for Proposal LBS-1090 dated October 7, 2020:
(a) The Statement of Needs;
(b) The General Terms and Conditions;
(c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
(d) Addendum No. One, dated October 29, 2020;
(e) Addendum No. Two, dated November 5, 2020.
(3) The Contractor's Proposal dated October 29, 2020 and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
(a) Negotiations Summary, dated March 30, 2021.
(b) Exhibit A- Legal Resources Legal and Identity Theft Plans
(c) Exhibit B- Nationwide Pet Insurance Plans

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

PURCHASING AGENCY:

By: [Signature] (Signature)

By: [Signature] (Signature)

Lonnie T Pierce III (Printed Name)

Lee Anne Beatty Smith (Printed Name)

Title: President

Title: Buyer Supervisor



**RFP # LBS-1090 Employee Voluntary Benefits/Services  
Negotiation Summary for Pierce Insurance Agency, Inc.**

**March 30, 2021**

1. Parties agree that this Negotiation Summary modifies RFP# LBS-1090 and the Contractor’s initial response to RFP# LBS-1090, and in the event of conflict this negotiation summary shall take precedence.
2. Contractor shall provide a single point-of-contact for JMU employees regarding the following employee voluntary benefit plans: Legal Resources Legal Services and Identity Protection Plans, Nationwide Pet Insurance, Liberty Home Product and Auto Insurance, and Chubb Lifetime Benefit Term.
3. Contractor shall provide a one-call solution for JMU employees to reach Brenda Warren, the dedicated account manager, for continual service throughout a contract year. The dedicated account manager shall handle day-to-day customer service, monitor billing and claims assistance, and work with JMU payroll to facilitate payroll deductions.
4. Contractor shall provide a JMU-customized website to consolidate benefit information, customer service and claim contact information, and enrollment portals in one location.
5. Contractor shall provide enrollment services and support, at the University’s request, for the following:
  - Open enrollment (onsite)
  - Benefit Fairs (onsite)
  - New Hire Meetings
  - Additional Meetings as mutually agreed upon
6. The Contractor shall provide customized communication and marketing material to the Purchasing Agency at no cost. All marketing material shall require prior approval by the Purchasing Agency
7. Legal Resources

A. Pricing:

	<b>Legal Plan</b>	<b>Identity Theft Basic</b>	<b>Identity Theft Gold</b>	<b>Identity Theft Platinum</b>	<b>Legal Plan &amp; Identity Theft Gold</b>
<b>Individual</b>		\$5.00/mth	\$7.50/mth	\$14.00/mth	\$26.00/mth
<b>Family</b>	\$16.50/mth*	\$11.00/mth*	\$16.00/mth*	\$28.00/mth*	\$34.00/mth*
<b>Parent of Legal Resources Member</b>	25% discount on attorney fees				25% discount on attorney fees

\*includes employee, spouse, and dependent children up to the age of 26 and living at home or a full time student

- B. Legal and Identity Theft plans shall include services specified in *Exhibit A Legal Resources Legal and Identity Theft Plans* (attached). Identity Theft plans shall include IP Address monitoring and unlimited service guarantee (*unlimited amount of time to restore identity*).



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**March 30, 2021**

- C. There shall be no minimum enrollment requirements.
  - D. Rates shall not increase for the life of the contract.
8. Nationwide Pet Insurance

A. Pricing:

<b>Nationwide My Pet Protection Plan</b>						
	My Pet Protection Plan			My Pet Protection Plan with Wellness		
	50%	70%	90%	50%	70%	90%
Canine	\$31.34	\$41.78	\$52.23	\$60.25	\$80.33	\$100.42
Feline	\$18.80	\$25.07	\$31.34	\$36.15	\$48.19	\$60.25

\*\$250 annual deductible and maximum annual benefit of \$7,500

<b>Nationwide Avian and Exotic Pet Plan</b>			
Group 1: \$6.65/month	Group 2: \$9.50/month	Group 3: \$12.35/month	Group 4: \$15.68/month
<ul style="list-style-type: none"> <li>• Amphibians</li> <li>• Chameleons</li> <li>• Geckos</li> <li>• Gerbils</li> <li>• Guinea Pig</li> <li>• Hamsters</li> <li>• Hedgehogs</li> <li>• Lizards</li> <li>• Mice</li> <li>• Rats</li> <li>• Small Birds &lt;50g</li> </ul>	<ul style="list-style-type: none"> <li>• Chinchillas</li> <li>• Ferrets</li> <li>• Iguanas</li> <li>• Opossums</li> <li>• Rabbits</li> <li>• Snakes (except extra-large)</li> <li>• Sugar Gliders</li> <li>• Tortoises</li> <li>• Turtles</li> <li>• Medium Birds 50g-300g</li> </ul>	<ul style="list-style-type: none"> <li>• Large Birds 301g-10kg</li> </ul>	<ul style="list-style-type: none"> <li>• Goats</li> <li>• Potbellied Pigs</li> <li>• Snakes (extra-large, e.g. Boa Constrictors, Pythons, Anacondas)</li> <li>• Extra- Large Birds &gt;10kg</li> </ul>

- B. Premium rates shall apply for pets of all ages and breeds.
- C. Nationwide Pet Plans shall include services specified in *Exhibit B Nationwide Pet Insurance Plans* (attached).
- D. Additional multi-pet discount of up to 10%
- E. There shall be no minimum enrollment requirements.
- F. Rates are guaranteed for the first year of the contract. Subsequent annual increases are subject to change due to state insurance filings.



RFP # LBS-1090 Employee Voluntary Benefits/Services  
Negotiation Summary for Pierce Insurance Agency, Inc.

March 30, 2021

9. Chubb Lifetime Benefit Term Plan:

- A. Pricing: Rates as provided in initial proposal shall never increase and are guaranteed through age 100; after that, no further premiums shall apply and coverage continues through age 120.
- B. Paid-up benefits shall begin to accrue after ten (10) years. At any point thereafter, if premiums stop, a reduced paid-up benefit is guaranteed.
- C. Minimum participation to issue policy: ten (10) employees
- D. For the term of the contract, Contractor shall provide one (1) \$10 donation per person that meets with a benefits counselor about the Chubb Lifetime Benefit Plan with no purchase required. The \$10.00 donation will apply to employees that have not reviewed Chubb’s LifeTime Benefit Term product in the past. The recipient of the donation shall be UVA Children’s Hospital <https://childrens.uvahealth.com/>.

10. Liberty Home and Auto Insurance:

- A. Pricing: Rates based on individual historical experience and may fluctuate. JMU employees shall receive the following discounts:

Auto Insurance Discount	10%
Home Products Discount	5%
Payroll Discount	12%

11. Contractor’s initial response to RFP # LBS-1090 dated October 29, 2020, shall be amended as follows:

- A. IV.A.6 shall be supplemented by the following:

Our role in resolving claims issues is advocating for your employees. They will have a dedicated account manager to communicate with the vendor on their behalf to uncover the issue or delay and push to expedite the resolution. The account manager will continually follow up with the vendor and maintain dialog with the employee until the claim is resolved.

Our role in the overall claims process includes:

- Your customized website will include claim instructions/links/forms for each benefit.
- For employees who need more personalized assistance, your dedicated account manager will guide them through the claims process providing a level of service based on their individual need. (e.g. Some employees simply need a form mailed to them, while others may need further guidance.)

12. HIPAA – CONFIDENTIALITY AND RECORDS: The Contractor assures that information, data and records obtained during the performance of this contract, to include personal facts and circumstances related to patients, shall be considered confidential during and following the terms of this contract and will be stored and maintained in strict compliance with applicable state and federal laws, and, further, shall not be divulged without JMU’s written consent and then only in strict accordance with said



## RFP # LBS-1090 Employee Voluntary Benefits/Services Negotiation Summary for Pierce Insurance Agency, Inc.

**March 30, 2021**

applicable laws. The Contractor shall hold all information provided by JMU as proprietary and confidential and shall make no unauthorized reproduction or distribution of such material. Upon termination of this contract and/or within thirty (30) days of receipt of final payment for services, all materials, data, and information in the possession of the Contractor, provided to or obtained by the Contractor during the performance of this contract and to satisfy the requirements of the contract, shall be provided to JMU in hard copy and/or electronic form. Except where law allows, the Contractor shall not retain hard copies of the material, data, and information and all electronically stored material, data, and information shall be expunged from equipment and systems retained by the Contractor.

13. Contractor shall be responsible for all costs related to a loss of or unauthorized access and/or unauthorized use of confidential data. Contractor shall be responsible for informing all individuals affected by a breach, intrusion, or data loss in accordance with applicable law and shall indemnify and hold harmless the Commonwealth of Virginia, James Madison University and its officers and employees from and against claims, damages, or other harm related to such breach.
14. There shall be no additional fees not identified.



# MASTER PLAN CONTRACT

In consideration of the payment of Monthly Fees and subject to all the terms of this Contract, Legal Resources of Virginia, Inc. ("Legal Resources") agrees to make available legal services described herein to any person enrolled hereunder (herein called "Primary Member" or "Member"). The Monthly Fee for the Legal Resources Legal Services Plan per Primary Member, spouse, and children (Members) is defined in the Plan Sponsor's specific enrollment materials. The Contract is subject to the laws of the jurisdiction in which it is delivered to the Primary Member. Coverage afforded is only with respect to the Form (VA010/98), rev 01/2021, mod 1, indicated in the Contract issued to the Primary Member. The limit of Legal Resources' liability shall be as stated therein. Provisions contained in subsequent pages hereof form a part of this Contract as fully as if recited in their entirety. IN WITNESS WHEREOF, Legal Resources has caused this Master Plan Contract to be executed at its home office in Virginia Beach, Virginia, on the effective date as stipulated by the Plan Sponsor's specific enrollment materials.

## I. INTRODUCTION

The Legal Resources Plan has been established to make available legal services at a reasonable cost. The legal services described herein shall be available to the Primary Member, his/her spouse and qualifying dependents (Members) who wish to enroll and pay a Monthly Fee. The Plan is to be administered by Legal Resources of Virginia, Inc., which shall be referred to as "Legal Resources" or "Plan Administrator."

## II. DEFINITIONS

1. **AGENT** – Agent of the Plan Administrator who solicits Primary Members.
2. **ATTORNEY(s)** – any person licensed to practice law in their Covered Area.
3. **COVERED AREA** – Area where your plan firm practices law. Legal needs outside of your covered area are covered by other network law firms.
4. **DE NOVO** – a new or a retrial of a previously tried matter.
5. **DISTRICT COURT**
  - In Virginia – General District Court and Juvenile and Domestic Relations District Court.
  - In all other states – lower level courts defined by state law.
  - In the District of Columbia – the Superior Court of the District of Columbia, and applies to cases tried without a jury in the Small Claims and Conciliation Branch, Landlord and Tenant Branch, and misdemeanors and traffic violations tried in the Criminal Division and/or Family Court Operations Division consistent with the other provisions of this Master Plan Contract.
6. **ENROLLMENT FORM** – the electronic or paper agreement entered into between the Primary Member participating in the Plan accepted by the Plan Administrator.
7. **MONTHLY FEE** – the amount paid for services offered.
8. **PARTICIPATION AGREEMENT** – the agreement between Legal Resources and an employer, union, group, or other association.
9. **PLAN** – Legal Resources Master Plan Contract.
10. **PLAN ADMINISTRATOR** – Legal Resources of Virginia, Inc.
11. **PLAN ATTORNEY** – Attorney who has entered into an agreement with Legal Resources to provide legal services.
12. **PLAN LAW FIRM** – Law firm that has entered into an agreement with Legal Resources to provide legal services.
13. **PLAN SPONSOR** – an employer, union, group, association, which has entered into a Participation Agreement.
- 14A. **PRIMARY MEMBER** – the individual applying for Legal Resources coverage on the Enrollment Form as offered by their Plan Sponsor.
- 14B. **MEMBER** – the Primary Member, spouse and qualifying dependents named by the Primary Member on the Enrollment Form.

## III. PARTIES TO WHOM SERVICES ARE AVAILABLE (MEMBERS)

The legal services provided by the Plan Attorney shall be available to the following (if identified on the Enrollment Form):

1. Primary Member
2. Spouse residing in same residence
3. Unmarried child (including adopted, step, and foster child) up to 19 years of age who has the same address as the Primary Member and/or is dependent upon Primary Member for support and maintenance.
4. A widow, widower, or child of a deceased Primary Member (who was enrolled at the time of death), except as to matters arising out of Primary Member's death, in which case the individuals shall be considered dependents until the matters are concluded.
5. An unmarried child (including adopted, step, and foster child) up to 26 years of age, or as defined on the Plan Sponsor's specific enrollment form and/or materials and/or outlined in the Plan Sponsor's Participation Agreement, who is dependent upon Primary Member for support and maintenance and is enrolled in a recognized full-time course of study at high school or college. Representation availability is based on Primary Member's Covered Area. A full-time college course of study is defined as 12 or more credit hours per semester.

## IV. GENERAL PROVISIONS

The obligation of Plan Attorneys providing services under this Plan shall be solely to their Members. Plan Attorneys shall maintain the confidentiality of the attorney-client relationship in accordance with the Code of Professional Responsibility. Plan Attorneys shall refuse to provide services in any matter they believe to be clearly frivolous, non-meritorious, vexatious, constitute a conflict of interest, are of a non-material or non-consequential nature, contrary to public policy or which would violate the Code of Professional Responsibility. It is expressly understood that all costs related to any legal matter including court filing fees, sheriff fees, or service of summons, or other processes, deposition and discovery costs, fines, penalties, or damages assessed, will be borne and paid directly by Member in advance to Attorney, before Attorney is required to represent Member. It is further understood that Member will be required to reimburse Attorney for all travel expenses outside a 40 mile radius of his/her office, long distance phone calls, photocopying, or any other out of pocket expenses incurred by Attorney. In the event that Primary Member terminates participation in the Plan for any reason and has met the obligations as defined in the Enrollment Form, the legal services provided to Member(s) shall be ended. In such event, as to any active matters, Plan Attorney involved shall complete the proceeding if the Primary Member has met the obligations as stated in the Enrollment Form. At the discretion of Legal Resources, failure to remit the Monthly Fee within the agreed upon time frame may result in termination of Member's participation in the Plan, but will not relieve Primary Member's financial obligation per the terms and conditions of enrollment.

## SUMMARY OF SERVICES

The duties and responsibilities of the Plan Attorney to the Primary Member and Members (where applicable) shall consist of the following legal services:

1. **General Consultation and Advice:** To be provided at Plan Attorney's office or by telephone as deemed appropriate by Plan Attorney regarding general legal issues covered under the Summary of Services. For matters listed under the Expanded Coverage Benefit, up to one (1) hour of initial consultation is provided. Any other consultation and advice will be at the discretion of Plan Attorney, and may be billed at his/her discounted rate as provided for in the Expanded Coverage Benefit.
2. **Preparation and Review of Legal Documents:** Preparation and review of routine legal documents including but not limited to specific and general powers of attorney, medical, and financial powers of attorney, bills of sale, and affidavits.
3. **Consumer Relations:** Member representation in connection with any action which may be brought in the District Court against a manufacturer, distributor, service agency, or retailer for defects in any merchandise, article or service or in a recovery on any warranty or guarantee whether implied or expressly given in connection with the sale of any merchandise, article or service. In the event of litigation, the conditions set forth in item 8 (Plaintiff) shall apply. Personal injury claims as a result of such defects are specifically excluded.
4. **Credit Protection:** Consultation, advice, and preparation of clarification letter(s) relating to billing disputes and collection agency harassment. District Court representation is provided if applicable. This does not include credit recovery action(s) or extensive credit negotiations.
5. **Preparation of Will and Related Documents:** Preparation, revision, and periodic review of Will. Will is defined as a Will with a reasonable number of direct bequests of money and/or property, and which: (a) In Virginia may also include a simple contingent trust provision for minor children in the event of the death of both parents; (b) In Maryland and the District of Columbia may also include a provision for a transfer under the Uniform Transfer to Minors Act for the benefit of each child in the event of the death of both parents. (c) In all other states, a simple contingent trust provision for minor children in the event of the death of both parents.  
These services do not include Wills requiring the creation of other types of trusts. This Will may include, at Member's request, an Advanced Medical Directive, Medical Durable Powers of Attorney, and the preparation of Living Wills and Financial Powers of Attorney. This coverage is for Primary Member and spouse only and is not transferable to dependent children.
6. **Estate Advice:** Plan Attorney will provide advice in connection with problems Members may encounter as beneficiaries, administrators, or executors with respect to any estate, provided that the estate is not of a size to require the filing of a Federal estate tax return. However, this provision shall not require Plan Attorney to act as administrator or executor of such estate.
7. **Elder Law Matters:** Elderly parent powers of attorney will be provided in accordance with Plan Attorney's professional and ethical requirements where parent is granting Member power of attorney. Elderly parent powers of attorney do not include estate matters, gifting, disclaimers, and creation of trusts and all such documents.
8. **Civil Actions (Plaintiff):** Representation as a plaintiff in connection with the filing of a civil action subject to the jurisdiction of the District Court. Representation shall be limited to action in the District Court. Collection of judgments covered under the Expanded Coverage Benefit. No representation shall be available under this item for any action that the Plan Attorney deems as either non-meritorious, calculated to be vexatious only, of a non-material or non-consequential nature, or which would be contrary to public policy. In the event any damages are recovered or some form of monetary benefit is received, the first One Thousand Dollars (\$1,000) of any such recovery shall be free from any fee assessment by Plan Attorney. The One Thousand Dollars (\$1,000) exclusion does not apply to Personal Injury Claims. With respect to any excess money that is recovered, however, a contingency fee or flat fee may be assessed by prior written agreement between Member and Plan Attorney. If legal fees are awardable by either statute, rule of court, or contract, Plan Attorney shall be entitled to the full amount of such fees.
9. **Civil Actions (Defendant):** Representation in connection with any civil action in which Member is named as a defendant, at the District Court only. This excludes cases where member is provided legal representation through insurance or other indemnification arrangements. No representation shall be available under this item for any action that the Plan Attorney deems as either non-meritorious, calculated to be vexatious only, of a non-material or non-consequential nature, or which would be contrary to public policy.
10. **Domestic Adoption:** (1) Representation of Member as adopting step-parent in an uncontested adoption; (2) representation of Member as adopting family member with parental consent in uncontested adoptions of family members; and (3) representation of Member as adopting parent or step-parent in an uncontested adoption previously recommended by a licensed child placement agency. These services include change of name of adopted individual. This does not include other private adoptions where the Court functions as agency representative. An uncontested adoption is defined as an adoption in which all necessary parties affirmatively consent to, or affirmatively waive their rights to oppose the adoption by signing a consent form. Necessary parties who cannot be located and must be provided with notice of the adoption should not be deemed to have consented to the adoption.
11. **Name Change:** Simple uncontested name change.
12. **Uncontested Divorce: Primary Member only** shall be entitled to representation in connection with any uncontested divorce proceeding or separation, including preparation of Separation Agreement and filing of the Bill of Complaint for divorce, separation or annulment and other services necessary for termination of the relationship.  
Uncontested divorce refers to initiating a no fault divorce which will include a Property Settlement Agreement reconciling all equitable distribution, property issues, and child custody, support and visitation issues, signed by your spouse. It includes the draft of one proposed Property Settlement Agreement meant to resolve all issues. It does not include multiple drafts of Property Settlement Agreements with the exception of correcting (a) clerical errors and (b) minor revisions. In the event of a contested divorce/separation matter or family law issues which arise subsequent to the divorce/separation, representation by Plan Attorney will require a separate fee as stated under the Expanded Coverage Benefit.  
Preparation of Qualified Domestic Relations Orders or representation in any separate family law matters involving child custody, visitation, and support, spousal support, or contested adoption, may be available under the Expanded Coverage Benefit.
13. **Uncontested Prenuptial Agreement: Primary Member only** shall be entitled to representation in connection with the preparation and review of any uncontested prenuptial agreement. This will include the draft of one proposed agreement meant to resolve all issues. It does not include multiple drafts with the exception of correcting (a) clerical errors and (b) minor revisions. Complex or negotiated prenuptial agreements may be available under the Expanded Coverage Benefit.
14. **Real Estate Transactions (Closings):** Primary Member is entitled to legal assistance and representation in connection with the sale, purchase and/or refinance of Primary Member's primary dwelling. If purchasing or refinancing, this includes representation in relation to the primary family dwelling. Representation for purchases will be on **either** the purchase and closing of the lot, **or** the closing on a construction loan, **or** the closing on a permanent mortgage, but not each individually unless they are combined into a single closing. Contract review included when selling, purchasing, or refinancing. If selling, this includes deed preparation for the Primary Member. The real estate benefit is not transferable to dependents or non-members involved in the transaction. This shall not include representation nor negotiations to secure the transfer or financing, nor the performance of any title search or surveys, nor situations involving special circumstances (such as liens or title issues) as deemed by Plan Attorney (see Expanded Coverage Benefit). Representation will not be provided in Real Estate cases where closing services are provided for Primary Member by a builder, real estate agent, title company, etc. However, if circumstances develop in the closing which leave Primary Member without representation, Plan Attorney will provide representation.  
Plan Attorney is not responsible for administrative costs associated with the closing. A maximum \$100 administrative fee may be charged to cover non-attorney costs.
15. **Non-Sale Real Estate Transactions (Deeds):** Review and preparation of quit claim deeds, and deeds of transfer, provided the legal work requested is for Member.

16. **Insurance Matters:** Representation of Member in connection with any claim against his or her insurer by reason of failure to provide or pay the benefits as contracted for and general advice as to interpretation of any policy provision. Includes: Accident and Health, Life Annuity, Fire, Automobile, and Homeowners. Litigation limited to District Court. In the event of litigation, the conditions set forth in item 8 (Plaintiff) shall apply.
17. **Tenant-Landlord Matters:** Representation of Member as tenant in connection with any claims or controversies arising out of a tenant-landlord relationship with respect to Member's apartment or dwelling which is the Member's principal place of residence. This includes review of the lease. Litigation limited to the District Court only. In the event of litigation, the conditions set forth in item 8 (Plaintiff) shall apply.
18. **Landlord-Tenant Matters:** Up to one (1) hour of initial consultation and advice on matters involving Primary Member as landlord. This will include review of lease and preparation of a "five-day pay or quit" letter and advice for filing a Motion for Judgment. Court representation may be provided under the Expanded Coverage Benefit at the discretion of Plan Attorney.
19. **Traffic Violations:** Representation before the District Court for infractions and misdemeanor traffic offenses for Member with a valid driver's license not subject to restriction or suspension at the time of the offense (See Expanded Coverage Benefit). Alcohol or controlled substance related traffic offenses are limited to first offense only.
20. **Criminal Violations:** Representation of Member in misdemeanor matters as defendant through trial in the District Court.
21. **Defense of Juveniles:** Representation of Primary Member's minor dependent children in misdemeanor proceedings in District Court, Juvenile and Domestic Relations Court, or Family Court. For offenses involving alcohol or illegal drugs, representation is limited to the first offense only. Subsequent offenses, felonies, and/or felony-related charges excluded. (See Expanded Coverage Benefit).
22. **Local Administrative Proceedings:** Consultation, advice, and representation if applicable, at initial hearing, with respect to civil administrative proceedings, by or against any local government commission or local government board such as zoning or property disputes.

**NON-ATTORNEY COSTS:** Member is responsible for all non-attorney costs (i.e.: filing fees, court costs, mileage, postage, phone calls, etc.)

**PERSONAL INJURY 25% CONTINGENT FEE:** Consultation and review for Member in connection with a personal injury claim as plaintiff. Attorney will evaluate all factors and determine, at Plan Attorney's discretion, whether or not representation will be provided. If Plan Attorney represents Member and any damages are recovered or a monetary benefit is received, a contingent fee of twenty-five percent (25%) will be assessed by Plan Attorney. The One Thousand Dollar (\$1,000) exclusion under item 8 does not apply. Federal Court, Appellate Court, Supreme Court, Medical Malpractice claims, and products liability claims may require a separate fee arrangement based upon the mutual agreement of Member and Plan Attorney. Member will be responsible for all non-attorney costs.

**MASTER PLAN EXCLUSIONS:** Employee/Employer Grievances or disputes with your employer. Since your employer is the participating sponsor or is providing the payroll deduction, you may not use the Plan in a dispute with your employer.

No benefits or services of any kind are provided under the Master Plan Contract where the following circumstances are present:

- A. Controversy or proceeding between Plan Administrator and any party to the Plan.
- B. Consultations, civil, or criminal legal actions, any part of which: (a) involve Plan Sponsor of this coverage; or (b) relate to employment.
- C. In controversies or any matter between Primary Member and spouse or dependents, only Primary Member is covered.
- D. Any legal matter which might involve or name a Member, but the legal work, advice, or action requested is for the benefit of a non-member. Except in the event of elderly parent powers of attorney as set forth under item 7.
- E. Any matter between Member and Plan Attorney.

## **EXPANDED COVERAGE BENEFIT**

A TWENTY-FIVE percent (25%) savings on customary and usual attorney fees and/or legal assistant paralegal fees applies for the following matters:

- Pre-Existing matters. The matter requiring legal services originated prior to the effective date on the Enrollment Form and involved either (1) the commencement of any legal action or legal proceeding by or against Primary Member including the issuance of a summons; or (2) the prior retention by Primary Member of the services of another attorney or mediator; or (3) the signing of a real estate contract or separation agreement prior to membership.
- Probation Violations, Bond Hearings, and/or violations of existing court orders, and *capias* charges (failure to appear).
- Defense of criminal actions which involve the use of alcohol, illegal drugs, or fire arms, except alcohol or controlled substance related traffic offenses as set forth under item 19 and juvenile first offenses as set forth under item 21.
- Any matter not specifically covered under the Summary of Services herein.

Where specialized attorney services are available, Plan Attorney will evaluate all factors before representation will be provided.

**PERSONAL AND FAMILY MATTERS:** Immigration matters, preparation of Qualified Domestic Relations Orders, contested family law issues, complex and contested prenuptial agreements, Parental Placement Private Adoptions, re-adoptions, adoptions that originated outside the United States, protective orders/peace orders, guardianships, bankruptcy filing, estate representation, probate, elder law, felonies, expungements, applicable DUI and/or traffic offenses, collection of judgments, tax law issues, securities law issues, appellate court proceedings, removals, appeals, trials *de novo*, and federal court proceedings.

**REAL ESTATE MATTERS:** Matters evolving from a real estate closing such as a dispute with builder and/or breach of contract. Other matters include specialized property rights, adjacent property acquisitions, home equity/improvement matters, builder/contractor disputes, refurbishment requirements, for sale by owner, rent to own, second homes and rental property.

**SMALL BUSINESS MATTERS:** Representation for members for routine business or commercial matters. To qualify, business must not exceed \$100,000 gross revenue per year. Preparation of business contracts, partnerships, LLC's, and Intellectual Property.

**COURT AND ARBITRATION REPRESENTATION:** Representation as plaintiff or defendant in arbitrated disputes; federal courts and non-covered state courts.

**ADDITIONAL ADMINISTRATIVE PROCEEDINGS:** Representation in school board disputes, civil administrative proceedings by or against any state or federal government agency, and family law or other social services disputes, and representation in condo/homeowner associations and other non-government entity disputes.

In addition, no Member shall receive legal services from any Plan Attorney if all outstanding fees and costs have not been paid to Plan Attorney who has begun a legal action for Member. In the event that Primary Member's participation in Plan is terminated or revoked, and even though Member does not have an active matter pending, or has not used any services of the Plan, Primary Member shall not be entitled to a refund of any fees previously paid. Likewise, should a Member discharge a Plan Attorney as to any active matters with or without terminating membership in the Plan, no refund shall be due. The entire basis of the Plan is to provide quality legal services at low cost, and only by application of all fees collected can this be possible.

If Member representation by Plan Attorney will require services over a protracted period of time, Plan Attorney will not be obligated to continue such representation unless payments are currently being made into the Plan. Moreover, services will not be provided for Member if there is evidence of an intent to participate in the Plan for only a short period of time with a view of extracting the maximum amount of services and cash benefits and then terminating participation in the Plan. While the Plan undertakes to provide a wide array of services consistent with a modest monthly fee, the Plan cannot work for the benefit of all if a few thoughtlessly exploit its advantages. Accordingly, Plan Administrator and/or Plan Attorney reserves the right to terminate Member or refuse participation to any person where their participation is effected solely to exploit the services under the Plan, to include Summary of Services, items 8, 17, 18, 19, 20, and 21.

Plan Attorney shall have the right to decline representation of Member where the matter is deemed by Plan Attorney to be frivolous, spurious, unethical, or without merit.

*Member is responsible for contacting his/her Plan Attorney immediately to discuss the initial scheduled proceeding or court appearance. If Member does not contact their Plan Attorney at least ten (10) days prior to the initial scheduled proceeding or court appearance where such notification is reasonably possible, representation will be provided only at Plan Attorney's discretion.*

Member is responsible for meeting a scheduled appointment. If Member does not meet a scheduled appointment or court appearance without prior notification to Plan Attorney, Plan Attorney is not bound to represent Member on that matter or any related matters. Continued representation in such situations will be at the discretion of Plan Attorney. Furthermore, if Member misses two scheduled appointments with Plan Attorney without cancelling appointments prior to their scheduled time, Plan Attorney shall be entitled to charge Member a \$30.00 missed appointment fee. Member shall be entitled to benefits provided as stated in this Contract without limitation, provided Member has met the requirement as stated in the Enrollment Form.

An attorney-client relationship comes into being at such time as Member chooses to employ the services of a Plan Attorney. Though the Member's union, employer, or other association may have signed a Participation Agreement on behalf of its members or employees, the attorney-client relationship exists solely between Member and Plan Attorney.

In the event Member has need of legal services outside the Covered Area served by Plan Attorney, Member may first contact Legal Resources to determine availability of another Plan Attorney to represent Member in the matter. In the event that no such Plan Attorney exists in that area, Plan Administrator has no further obligation to Member.

Plan Administrator, in the implementation of this Plan, enters into agreements with numerous attorneys who agree to provide stipulated services under the conditions in each type of agreement. In none of these instances does Plan Administrator stand in the position of guarantor as to the honesty, proficiency, accuracy, or resourcefulness of the individual practitioner or firm or practitioners of law. Accordingly, if any Plan Attorney, to whom Member takes a legal problem, performs or omits an act which may give rise to a claim against Attorney, Member's recourse will only be against individual Plan Attorney or Plan Law Firm handling Member's legal matter.

As with any attorney-client issue, Member has the right to file a grievance with the appropriate authorities, if Member believes Plan Attorney violated any rule of ethics. Plan Administrator will in no way become involved or interfere with Plan Attorney's professional handling of those cases that may arise by reason of the attorney-client relationship. However, in the event of complaints from a Member, Plan Administrator will make an inquiry into the complaint. If it is determined that Plan Attorney has not addressed the Member's needs, arrangements will be made to either resolve the issue or transfer Member to another Plan Attorney.

Nothing in the Plan Contract shall be deemed to interfere with the right of any appropriate authority to discipline Attorneys for violation of any rules or professional conduct relating to honesty, integrity, or fair dealing.

The Plan is designed to provide a wide array of services consistent with a modest monthly fee. In this regard, it is important that Member first consult their Plan Attorney for all available services. However, no Member is required or obligated to consult with or be represented by a Plan Attorney.

Each Member shall remain free to consult with or be represented by any attorney. However, representation outside the Plan Attorney network will be at Member's own expense.

Member shall communicate directly with Plan Attorney in arranging legal services. Member shall adequately identify themselves as a Plan Member, and be prepared to present his/her membership card to Plan Attorney at the time of any scheduled meeting. Each Plan Attorney is provided with a list of Primary Members and Members entitled to services. Only Members whose monthly fees are current and all outstanding Attorney fees/costs paid, will remain eligible to receive legal services.

#### **V. OPERATION AND ADMINISTRATION OF PLAN**

The Plan is administered by Legal Resources, which arranges for legal services for Members through Plan Attorney(s) under contract with Legal Resources. Under the Plan, Legal Resources, as Plan Administrator, will enter into contractual agreements with law firms and/or attorneys entitled "Attorney Agreements" to provide legal services to Members. Those law firms/attorney(s) who have entered into Attorney Agreements with Legal Resources are known as "Plan Law Firms/Attorneys." Primary Member shall contact Member Services to be given a Plan Law Firm/Attorney to contact and that Plan Law Firm/Attorney shall provide the legal services described herein with payment determined by the fee schedule.

Plan Administrator may engage the services of various Agents who shall offer the Plan in the Covered Area to employers, unions, associations, and other groups. These Agents may negotiate with interested groups and obtain a Participations Agreement from group management. This establishes the employer/employee relationship within the group, so the Plan may be offered to the employees or eligible members of the group. Once the Plan Sponsor's Participation Agreement is signed, the Agent enrolls individuals within the group. When a Primary Member leaves his/her Plan Sponsor, they will have a specified conversion period during which they can convert from group to individual coverage.

Plan Administrator shall maintain complete control over all administrative procedures. Plan Administrator may alter, amend, or expand the legal services and administrative procedures of the Plan at any time, provided however, that any changes that alter, amend, or expand the legal services provided under the Plan shall be effective as of the one year anniversary date of the Enrollment Form. Changes in administrative procedures shall be effective immediately. Monthly Fee may be paid by group funding, payroll deduction, pre-authorized checking account deduction, or any other method approved by the Plan Administrator.

# Legal Plan Information

LEGAL NEED	COVERAGE
<b>GENERAL CONSULTATION AND REVIEW</b>	
Unlimited phone consultation	Fully Covered
Unlimited in-office consultation	Fully Covered
<b>COURTROOM REPRESENTATION</b>	
Includes legal representation in General District Court. No limits on number of attorney hours.	Fully Covered
<b>FAMILY LAW</b>	
Divorce, uncontested	Fully Covered
Prenuptial agreement	Fully Covered
Separation agreement	Fully Covered
Bill of complaint	Fully Covered
Annulment	Fully Covered
Property Settlement Agreement	Fully Covered
Adoption, uncontested	Fully Covered
Name change	Fully Covered
<b>WILLS AND ESTATE PLANNING</b>	
Will Preparation and Related Documents	Fully Covered
Periodic review and revision of will for Primary Member and spouse.	Fully Covered
Advanced Medical Directives	Fully Covered
Medical Durable Powers of Attorney	Fully Covered
Living Wills	Fully Covered
Codicils	Fully Covered
Contingent trust for minor children	Fully Covered
Unlimited Estate advice as beneficiary	Fully Covered
Unlimited Estate advice as administrator	Fully Covered
Unlimited Estate advice as executor	Fully Covered
<b>PREPARATION AND REVIEW OF LEGAL DOCUMENTS</b>	
Specific Power of Attorney	Fully Covered
General Power of Attorney	Fully Covered
Financial Power of Attorney	Fully Covered
Elderly Parent Power of Attorney	Fully Covered
Bill of Sale	Fully Covered
Affidavits	Fully Covered
Cease and Desist Letter	Fully Covered
Demand Letter	Fully Covered
Promissary Note	Fully Covered
Non-disclosure agreement	Fully Covered

# Legal Plan Information

LEGAL NEED	COVERAGE
<b>DEFENSE OF MOTOR VEHICLE VIOLATIONS</b>	
Representation before District Court for traffic offenses when Member possesses a valid driver's license at the time of the offense. No limits on usage. No waiting periods.	Fully Covered
Speeding tickets	Fully Covered
Reckless Driving	Fully Covered
Driving Under the Influence (DUI) , First offense	Fully Covered
Driving While Intoxicated (DWI) , First offense	Fully Covered
Controlled substance traffic offenses	Fully Covered
<b>REAL ESTATE</b>	
Purchase of primary residence	Fully Covered
Selling of primary residence	Fully Covered
Refinancing of primary residence	Fully Covered
Deed Preparation	Fully Covered
Quit Claim Deeds	Fully Covered
Deeds of transfer	Fully Covered
Closing of construction loan for primary residence	Fully Covered
<b>LANDLORD MATTERS</b>	
Unlimited initial advice and consultation	Fully Covered
Preparation of a "five-day pay or quit" letter	Fully Covered
Advice for filing a Motion for Judgement	Fully Covered
<b>TENANT MATTERS</b>	
Security deposit dispute and recovery	Fully Covered
Review of lease or rental agreement	Fully Covered
Lease termination	Fully Covered
Eviction defense	Fully Covered
Interruption of utilities	Fully Covered
Fair Housing Discrimination violations	Fully Covered
Habitability	Fully Covered
<b>FINANCIAL MATTERS AND CREDIT PROBLEM RESOLUTION, INCLUDING DEBT COLLECTION</b>	
Representation in District Court against a manufacturer, distributor, service agency or retailer for defects in any merchandise.	Fully Covered
Courtroom representation for recovery on any warranty or guarantee whether implied or expressly given in connection with the sale of any merchandise, article or service.	Fully Covered
Consultation, advice, and preparation of clarification letter(s) relating to billing disputes and collection agency harassment.	Fully Covered
Debt Collection harrasment	Fully Covered
Debt Collection Defense	Fully Covered

# Legal Plan Information

LEGAL NEED	COVERAGE
<b>WARRANTY DISPUTES</b>	
Includes representation on any action which may be brought in the District Court on a warranty or guarantee in connection with the sale of any merchandise, article or service.	Fully Covered
<b>INSURANCE MATTERS</b>	
Representation for any claim against insurer by reason of failure to provide benefits as contracted. Includes: Accident and Health, Life Annuity, Fire, Automobile and Homeowners.	Fully Covered
<b>CIVIL PROCEEDINGS</b>	
Includes representation as a plaintiff or defendant in a civil action filed in District Court.	Fully Covered
<b>ADMINISTRATIVE PROCEEDINGS (EXCEPT PROCEEDINGS BETWEEN THE EMPLOYEE AND EMPLOYER)</b>	
Includes consultation and representation at the initial hearing of civil administrative proceedings, by or against any local government commission or local government board, such as zoning or property disputes.	Fully Covered
<b>DEFENSE IN CRIMINAL PROCEEDINGS</b>	
Courtroom representation and defense of misdemeanors. No usage limitations or hourly caps.	Fully Covered
<b>DEFENSE OF JUVENILES</b>	
Representation of Primary Member's minor dependent children in misdemeanor proceedings in District Court, Juvenile and Domestic Relations Court, or Family Court.	Fully Covered
<b>PRE-EXISTING LEGAL MATTERS</b>	
Coverage includes initial advice and consultation and a 25% attorney fee discount on any pre-existing legal matter. No limits on prior attorney representation in connection with legal matter.	Initial Consultation, then 25% Discount on attorney's hourly rate
<b>ADDITIONAL COVERAGE</b>	
<b>EXPANDED COVERAGE BENEFIT</b>	
Applies to any legal matter that is not fully covered, with the exception of any legal matter involving the Plan Sponsor (employer). Can include but is not limited to; immigration, tax matters, small business, bankruptcy, felonies, etc.	Initial Consultation, then 25% Discount on attorney's hourly rate
<b>IDENTITY THEFT ASSISTANCE (INCLUDED)</b>	
<b>ID THEFT PREVENTION EDUCATION</b>	
Seminars , educational materials , and legal updates provided by Certified Identity Theft Risk Management Specialists (CITRMS®). Open to all Employees.	Included
<b>ID THEFT CONSULTATION</b>	
Unlimited advice and consultation including preparation of letters relating to billing disputes and collection agency harassment.	Fully Covered
<b>CIVIL ACTION DEFENSE REPRESENTATION</b>	
Includes representation as a defendant in the District Court for ID Theft related issues.	Fully Covered
<b>CIVIL ACTION PLAINTIFF REPRESENTATION</b>	
Includes representation as a plaintiff in the General District Court in an Identity Theft matter.	Fully Covered

# Legal Plan Information

## **LEGAL RESOURCES' PARENT BENEFIT**

The Parent Benefit provides a twenty-five percent (25%) discount on attorney fees and/or legal assistant or paralegal fees for the parents of the Member and the Member's spouse. In order to be eligible for the Parent Benefit, parents must reside in an area where one of Legal Resources' Network Plan Attorneys is available.



**IDP**  
IDENTITY THEFT  
PROTECTION

**R LEGAL  
RESOURCES**

Relax... you're covered.

In a world full of constant threats to our cyber security, trusted identity protection is essential for everyone.

**IDENTITY THEFT  
PROTECTION BENEFIT**

# MINIMIZE YOUR RISK OF IDENTITY THEFT

With Legal Resources' 360° Identity Theft Protection



www.LegalResources.com

PLAN OPTIONS	BASIC	GOLD	PLATINUM
	ESSENTIAL PROTECTION	TRUSTED VALUE	COMPREHENSIVE COVERAGE



## MONITOR AND ALERT

STANDARD MONITORING WITH ACCESS TO RECOVERY SERVICES

ADVANCED COVERAGE AT A COMPETITIVE PRICE

MAXIMUM PROTECTION FOR UNRIVALED CONFIDENCE

Change of Address Monitoring	🔒	🔒	🔒
Instant Credit Report Monitoring		1 Bureau	3 Bureaus
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	3 Bureaus
Credit Report and Score Frequency		Monthly	Monthly
Credit Score Tracker		Monthly	Monthly
Identity Risk Level	🔒	🔒	🔒
Junk Mail Opt-Out	🔒	🔒	🔒
Online Data Protection Tools	🔒	🔒	🔒



## RESOLVE

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

FEATURE	DESCRIPTION	Basic	Gold	Platinum	
<b>Management</b>					
Identity Health Score	Monthly risk score to help assess your identity risk and learn how to improve it.	✓	✓	✓	
Junk Mail Opt-Out	Removes your name from the most frequently used marketing databases and stops pre-approved credit card offers.	✓	✓	✓	
Online Data Protection Software	Software included with anti-phishing and anti-keylogging technology.	✓	✓	✓	
Unlimited # of Data Points Monitored Integrated Family Monitoring	Add as many accounts as you would like monitored.	✓	✓	✓	
Integrated Family Monitoring	Includes child data.	✓	✓	✓	
<b>Identity/Privacy Protection and Alerts</b>					
Suspicious Activity Alerts	Get alerts when your personal information is at increased risk or discovered on the Dark Web.	✓	✓	✓	
Public/Court Record Monitoring	Continuously scans criminal and court records to identify fraudulent use of your personal information.		✓	✓	
Change of Address Monitoring	Monitors and alerts you if your mail has been redirected through USPS without your authorization.	✓	✓	✓	
Bank Accounts	Continuously scours thousands of websites, chat rooms, blogs, and other data sources to detect illegal trading and selling of your personal information/files.	✓	✓	✓	
Credit Cards		✓	✓	✓	
Investment Accounts		✓	✓	✓	
Medical Insurance Account Number		✓	✓	✓	
Phone Number		✓	✓	✓	
Social Security Number		✓	✓	✓	
Driver's License		✓	✓	✓	
File-sharing Network Monitoring		✓	✓	✓	
Web Log-in Monitoring		✓	✓	✓	
Loyalty Cards Monitoring		✓	✓	✓	
Passport Number Monitoring		✓	✓	✓	
Payday Loan Monitoring		Immediately alerts you if payday or quick cash loans are obtained using your Social Security Number.			✓
Telecom Account Monitoring		Immediately alerts you if telecom account has been established using your personal data.			✓
Alert Method		Email	Email	Email	

FEATURE	DESCRIPTION	Basic	Gold	Platinum
<b>Credit Protection and Alerts</b>				
<b>Credit Monitoring</b>				
Single Bureau	Spot fraud quickly with daily monitoring of your credit report and alerts you if key changes are detected.		✓	
Three Bureau				✓
Advanced Fraud Monitoring	Monitors for suspicious activity on your credit card, utility and loan applications, and alerts you so you can shut it down.	✓	✓	✓
<b>Credit Report</b>				
Single Bureau	Instant online access to your credit reports.		Monthly	
Three Bureau				Monthly
Credit Control	Fraud Alerts & Credit Freeze Set Up. Assistance in placing a credit freeze or setting up Fraud Alerts on your Credit Reports.	✓	✓	✓
<b>Credit Score</b>				
Single Bureau	Instant online access to your credit scores.		Monthly	
Three Bureau				Monthly
Monthly Score Tracker	Track your credit scores over time with a month-after-month graph that shows how your credit score fluctuates overtime.		✓	✓
<b>Restoration</b>				
Lost Wallet Assistance	Quickly cancel and replace credit, loyalty, debit, and ATM cards if your wallet is lost or stolen.	✓	✓	✓
Identity Restoration Specialist	Complete, comprehensive recovery services from Certified Protection Experts available 24/7.	✓	✓	✓
White Glove Concierge Service	Provides identity protection advice, technical support, and full, "do-it-for-you resolution" for all identity theft scenerios.	✓	✓	✓
Onsite Medical Staff	To advise and assist in medical identity theft support and resolution.	✓	✓	✓
Translation Services	Multi-lingual team is here to assist when needed it most.	✓	✓	✓
Reimbursement Services	Reimbursement of out of pocket expenses encured to restore your stolen identity.	✓	✓	✓
Emergency Cash Advance	Up to \$500 Emergency cash advance in the event of a stolen wallet, frozen acct's, etc.	✓	✓	✓
Identity Theft Insurance/ Service Guarantee	Recover out-of-pocket expenses and lost wages if your identity is stolen.	<b>\$1 Million Insurance</b>	<b>\$1 Million Insurance</b>	<b>\$1 Million Insurance</b>

EXHIBIT B: Nationwide  
Pet Insurance Plans



CANINE INSURANCE RATES

**My Pet Protection<sup>®</sup>**

from Nationwide<sup>®</sup>

My Pet Protection<sup>®</sup> plans are available only to companies that offer Nationwide<sup>®</sup> pet insurance as a voluntary benefit. Your employees can choose up to 90% reimbursement on all eligible vet bills.\*

Monthly payments based on state of residence\*

Rates valid as of 01/22/2021

Rates include preferred pricing and reflect 50%, 70% and 90% reimbursement levels. All rates subject to change.

State	My Pet Protection			My Pet Protection with Wellness		
	50%	70%	90%	50%	70%	90%
Alabama	\$24.36	\$32.48	\$40.59	\$40.72	\$54.29	\$67.87
Alaska	\$24.22	\$32.29	\$40.36	\$42.91	\$57.22	\$71.52
Arizona	\$25.64	\$34.19	\$42.73	\$42.86	\$57.15	\$71.44
Arkansas	\$22.79	\$30.39	\$37.98	\$38.10	\$50.81	\$63.50
California	\$27.30	\$36.40	\$45.51	\$47.62	\$63.50	\$79.38
Colorado	\$28.21	\$37.60	\$47.01	\$49.30	\$65.72	\$82.16
Connecticut	\$34.48	\$45.96	\$57.46	\$61.82	\$82.42	\$103.03
Delaware	\$23.21	\$30.94	\$38.67	\$42.67	\$56.91	\$71.13
District Of Columbia	\$39.88	\$53.18	\$66.47	\$76.67	\$102.24	\$127.79
Florida	\$29.57	\$39.42	\$49.29	\$55.32	\$73.76	\$92.20
Georgia	\$24.22	\$32.29	\$40.36	\$40.48	\$53.98	\$67.47
Hawaii	\$29.92	\$39.88	\$49.86	\$50.01	\$66.68	\$83.34
Idaho	\$25.64	\$34.19	\$42.73	\$42.86	\$57.15	\$71.44
Illinois	\$31.12	\$41.50	\$51.87	\$54.77	\$73.03	\$91.29
Indiana	\$24.22	\$32.29	\$40.36	\$40.48	\$53.98	\$67.47
Iowa	\$25.71	\$34.29	\$42.85	\$45.25	\$60.33	\$75.41
Kansas	\$25.71	\$34.29	\$42.85	\$45.25	\$60.33	\$75.41
Kentucky	\$24.80	\$33.06	\$41.33	\$43.63	\$58.18	\$72.72
Louisiana	\$20.18	\$26.90	\$33.63	\$33.73	\$44.98	\$56.23
Maine	\$29.92	\$39.88	\$49.86	\$50.01	\$66.68	\$83.34
Maryland	\$29.92	\$39.88	\$49.86	\$53.01	\$70.68	\$88.35
Massachusetts	\$33.24	\$44.32	\$55.39	\$63.11	\$84.14	\$105.17
Michigan	\$25.64	\$34.19	\$42.73	\$47.15	\$62.87	\$78.58
Minnesota	\$27.07	\$36.09	\$45.11	\$50.67	\$67.56	\$84.46
Mississippi	\$24.22	\$32.29	\$40.36	\$40.48	\$53.98	\$67.47
Missouri	\$22.79	\$30.39	\$37.98	\$38.10	\$50.81	\$63.50

State	My Pet Protection			My Pet Protection with Wellness		
	50%	70%	90%	50%	70%	90%
Montana	\$27.07	\$36.09	\$45.11	\$45.25	\$60.33	\$75.41
Nebraska	\$27.07	\$36.09	\$45.11	\$45.25	\$60.33	\$75.41
Nevada	\$21.37	\$28.49	\$35.62	\$35.72	\$47.62	\$59.54
New Hampshire	\$29.92	\$39.88	\$49.86	\$54.01	\$72.01	\$90.01
New Jersey	\$35.62	\$47.48	\$59.36	\$59.54	\$79.38	\$99.22
New Mexico	\$25.64	\$34.19	\$42.73	\$42.86	\$57.15	\$71.44
New York	\$38.97	\$51.97	\$64.95	\$68.01	\$90.68	\$113.35
North Carolina	\$23.74	\$31.65	\$39.57	\$43.66	\$58.21	\$72.76
North Dakota	\$31.34	\$41.78	\$52.23	\$52.39	\$69.85	\$87.31
Ohio	\$25.64	\$34.19	\$42.73	\$47.15	\$62.87	\$78.58
Oklahoma	\$21.65	\$28.87	\$36.09	\$38.10	\$50.81	\$63.50
Oregon	\$28.49	\$37.98	\$47.48	\$53.34	\$71.13	\$88.90
Pennsylvania	\$29.92	\$39.88	\$49.86	\$55.01	\$73.35	\$91.68
Rhode Island	\$28.49	\$37.98	\$47.48	\$47.62	\$63.50	\$79.38
South Carolina	\$25.94	\$34.58	\$43.23	\$46.83	\$62.43	\$78.05
South Dakota	\$27.07	\$36.09	\$45.11	\$45.25	\$60.33	\$75.41
Tennessee	\$24.36	\$32.48	\$40.59	\$40.72	\$54.29	\$67.87
Texas	\$23.68	\$31.58	\$39.47	\$40.35	\$53.79	\$67.24
Utah	\$24.22	\$32.29	\$40.36	\$40.48	\$53.98	\$67.47
Vermont	\$29.92	\$39.88	\$49.86	\$50.01	\$66.68	\$83.34
<b>Virginia</b>	<b>\$31.34</b>	<b>\$41.78</b>	<b>\$52.23</b>	<b>\$60.25</b>	<b>\$80.33</b>	<b>\$100.42</b>
Washington	\$29.06	\$38.74	\$48.43	\$52.47	\$69.96	\$87.45
West Virginia	\$28.49	\$37.98	\$47.48	\$47.62	\$63.50	\$79.38
Wisconsin	\$31.12	\$41.50	\$51.87	\$54.77	\$73.03	\$91.29
Wyoming	\$27.07	\$36.09	\$45.11	\$45.25	\$60.33	\$75.41

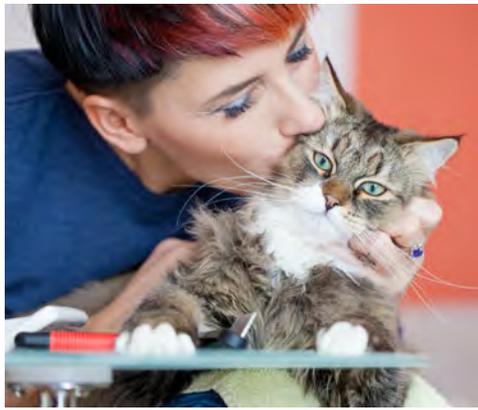
Note: Multi-policy discounts available up to 10% are not included in the current rates shown.

Rates are guaranteed for 1 year from the policy effective date.

\*Reimbursement options may not be available in all states. Per pay-check pricing is based on your employer's payment schedule. Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Rates subject to change due to state insurance filings. Kentucky includes 1.8% state surcharge.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2020); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2020). Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide.





## FELINE INSURANCE RATES

# My Pet Protection<sup>®</sup>

from Nationwide<sup>®</sup>

My Pet Protection<sup>®</sup> plans are available only to companies that offer Nationwide<sup>®</sup> pet insurance as a voluntary benefit. Your employees can choose up to 90% reimbursement on all eligible vet bills.\*

## Monthly payments based on state of residence\*

Rates valid as of 01/22/2021

Rates include preferred pricing and reflect 50%, 70% and 90% reimbursement levels. All rates subject to change.

State	My Pet Protection			My Pet Protection with Wellness			State	My Pet Protection			My Pet Protection with Wellness		
	50%	70%	90%	50%	70%	90%		50%	70%	90%	50%	70%	90%
Alabama	\$14.61	\$19.48	\$24.36	\$24.43	\$32.58	\$40.72	Montana	\$16.24	\$21.65	\$27.07	\$27.15	\$36.20	\$45.25
Alaska	\$14.53	\$19.37	\$24.22	\$25.75	\$34.33	\$42.91	Nebraska	\$16.24	\$21.65	\$27.07	\$27.15	\$36.20	\$45.25
Arizona	\$15.38	\$20.51	\$25.64	\$25.72	\$34.30	\$42.86	Nevada	\$12.83	\$17.09	\$21.37	\$21.43	\$28.58	\$35.72
Arkansas	\$13.67	\$18.23	\$22.79	\$22.86	\$30.49	\$38.10	New Hampshire	\$17.95	\$23.93	\$29.92	\$32.40	\$43.21	\$54.01
California	\$16.38	\$21.84	\$27.30	\$28.58	\$38.10	\$47.62	New Jersey	\$21.37	\$28.49	\$35.62	\$35.72	\$47.62	\$59.54
Colorado	\$16.92	\$22.56	\$28.21	\$29.57	\$39.43	\$49.30	New Mexico	\$15.38	\$20.51	\$25.64	\$25.72	\$34.30	\$42.86
Connecticut	\$20.68	\$27.58	\$34.48	\$37.09	\$49.46	\$61.82	New York	\$23.38	\$31.18	\$38.97	\$40.80	\$54.41	\$68.01
Delaware	\$13.93	\$18.56	\$23.21	\$25.60	\$34.14	\$42.67	North Carolina	\$14.24	\$18.99	\$23.74	\$26.19	\$34.92	\$43.66
District Of Columbia	\$23.93	\$31.91	\$39.88	\$46.01	\$61.34	\$76.67	North Dakota	\$18.80	\$25.07	\$31.34	\$31.44	\$41.91	\$52.39
Florida	\$17.75	\$23.66	\$29.57	\$33.19	\$44.25	\$55.32	Ohio	\$15.38	\$20.51	\$25.64	\$28.29	\$37.72	\$47.15
Georgia	\$14.53	\$19.37	\$24.22	\$24.29	\$32.39	\$40.48	Oklahoma	\$13.00	\$17.32	\$21.65	\$22.86	\$30.49	\$38.10
Hawaii	\$17.95	\$23.93	\$29.92	\$30.00	\$40.00	\$50.01	Oregon	\$17.09	\$22.79	\$28.49	\$32.01	\$42.67	\$53.34
Idaho	\$15.38	\$20.51	\$25.64	\$25.72	\$34.30	\$42.86	Pennsylvania	\$17.95	\$23.93	\$29.92	\$33.00	\$44.00	\$55.01
Illinois	\$18.68	\$24.90	\$31.12	\$32.86	\$43.81	\$54.77	Rhode Island	\$17.09	\$22.79	\$28.49	\$28.58	\$38.10	\$47.62
Indiana	\$14.53	\$19.37	\$24.22	\$24.29	\$32.39	\$40.48	South Carolina	\$15.56	\$20.75	\$25.94	\$28.10	\$37.46	\$46.83
Iowa	\$15.43	\$20.57	\$25.71	\$27.15	\$36.20	\$45.25	South Dakota	\$16.24	\$21.65	\$27.07	\$27.15	\$36.20	\$45.25
Kansas	\$15.43	\$20.57	\$25.71	\$27.15	\$36.20	\$45.25	Tennessee	\$14.61	\$19.48	\$24.36	\$24.43	\$32.58	\$40.72
Kentucky	\$14.88	\$19.84	\$24.80	\$26.18	\$34.91	\$43.63	Texas	\$14.21	\$18.94	\$23.68	\$24.21	\$32.27	\$40.35
Louisiana	\$12.11	\$16.14	\$20.18	\$20.24	\$26.99	\$33.73	Utah	\$14.53	\$19.37	\$24.22	\$24.29	\$32.39	\$40.48
Maine	\$17.95	\$23.93	\$29.92	\$30.00	\$40.00	\$50.01	Vermont	\$17.95	\$23.93	\$29.92	\$30.00	\$40.00	\$50.01
Maryland	\$17.95	\$23.93	\$29.92	\$31.81	\$42.41	\$53.01	<b>Virginia</b>	<b>\$18.80</b>	<b>\$25.07</b>	<b>\$31.34</b>	<b>\$36.15</b>	<b>\$48.19</b>	<b>\$60.25</b>
Massachusetts	\$19.94	\$26.59	\$33.24	\$37.87	\$50.48	\$63.11	Washington	\$17.43	\$23.25	\$29.06	\$31.48	\$41.97	\$52.47
Michigan	\$15.38	\$20.51	\$25.64	\$28.29	\$37.72	\$47.15	West Virginia	\$17.09	\$22.79	\$28.49	\$28.58	\$38.10	\$47.62
Minnesota	\$16.24	\$21.65	\$27.07	\$30.41	\$40.54	\$50.67	Wisconsin	\$18.68	\$24.90	\$31.12	\$32.86	\$43.81	\$54.77
Mississippi	\$14.53	\$19.37	\$24.22	\$24.29	\$32.39	\$40.48	Wyoming	\$16.24	\$21.65	\$27.07	\$27.15	\$36.20	\$45.25
Missouri	\$13.67	\$18.23	\$22.79	\$22.86	\$30.49	\$38.10							

Note: Multi-policy discounts available up to 10% are not included in the current rates shown.

Rates are guaranteed for 1 year from the policy effective date.

\*Reimbursement options may not be available in all states. Per pay-check pricing is based on your employer's payment schedule. Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Rates subject to change due to state insurance filings. Kentucky includes 1.8% state surcharge.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2020); National Casua ty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2020). Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide.



## NATIONAL CASUALTY COMPANY

A Stock Insurance Company

Home Office: Scottsdale, AZ

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258 • 800-423-7675

### DIRECT ALL INQUIRES AND CLAIMS TO:

DVM Insurance Agency: 1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 800-540-2016 • 714-989-0555

## VBW-I COVERAGE FORM

### 1. INSURING AGREEMENT

**We** will provide the insurance described in this policy in return for **your** premium payment when due and compliance with all policy provisions. **We** will pay **covered veterinary expenses** that **you** incur during the policy term for the prevention, diagnosis, or treatment of **your pet's condition** provided to **your pet** during the policy term. Benefit payments are subject to all exclusions, limitations, and conditions of this insurance policy.

### 2. DEFINITIONS

**We** define words or phrases in **your** policy. **We** identify these terms with bold typeface. Any veterinary medical terms or phrases not defined in this policy will be interpreted as defined in the most recent edition of Blood D.C., Studdert V.P., Gay C.C., *Saunders Comprehensive Veterinary Dictionary*. London, UK: W.B. Saunders.

- A. **Chronic condition** means a **condition** that can be treated or managed, but not **cured**.
- B. **Condition** means an **illness** or **injury** that **your pet** contracts or incurs.
- C. **Covered veterinary expenses** means expenses for reasonable and necessary **veterinary expenses** that **you** incur for **veterinary services** that are eligible for payment under this policy.
- D. **Cured** means eliminated and having no effect on **your pet** so that **your pet** is fully restored to normal health without any further treatment or management.
- E. **Drug or drugs** means medication or other substance undergoing clinical trials for or approved by the U.S. Food and Drug Administration (FDA) or the Environmental Protection Agency (EPA) that is used to treat a **condition**.
- F. **Family member** means a person living in **your** household or a person who is related by blood, marriage, or adoption whether living in **your** household or not.
- G. **Illness** means any **condition** caused by or associated with disease, including pregnancy.
- H. **Injury** means physical damage to **your pet's** body caused by an unforeseen physical action or force outside **your pet's** body.
- I. **Nutritional supplement** means dietary supplements, including vitamins and nutraceuticals, **prescribed** to treat a **condition** that is covered by **your** policy.
- J. **Pet** means the animal identified on the Declarations Page or Renewal Certificate of this policy.
- K. **Pet insurance** means an individual or group insurance policy that provides coverage for **veterinary expenses**.
- L. **Pre-existing condition** means any **condition** that began or was contracted, manifested, or incurred up to twelve months before the effective date of this policy or during any **waiting period**, whether or not the **condition** was discovered, diagnosed, or treated. A **chronic condition** is a **pre-existing condition** unless it began after the effective date of this policy.
- M. **Prescribed** means: (1) directly provided by or (2) authorized by written instruction of a **veterinarian**.
- N. **Prescription pet food** means a manufactured pet diet formulated to be used in a diagnostic or therapeutic setting which has modifications of nutrient concentrations outside the current Association of America Feed Control Officials

(AAFCO) guidelines for healthy pets. **Prescription pet food** is **prescribed** solely to treat or manage a **condition** that is covered by **your** policy and is available exclusively through **your veterinarian**, or by prescription from **your veterinarian**.

- O. **Spouse** means **your** husband, wife, or domestic partner under the law of **your** state of residence, who lives with **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy.
- P. **Veterinarian** means a legally licensed veterinary medical practitioner.
- Q. **Veterinary expenses** means the costs associated with medical advice, diagnosis, care, or treatment provided by a **veterinarian**, including, but not limited to, the cost of **drugs prescribed** by a **veterinarian**.
- R. **Veterinary services** means medical advice, diagnosis, care, or treatment provided by a **veterinarian** who has physically examined **your pet**, including, but not limited to, **drugs, nutritional supplements** and **prescription pet food**.
- S. **Void** means to declare that this policy is no longer in force or effect.
- T. **Waiting or affiliation period** means the period of time specified in a **pet insurance** policy that is required to transpire before some or all of the coverage in the policy can begin.
- U. **We, us, or our** means the company providing this insurance.
- V. **You or your** means the **pet** owner listed on the Declarations Page or Renewal Certificate of this policy.

### 3. POLICY TERM

**Your** policy is effective during the dates and times shown on **your** Declarations Page or Renewal Certificate. **Your** policy only applies to **covered veterinary expenses** that **you** incur during the policy term due to **your pet's condition** that occurs while **your** policy is in effect.

### 4. BENEFIT PROVISIONS

- A. **We** list **your** deductible and coinsurance percentage on **your** Declarations Page or Renewal Certificate. **Your** deductible applies once in each policy term.
- B. **We** will pay **covered veterinary expenses** that **you** incur during the policy term, subject to **your** deductible and coinsurance percentage. **We** will not pay any amount unless **your covered veterinary expenses** exceed **your** deductible. If they do **we** will: (1) apply **your** coinsurance percentage to the **covered veterinary expenses** that exceed **your** deductible and (2) pay the resulting amount.
- C. **We** will not pay more than \$7,500 in each policy term.

### 5. ADDITIONAL COVERAGE

**We** will pay each of the Additional Coverage benefits listed below only once per policy term, up to the limits of the Additional Coverage amounts listed within sections 5A through 5D. The additional coverage provided in this section does not increase the maximum amount payable in each policy term. Benefit payments will be subject to **your** deductible and coinsurance percentage as shown on the Declarations Page of **your** policy.

#### A. Boarding or Kennel Fees:

**We** will pay for costs **you** incur during the policy term associated with boarding **your pet** at a licensed kennel to look after **your pet** while **you** or a **family member** is hospitalized as a result of sickness or disease. This coverage is limited to a maximum annual benefit of \$500. **You** must submit certification of hospitalization from the attending physician and/or hospital that treated **you** or **your family member**; and submit the itemized receipt from the licensed kennel including proof of payment.

**We** will not pay any benefits if **you** or **your family member** is admitted to a hospital for less than forty-eight (48) hours.

B. Advertising and Reward:

**We** will pay for costs **you** incur for advertising or offering a reward if **your pet** is stolen or strays during the policy term. This coverage is limited to a maximum annual benefit of \$500. **You** must send **us** a completed claim form along with all itemized receipts for costs associated with advertising and reward.

**We** will not pay any benefits for any reward not supported by a signed receipt giving the full name, phone number, and address of the person who found **your pet**; any reward paid to any resident of **your** household, a **family member**, a person employed by **you**, or known by **you**; or any reward resulting from **your** neglect or deliberate concealment of **your pet**.

C. Loss Due to Theft or Straying:

**We** will pay the price **you** paid for **your pet**, up to the maximum benefit of \$500, if **your pet** is stolen or goes missing during the policy term and is not found. If **you** did not pay for **your pet** or have no formal proof of how much **you** paid in the form of an original receipt, **we** will pay **you** \$150. **Your** policy will be cancelled and **we** will refund any unearned premium on a prorated basis. **You** must send **us** a completed claim form including the original receipt for the price **you** paid for **your pet** if **your pet** has not been found within sixty (60) days.

**We** will not pay any benefits if **you**, or the person looking after **your pet**, freely parts with **your pet**.

D. Mortality Benefit:

**We** will pay **covered veterinary expenses** that **you** incur during the policy term for fees associated with the death of **your pet** due to **injury** or **illness**. **We** will pay for: 1) a **veterinarian** to humanely euthanize **your pet**, 2) cremation and burial expenses, and 3) the price **you** paid for **your pet** up to the maximum benefit of \$1,000. If **you** did not pay for **your pet** or have no formal proof of how much **you** paid in the form of an original receipt, **we** will pay **you** \$150. **Your** policy will be cancelled and **we** will refund any unearned premium on a prorated basis. **You** must send **us** a completed claim form including the original receipt for **veterinary expenses**; and the original receipt for the price **you** paid for **your pet**.

**We** will not pay for the price **you** paid for **your pet** if **your** dog was eight (8) years of age or older or **your** cat was ten (10) years of age or older at the time of death and died or was euthanized due to an **illness**, or **your veterinarian** is not able to verify the death of **your pet** and sign the claim form.

## 6. WHAT WE DO NOT COVER-EXCLUSIONS

**We** will not pay for:

- A. Diagnosis or treatment of any **pre-existing condition**.
- B. Diagnosis or treatment of any **condition** identified as an Additional Excluded **Condition** on the Declarations Page or Renewal Certificate of **your** policy.
- C. Diagnosis or treatment of any complication or progression of any **condition** excluded by this policy.
- D. Diagnosis or treatment of any **condition** caused intentionally by **you** or any other resident of **your** household.
- E. Any behavioral training, therapy or treatment that is: (1) not **prescribed** by a licensed **veterinarian** or (2) pet obedience training.
- F. Dietary or **nutritional supplements** used to preserve or improve general nutrition or health, even if **prescribed** by a **veterinarian**.
- G. Pet foods or commercial pet diets that are used to preserve or improve general nutrition or health and can be purchased without a prescription, including foods such as: life stages (puppy, senior, etc.), low calorie, sensitive stomach, or limited ingredients, even if recommended by a **veterinarian** for treatment of **your pet's condition**.
- H. Boarding (except as described in section 5A), storage, transportation and grooming, including services such as: nail trims, or bathing.
- I. Fees or other expenses for pet services and supplies not **prescribed** by **your veterinarian** to prevent, diagnose or treat **your pet's condition**.

- J. Fees or other expenses not directly related to **veterinary services** including fees or expenses incurred for items such as: (1) waste disposal, (2) record access or copying, (3) any license or certification, except a state or federal health certificate provided to **you** by **your veterinarian**, (4) compliance with any government rule or regulation, (5) any tax, or (6) any charge assessed by any bank, credit card company, or other financial institution.
- K. Diagnosis or treatment that is experimental, investigational, or otherwise not within the standard of care accepted by the veterinary medical board of **your** state.
- L. Diagnosis or treatment of any **condition** caused directly or indirectly by war, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination.

## 7. YOUR DUTIES

---

- A. **We** ask **you** to provide **us** with prompt (i.e. within 90 days of **your pet's** first treatment for any **condition**) notice of a claim. Delayed submission of **your** claim may prevent **us** from fairly or accurately adjusting **your** claim and may be grounds for denial.
- B. **You** must submit complete and legible claim forms to **us** and include itemized receipts for **veterinary expenses** that identify **your pet** by name.
- C. **You** must provide **us** with all medical records or requested documentation from the attending **veterinarian** relating to **your pet's** health upon **our** request. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us** upon **our** request.
- D. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- E. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.
- F. It is agreed that, unless otherwise notified by **you**, all documents and communications regarding this policy, its endorsements, and any notices may be delivered to **you** by electronic mail using the email address associated with **your** account, except documents required to be delivered by another method. It is further agreed that it is **your** responsibility to keep **your** contact details, including email, telephone and postal address, current and correct.

## 8. OTHER INSURANCE

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- A. If **your pet** is covered by more than one policy issued by **us**, **we** will not pay more than the highest amount payable under any one policy.
- B. This insurance is excess over any other insurance covering **your pet** that is provided by a policy issued by any other insurance company, whether collectable or not.

## 9. TERMINATION OF INSURANCE

---

- A. **Your** policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by sending written notice to **you** at **your** most recent address in **our** records. **We** will send **you** this notice ten days before **we** cancel **your** policy or at the time required by the law of **your** state of residence. **You** may cancel **your** policy at any time by notifying **us** in writing. If either **you** or **we** cancel **your** policy, **we** will refund any unearned premium on a prorated basis.

## 10. ASSIGNMENT OR TRANSFER OF POLICY

---

- A. **You** may not transfer or assign this policy in whole or in part.
- B. **Your** policy will transfer to **your** legal representative or surviving **spouse** upon **your** death.

## 11. CHANGES AND LIBERALIZATION

---

- A. This policy contains all the agreements between **you** and **us**. Its terms cannot be changed except by endorsement or rider issued by **us**.
- B. **You** or **your spouse** may request changes to **your** policy. Any change **we** make due to a request by **you** or **your spouse** is binding on all persons who have any interest under **your** policy.
- C. If **we** revise this policy and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.
- D. **We** may make changes to **your** policy. If **we** do, **we** will send **you** written notice thirty days before the end of the current policy term or at the time required by the law of **your** state of residence. **You** accept these changes by renewing **your** policy.

## 12. REVIEW

---

**You** may request a review:

- A. If **we** deny **your** claim in whole or in part; or
- B. To ask that **we** remove an Additional Excluded **Condition** listed on the Declarations Page or Renewal Certificate of **your** policy.

**You** must submit **your** review request in writing indicating the reason for the review. **You** must provide **us** with all medical records from **your veterinarian** relating to any **condition** that is the basis of **your** request. If **your** request for review involves an Additional Excluded **Condition**, **you** must provide **us** with medical records or other documentation from **your veterinarian** demonstrating the **condition** was **cured** at least six months before the date of **your** request. **Chronic conditions** are not eligible for removal. All review decisions are final.

## 13. SUIT AGAINST US

---

**You** may not bring a legal action against **us** unless **you** have complied with all provisions of this policy. **You** must begin any legal action against **us** within one year of **your pet's** first treatment for any **condition** identified in **your** legal action.

## 14. DECLARATIONS

---

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet**. **You** agree that this policy and any endorsements or riders issued to **you** is the entire and only agreement between **you** and **us**.

## 15. FRAUD AND CONCEALMENT

---

**We** will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and void **your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

## 16. INSTALLMENT PAYMENT SERVICE CHARGE

---

If **you** elect to pay **your** premium in installments, other than payroll deductions, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.

# My Pet Protection<sup>®</sup> from Nationwide<sup>®</sup>

Now with options to meet every budget.

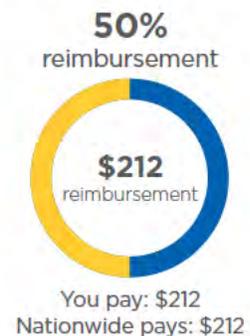
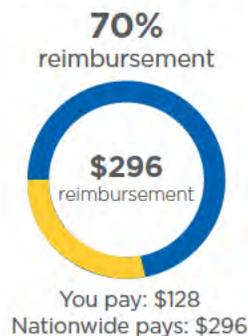
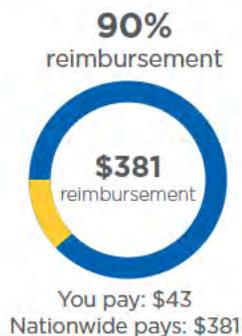


## Our popular My Pet Protection pet insurance plans now feature more choices and more flexibility

- ✓ Get **cash back** on eligible vet bills  
Choose from three levels of reimbursement:  
90%, 70% or 50%\*
- ✓ Available **exclusively for employees**  
These plans aren't available to the general public
- ✓ **Same price for pets of all ages**  
Your rate won't go up because your pet had a birthday
- ✓ Use **any vet**, anywhere  
No networks, no pre-approvals
- ✓ Optional **wellness coverage** available  
Includes spay/neuter, dental cleaning,  
exams, vaccinations and more

## Choose the reimbursement level that fits your needs

Problems such as upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is **\$424**. Here's how My Pet Protection would cover the bill.\*



Examples reflect reimbursement after \$250 annual deductible has been fulfilled.

## Get more—enjoy these extras when you protect your pet with a Nationwide pet insurance policy

**vet**helpline<sup>®</sup>

Unlimited, 24/7 access to a veterinary professional (\$150 value).



Multiple-pet discounts available.†



Mobile claims submission with the free VitusVet app.



Fast, convenient electronic claim payments.



Access to our award-winning magazine, *The Companion*.



Discounts on hand-picked pet products and services.

Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.petsnationwide.com)



# Choose the level of coverage that fits your needs

Get 90%, 70% or 50% reimbursement on these vet bills and more.\*



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.\*

## How to use your pet insurance plan

1



Visit any vet, anywhere.

2



Submit claim.

3



Get reimbursed.

Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.PetsNationwide.com)

To enroll your bird, rabbit, reptile or other exotic pet, call 877-738-7874.

\*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states. \*Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an AM Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an AM Best A+ rated company (2018). Agency of Record: DVM Insurance Agency, Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5915

19GRMPP907050

Up to  
**15%**  
discount with  
multiple  
pets<sup>†</sup>



# Avian & Exotic Plan

**Affordable pet healthcare coverage for your bird or exotic pet.** With a low **\$50** per-incident deductible, this plan reimburses you for medical treatments and surgeries for accidents, illnesses and diseases, including cancer.



## The Nationwide Avian & Exotic Pet Plan provides coverage for:

Group 1: <b>\$6.65/mo.</b>	Group 2: <b>\$9.50/mo.</b>	Group 3: <b>\$12.35/mo.</b>	Group 4: <b>\$15.68/mo.</b>
<ul style="list-style-type: none"> <li>Amphibians</li> <li>Chameleons</li> <li>Geckos</li> <li>Gerbils</li> <li>Guinea Pigs</li> <li>Hamsters</li> <li>Hedgehogs</li> <li>Lizards</li> <li>Mice</li> <li>Rats</li> <li>Small Birds&lt;50g</li> </ul>	<ul style="list-style-type: none"> <li>Chinchillas</li> <li>Ferrets</li> <li>Iguanas</li> <li>Opossums</li> <li>Rabbits</li> <li>Snakes (except extra large)</li> <li>Sugar Gliders</li> <li>Tortoises</li> <li>Turtles</li> <li>Medium Birds 50g-300g</li> </ul>	<ul style="list-style-type: none"> <li>Large Birds 301g-10kg</li> </ul>	<ul style="list-style-type: none"> <li>Goats</li> <li>Potbellied Pigs</li> <li>Snakes (extra large, e.g. Boa Constrictors, Pythons, Anacondas)</li> <li>Extra Large Birds&gt;10kg</li> </ul>



For more information or to enroll, call **877-738-7874**



# Additional member benefits



## The Companion

Pet education newsletter with exclusive policyholder discounts



## Pet tags and ID cards

Easy access to important pet insurance policy information



## Digital cards

Sent for pet birthdays and other life events



## Infographics

Get all the pet facts in fun and infographics



## Pet Health Zone

Online articles on pet health and safety for everyone

**vet**helpline®

24/7 pet help

Call, email or online chat with a live veterinary professional





**REDACTED COPY**

October 30, 2020

LeeAnne Beatty Smith  
Commonwealth of Virginia  
James Madison University  
Procurement Services MSC 5720  
752 Ott Street, Wine Price Building  
First Floor, Suite 1023  
Harrisonburg, VA 22807

Dear Ms. Smith:

Pierce Insurance is pleased to provide proposals for your RFP# LBS-1090 Employee Voluntary Benefits/Services.

Pierce Insurance has specialized in providing voluntary benefits to government employees and retirees for over 65 years. As pioneers in this industry and with over 500,000 policyholders, we have the years of experience and expertise to provide James Madison University with best-in-class services and products.

We are exceedingly hands-on with our clients, providing stellar service and reduced administrative cost. We provide a one-stop approach to all your voluntary benefit needs. From an online enrollment platform to a dedicated account manager along with consolidation and reconciliation of billings.

Recently, Pierce has been awarded contracts with Hanover County and Schools, Henrico County and Schools and Manassas City Park Schools. All of which had Aflac, with either individual plans or outdated group plans. While adding additional carriers, we also maintained certain lines through Aflac, bringing both enhanced plans and reduced cost. Pierce Insurance is an independent broker, not obligated to any insurance carrier.

Pierce Insurance is recognized as a Historically Underutilized Business and has been awarded Top 50 Privately Held Businesses and Top Woman Owned Business in North Carolina.

As you review our offer, consider that we offer a multitude of benefit solutions that will strengthen your employee benefit package. Due to Covid-19, we are pleased to offer virtual enrollment solutions and virtual benefit fairs.

#### Our concierge services include:

- One portal for all programs
- Professional high-quality communication materials
- Analysis, recommendations, reporting, and administrative guidance
- Consolidation of carriers and billing
- Electronic benefits administration
- Competitive pricing on customized programs specifically for the public sector
- Provide market trends that identify the most recent programs
- Unbiased recommendations
- Impeccable customer care

#### Our steadfast commitment to you:

- Seamless enrollment implementation
- Thorough employee engagement to increase participation
- Employee eligibility established by James Madison University
- Stringent HIPAA adherence
- Advanced enrollment technology
- Extended rate guarantees and higher guarantee issue
- No interruptions in service
- Community Outreach “Benefits That Benefit Children”

It would be an honor to serve James Madison University as your broker. We look forward to addressing any questions you may have and discussing our offer in more detail. We appreciate the opportunity to become your voluntary benefits broker!

Thank you for your consideration,



Lonnie T. Pierce, III  
President, CEO  
252-725-3064  
[lonnie@pierceins.com](mailto:lonnie@pierceins.com)  
Pierce Insurance Agency, Inc.

**EMPOWERING EMPLOYERS**  
**STRENGTHENING EMPLOYEES**



# Request for Proposal

## **RFP# LBS-1090**

**Employee Voluntary Benefits/Services**

**10/7/20**



**REQUEST FOR PROPOSAL**  
**RFP# LBS-1090**

**Issue Date:** October 7, 2020  
**Title:** Employee Voluntary Benefits/Services  
**Issuing Agency:** Commonwealth of Virginia  
James Madison University  
Procurement Services MSC 5720  
752 Ott Street, Wine Price Building  
First Floor, Suite 1023  
Harrisonburg, VA 22807

**Period of Contract: From Date of Award Through One Year (Renewable)**

**Sealed Proposals Will Be Received Until 2:00 PM on November 4, 2020 for Furnishing the Services Described Herein.**

*SEALED PROPOSALS MAY BE MAILED, EXPRESS MAILED, OR HAND DELIVERED DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.*

All Inquiries For Information And Clarification Should Be Directed To: LeeAnne Beatty Smith, Buyer Senior, Procurement Services, [smith2LB@jmu.edu](mailto:smith2LB@jmu.edu); 540-568-7523; (Fax) 540-568-7935 not later than five business days before the proposal closing date.

**NOTE: THE SIGNED PROPOSAL AND ALL ATTACHMENTS SHALL BE RETURNED.**

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm:

Pierce Insurance Agency, Inc.

3766 South Main Street

Farmville, NC 27828

By:

  
(Signature in Ink)

Name:

Lonnie T. Pierce, III

(Please Print)

Date:

October 29, 2020

Title:

President, CEO

Web Address:

www.pierceins.com

Phone:

252-725-3064

Email:

lonnie@pierceins.com

Fax #:

252-753-5941

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1 LP #2 L #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ (please initial)

SMALL, WOMAN OR MINORITY OWNED BUSINESS:

YES;  NO; *IF YES* ⇒ ⇒  SMALL;  WOMAN;  MINORITY ***IF MINORITY:***  AA;  HA;  AsA;  NW;  Micro

**Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.**

# REQUEST FOR PROPOSAL

RFP # LBS-1090

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#### IV. STATEMENT OF NEEDS

1. Describe all available plans and associated premiums. Plans proposed should include coverage in the areas currently provided under the existing contract: Accident, Cancer, Intensive Care, Critical Care, Hospital Protection, and Short-Term Disability (see Attachment E, AFLAC Supplemental Insurance Data). The University is also interested in seeing additional types of supplemental health insurance plans that are available. Include policy specifications to include waiting period, pre-qualification, and other coverage criteria. Specify associated cost in Section X. Pricing Schedule.

### Benefit Overview

#### AM Best Ratings

- Aflac A+
- Allstate A+
- Chubb A++
- Guardian A++



#### Lifetime Benefit Term

One of a kind “permanent” term program. This plan provides lower rates of term but with the following features:

- Rates guaranteed to not increase due to age
- Paid-up coverage starts to accrue after the 10th year
- Provides 3x the amount of life insurance purchased in Long Term Care coverage
- Fully portable
- Guarantee Issue
- Highly competitive rates and lower than other forms of permanent insurance or stand-alone Long-Term Care coverage
- \$10 donation to Richmond Children’s Hospital for all employees seen or through our call center. No purchase necessary.



#### Hospital Indemnity

- Guarantee Issue
- No waiting periods
- No pre-existing condition exclusion
- Covers pregnancy
- 3-year rate guarantee
- Fully portable
- No benefit reduction due to age
- \$50 wellness benefit

IV. 1. (Continued)



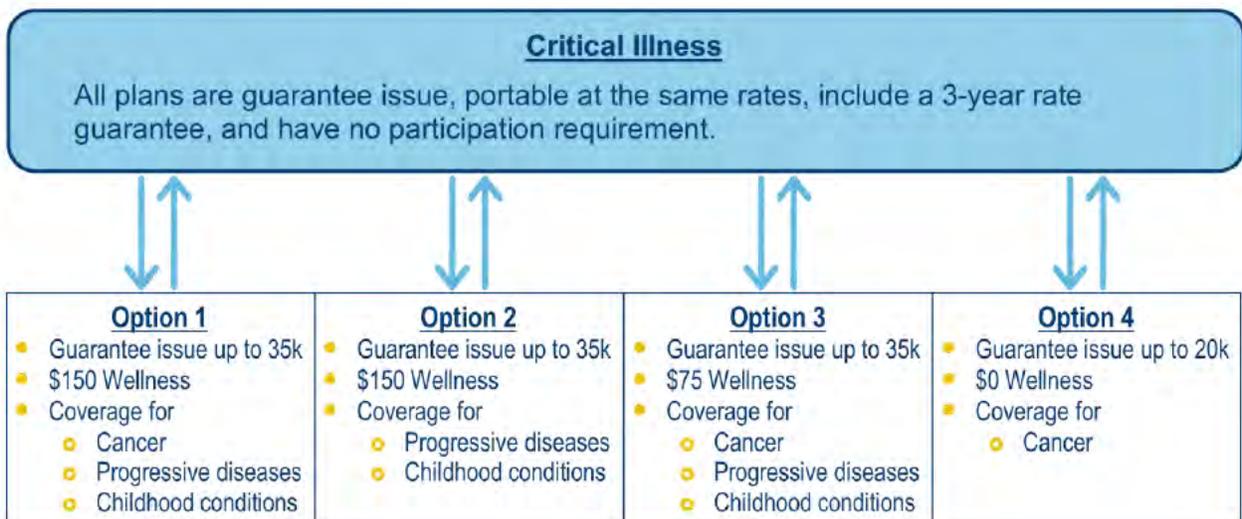
**Accident Coverage** Special educator plans designed for Pierce Insurance.

- 24-hour coverage
- Coverage for organized sports
- Fully portable
- No waiting period, including wellness
- Guarantee Issue
- 3-year rate guarantee



**Critical Illness** Our offer showcases options with various pricing. We recommend you elect one option.

- Covers illnesses such as heart and stroke, organ transplant, kidney failure, coma, paralysis, burns, Alzheimer’s disease, Parkinson’s disease, and benign brain tumors.
- Covers benefits available for progressive diseases and childhood conditions such as: Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida, Type I Diabetes, and Autism Spectrum Disorder



IV. 1. (Continued)



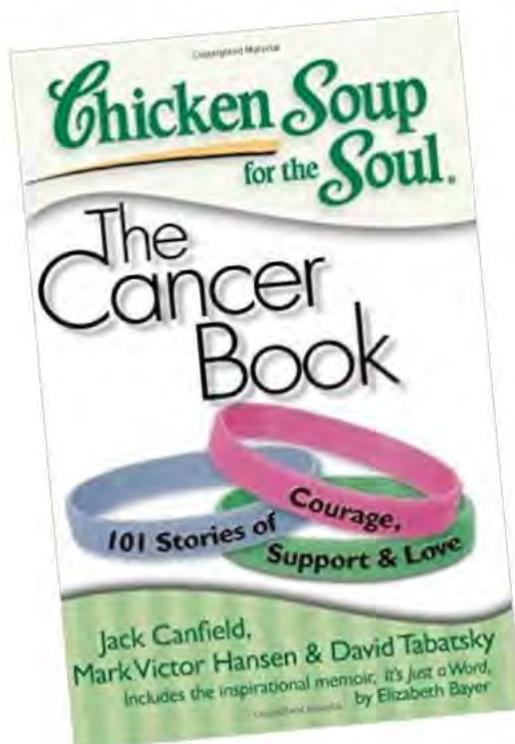
**BenExtend** Combines commonly used benefits in one plan.  
Simplified approach that offers employees a broad range of coverage.

- Accident; Critical Illness; Hospital Indemnity
- Innovative new benefit solution
- Supports a holistic approach to employee benefits
- Guarantee Issue
- 2-year rate guarantee
- Fully portable
- No waiting periods
- No benefit reduction due to age
- \$50 wellness benefit



**Cancer plus Specified Disease** Covers cancer and 29 specified diseases.

- Guarantee Issue on all options
- Plans cover radiation and chemotherapy along with experimental treatment with an **annual cap, not daily**. This provides far greater coverage to the insured.
- One rate for all ages
- Fully portable
- Designed for large groups. Other clients include the State of North Carolina and all North Carolina state universities



Each customer facing a cancer diagnosis receives a personal letter from Allstate's president, along with a copy of "Chicken Soup for the Soul".

IV. 1. (Continued)



**Short Term Disability**

- **True guarantee issue** - No Evidence of Insurability (EOI) required for any amounts chosen
- **Re-enrollment** – When an employee participates initially, they can increase their elected benefit amount by one increment each year without any further request for Evidence of Insurability (EOI).
- **Telephonic claims submission** – NO Paper forms required
- **Rates are “issue-age”** - Employees lock in their age as of 1/1/21
- **Benefit does not offset** against any sick-pay or PTO
- **3/12 Pre-ex with 2-week limitation** - More forgiving than a traditional pre-existing clause - paying at least a 2-week duration benefit if the disability is deemed to be captured by the pre-existing condition
- **Participation requirement waived**

JMU may opt to continue Aflac’s individual plan or choose Guardian’s group plan.

**Differentiators:**

Aflac- guarantee issue up to \$4,000 monthly benefit

**Guardian- guarantee issue up to \$4,800 monthly benefit**

Aflac- rates are guaranteed renewable - rates do not increase on a case by case basis

**Guardian- 2-year rate guarantee**

Aflac- no worksite modification benefit

**Guardian - \$2500 worksite modification benefit**

Aflac- 12/12 pre-existing condition clause

**Guardian - 3/12 pre-existing condition clause with 2-week limitation**

Aflac- claims can be processed online, by mail, or fax

**Guardian- claims are handled through TeleGuard call center. No claim forms are required. Claims are filed telephonically.**

Aflac- AM Best A+

**Guardian- AM Best A++**

**Guardian rates are lower across the board.**

Example: 0/14 elimination period 1-year benefit period and \$1,500 monthly benefit		
Age	Aflac	Guardian
18-49	\$ 26.33	\$ 21.29
50-64	\$ 31.20	\$ 24.23
65-74	\$ 43.99	\$ 29.42

#### IV. 1. (Continued)



**Legal Assistance and Identity Theft Protection** More “fully-covered items” than other plans.

- Legal Resources is based in Virginia Beach, Va.
- No waiting periods, usage limits, deductibles, or co-payments
- Pre-existing legal matters are covered
- Fully integrated on our online enrollment platform
- Provides service to universities such as Virginia Tech, University of Richmond, ODU, William and Mary and over 100 other private and public schools in Virginia



**Pet Insurance** Nationwide is the nation’s largest provider of pet insurance.

- All aged pets are welcome
- Group rated plans are one rate regardless of age or breed of dog or cat
- Use it anywhere in the world with any vet
- Free Vet helpline for all employees (\$150 value)
- Vitus Vet Mobile app for easy claims and care3 Levels to choose from 90, 70 or 50% reimbursement
- Fully integrated on our enrollment platform for easy enrollment
- Plan for exotic animals and birds
- Plan cost typically 30% less than other competitors



**Home and Auto Insurance Program**

- We are providing preferred carriers for auto and home insurance: Liberty Mutual and Travelers. MetLife may also be maintained.
- James Madison University can opt to have just one or both carriers offered
- When multiple carriers are offered, employees can comparison shop
- Both carriers provide savings not available to the general public
- All carriers may be placed on payroll deduction or direct bill





[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 will be donated to Children's Hospital of Richmond at VCU.

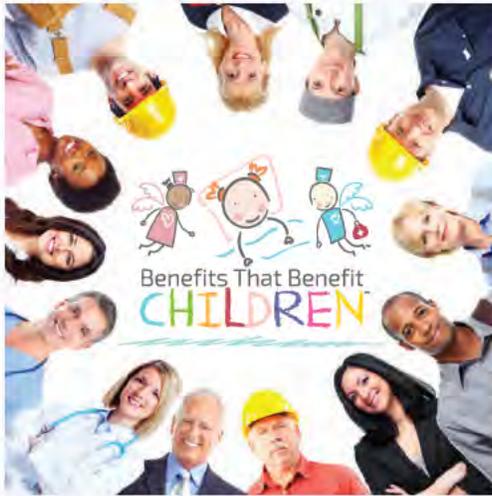
No Purchase is Necessary for a Donation.



## 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

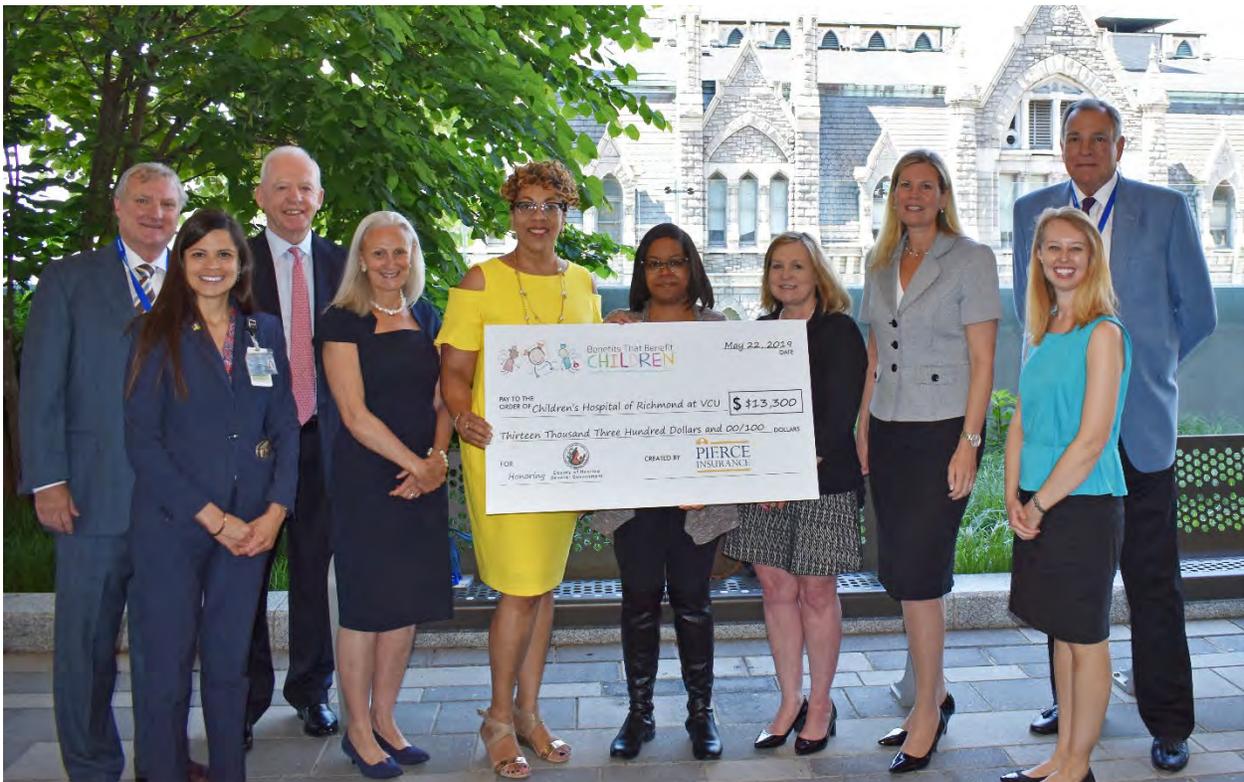


Benefits That Benefit  
**CHILDREN**

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



## Henrico County Supports Children’s Hospital of Richmond at VCU Through the Benefits That Benefit Children Program



From left to right: Lonnie Pierce III, President, Pierce Insurance; Suzanne Bergamo Britt, Director, Children’s Pavilion; Frank Doherty, Managing Partner NBP East; Vivian Pierce Flynn, Vice President of Marketing, Pierce Insurance; Tina Brooks, Benefits Manager, Henrico Public Schools; Terri Melton, Benefits Manager, County of Henrico General Government; Paula Reid, Director of Human Resources Henrico County; Dr. Amy E. Cashwell, Superintendent Henrico County Public Schools; Sarah Irby, Director of Community Relations, Children’s Hospital Foundation; Paul Monica, Vice President, Benefits That Benefit Children.

### FOR IMMEDIATE RELEASE

June 13, Richmond, VA – On May 23, Children’s Hospital of Richmond at VCU received a \$13,300 donation resulting from the Benefits That Benefit Children campaign, a cause marketing program through National Benefit Partners and The Pierce Insurance Agency that provides donations to select children’s hospitals throughout the country. More than 1,330 Henrico County employees generated the donation by simply reviewing the voluntary benefit program offered by the county. For every employee who attends a benefit presentation administered by Pierce Insurance a donation is produced. Henrico County with Pierce Insurance has become a Children’s Champion for Children’s Hospital of Richmond at VCU.

Representatives from Henrico County and Pierce Insurance visited Children’s Hospital of Richmond at VCU’s Pavilion to present the donation as well as tour the new Pavilion. Pierce Insurance and National Benefit Partners plan to continue to support Children’s Hospital of Richmond at VCU through the Benefits That Benefit Children program.



# Proposal

James Madison University  
Proposal # JA20201030v1

CHUBB

## Presented By

Pierce Insurance Agency  
Date: October 30, 2020  
Contact: Doug Kreszl  
State: VA  
Employees: 3907

## Workplace Benefits

This offer is valid for ninety (90) days  
from the proposal date

# Proposal Terms & Conditions

## Terms & Conditions

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Effective date of coverage 04/01/2021

CHUBB®

The proposal is valid for 90 days from the proposal date.

If the number of employees increases or decreases by 10% from the time of proposal we have the right to revise our proposal.

If there is going to be significant change at the Employer before or during enrollment but prior to the effective date of the policy we have the right to revise our proposal.

An offer for coverage may only be accepted by written acceptance by a duly authorized officer of the Company or issuance of the applicable group policy.

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# About Chubb

## Workplace Benefits

With Chubb, you are never alone. We are committed to working with you to create superior solutions. Our experts are committed to years of above and beyond service excellence. With Chubb as your partner, you can deliver customized benefit programs for your clients, and do so with the utmost confidence. Expect craftsmanship.



## Committed to our Craft

---

### **Proven Industry Experience**

We are a force in the supplemental benefits marketplace. We have had a dedicated workplace unit since 1996 and leverage over 95 years' experience providing supplemental benefits to individuals and their families.

### **Leading Edge Product Portfolio**

Benefit programs require customizable solutions. Chubb workplace products are created to give you the innovative, flexible and competitive solutions your clients deserve.

### **Strong and Stable Partnership**

Chubb stands for excellence. Our world class reputation, global leadership, extensive product offering and exceptional financial strength means we are partners you can count on with confidence.

### **Extensive Service and Support**

Well-planned, flawlessly executed programs are integral to your success. Our expert, hands-on approach and extensive infrastructure assure you smooth implementation from enrollment through fulfillment.

## The Right Solutions

---

Chubb LifeTime Benefit Term® and Chubb Hospital Indemnity are rich with innovative, flexible and competitive solutions. By design, they enable Chubb to create the custom benefit programs your clients deserve.

# Product Offering

CHUBB®

Life Insurance

---

Chubb Life Time Benefit Term

# Term Insurance that Lasts a Lifetime

## Chubb LifeTime Benefit Term

### Family Protection – Guaranteed – Plus Benefits for Long Term Care (LTC)

---

Chubb LifeTime Benefit Term (LBT) was developed for employers to champion life insurance for their employees.

LBT's innovative design provides lifetime guarantees at a fraction of the cost. And flexibility allows employees to customize benefits for LTC and triple the benefit amount.

#### **Guaranteed Benefits – During the Working Years**

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

#### **Guaranteed Benefits – After Age 70**

Even after age 70, when income is less relied upon, the death benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest and mortality assumptions the full death benefit is designed to last to age 99.

#### **Paid-up Benefits**

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid-up benefit is guaranteed.

#### **Guaranteed Premiums**

Life insurance premiums will never increase and are guaranteed through age 100.

#### **Benefits for Long Term Care**

Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

With LTC Benefit Extension, LTC benefits can last for more than 6 years.

Long Term Care rider premiums are NOT guaranteed and may be increased in accordance with the terms of the policy.

# Chubb LifeTime Benefit Term

## Permanent Life Insurance



### Featuring

---

#### **Permanent and Guaranteed Renewable**

Coverage cannot be cancelled as long as premiums are paid as due.

#### **Full Portability**

Employees can keep their coverage at the same rate if they change jobs or retire.

#### **Level Premium**

Life insurance premium will never increase and are guaranteed through age 100. After age 100 no premium is due.

### Initial Eligibility

---

#### **Insured**

- Actively employed working at least 30 hours per week
- Ages 19 through 80
- Service wait period for benefit eligibility: 90 days.

#### **Spouse**

- Includes legally married spouse, domestic partner and civil union partner
- Ages 19 through 70

#### **Children**

- Ages 15 days through 25 years

### Participation Requirements

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- Minimum participation to issue policy: 10 employees enrolled

# Chubb LifeTime Benefit Term

## Permanent Life Insurance

Plan 1

### Issue Limits & Underwriting

---

#### LBT Rate Table: LBT50

Employee Coverage		
Issue Type	Issue Age	Maximum Benefit Amount
<b>Guaranteed Issue</b>	19 through 70	\$150,000
<b>Conditional Guaranteed Issue</b>	19 through 70	\$150,000
<b>Simplified Issue</b>	19 through 70	\$150,000
<b>Simplified Issue</b>	71 through 80	\$50,000

Spouse Coverage		
Issue Type	Issue Age	Maximum Benefit Amount
<b>Conditional Guaranteed Issue</b>	19 through 70	\$75,000
<b>Simplified Issue</b>	19 through 70	\$75,000

Dependent Child Coverage		
Type of Coverage	Issue Age	Maximum Benefit Amount
<b>Child Term Rider</b>	15 days through 25 years	\$25,000
<b>LifeTime Benefit Term Certificate</b>	15 days through 18 years 19 years through 25 years	\$25,000 The amount \$3/week will purchase

# Chubb LifeTime Benefit Term

## Permanent Life Insurance

Plan 1

### Employee Eligibility

---

- **Minimum Coverage Limit** – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- **Issue Types:**
  - **Guaranteed Issue (GI) Eligibility:** Eligible employees may apply for coverage on a GI basis as long as the GI participation is met and they are actively at work as of their enrollment date, subject to the GI participation requirement.
    - Required Participation for Guaranteed Issue(GI): 15% of employee participation
    - Enrollment process equivalent to 70% of employees actively engaged in a response is required.
    - Guaranteed Issue is subject to meeting the required participation requirement. If not met, employees will be underwritten subject to the amount applied for. GI is for the initial open enrollment period of up to 30 days. GI for new hires in the first year following open enrollment is subject to evaluation of GI being extended for the initial open enrollment. The GI offer will be re-evaluated separately for future enrollments.
  - **Conditional Guaranteed Issue (CGI) Eligibility:** Eligible employees may apply for coverage on a CGI basis as long as they are actively at work as of their enrollment date and the MGI and CGI questions are answered.
  - **Simplified Issue (SI) Eligibility:** Eligible employees may apply for coverage on a SI basis as long as they are actively at work as of their enrollment date and all questions are answered.
  - Late Entrants are underwritten on a Simplified Issue basis.

Enrollments which are delayed or postponed will need to be reviewed prior to enrollment.

### Spouse Eligibility

---

- **Minimum Coverage Limit** – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- **Issue Types:**
  - **Spouse Conditional Guaranteed Issue (CGI) Eligibility:** Eligible employees may apply for coverage on a CGI basis as long as they are actively at work as of their enrollment date and the MGI and CGI questions are answered.
  - **Spouse Simplified Issue (SI) Eligibility:** Eligible employees may apply for coverage on a SI basis as long as they are actively at work as of their enrollment date and all questions are answered.
  - Late Entrants are underwritten on a Simplified Issue basis.
- **Restrictions on Spouse Coverage** - State law limit the amount of coverage an employee can purchase on a spouse.
- **Spouse Restriction States:** premium less than \$3.00 per week will be allowed to meet coverage restrictions
  - A participating employee can purchase spouse coverage up to the amount the employee purchases, not to exceed the spouse coverage limits for the case.

### Dependent Child Eligibility

---

- **Dependent Child Coverage and Eligibility:**
  - Child coverage is available on a Guarantee Issue (GI) basis during the employee's initial eligibility period.
  - Child coverage is available on a GI basis for a newborn child, new step child, or newly adopted child after the employee's initial eligibility period.
  - After the employee's initial eligibility period, employees may apply for dependent child coverage on a Simplified Issue basis.
  - Children may be covered with a Lifetime Benefit Term Certificate or with a Child Term Rider but not both.
  - The Child Term Rider covers all dependent children of the employee at the same rates regardless of the number of children.
  - Child LBT Certificate rates are based on the age of each dependent child.
  - All eligible dependent children must be insured.
- **Minimum Coverage Limit** - The greater of \$5,000 or the amount of coverage \$3.00/week will purchase.
- **Restrictions on Dependent Child Coverage** - State law limit the amount of coverage an employee can purchase on a dependent child.
  - **Dependent Child States:** premium less than \$3.00 per week will be allowed to meet coverage restrictions
  - A participating employee can purchase dependent child coverage up to the amount the employee purchases, not to exceed the dependent child coverage limits for the case.

# Chubb LifeTime Benefit Term

Permanent Life Insurance

Plan 1

# Chubb LifeTime Benefit Term

## Proposed Benefits

Chubb Lifetime Benefit Term			
<b>PLAN 1</b>	<b>Benefit Issue Age</b>		
	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
<b>Built-in Benefits</b>			
<b>LifeTime Benefit Term</b>	19 - 80	19 - 70	15 days – 25 years
<b>Accelerated Death Benefit Rider for Terminal Illness</b> After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.	19 - 80	19 - 70	15 days – 25 years
<b>Accelerated Death Benefit for Long Term Care</b> When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.	19 - 80	19 - 70	Not Available
<b>Extension of Benefits (EOB2)</b> Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefits may extend the same monthly LTC benefit for up to an additional 50 months, tripling the value.	19 - 70	19 - 70	Not Available
<b>Employee Optional Benefits</b>			
<b>Child Term Rider</b> Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26 – up to 5 times the benefit amount.	Base Insured 19 - 70	Base Insured 19 - 70	15 days – 25 years
<b>Waiver of Premium Rider</b> Waives premium if employee becomes totally disabled.	20 - 55	20 - 55	Not Available

# Chubb LifeTime Benefit Term Permanent Life Insurance



## Exclusions & Limitations

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

### Long Term Care Exclusions:

We will not pay Long Term Care benefits for care that is received or loss incurred as a result of:

1. an intentionally self-inflicted injury, or attempted suicide; or
2. war or any act of war, declared or undeclared, or service in the armed forces of any country; or
3. treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness;
4. the Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

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.

**CHUBB Workplace Benefits**

**Plan 1**

**Prepared For: James Madison University**

**Defined Benefit (OPTIONAL AMOUNTS)**

**Semi-Monthly (24 times)**

**RIDERS INCLUDED(\*): TI, LTC75, WP**

**Class: M50\_NS\_VA**

Iss Age	10,000	25,000	50,000	75,000	100,000	125,000	150,000
19	N/A	N/A	11.63	17.44	23.25	29.06	34.88
20	N/A	N/A	11.92	17.88	23.83	29.79	35.75
21	N/A	N/A	12.11	18.16	24.21	30.26	36.31
22	N/A	N/A	12.31	18.47	24.63	30.78	36.94
23	N/A	N/A	12.56	18.85	25.13	31.41	37.69
24	N/A	N/A	12.77	19.16	25.54	31.93	38.31
25	N/A	6.50	13.00	19.50	26.00	32.50	39.00
26	N/A	6.74	13.48	20.22	26.96	33.70	40.44
27	N/A	6.98	13.96	20.94	27.92	34.90	41.88
28	N/A	7.23	14.46	21.69	28.92	36.15	43.38
29	N/A	7.49	14.98	22.47	29.96	37.45	44.94
30	N/A	7.76	15.52	23.28	31.04	38.80	46.56
31	N/A	8.11	16.22	24.33	32.44	40.55	48.66
32	N/A	8.45	16.90	25.35	33.80	42.25	50.70
33	N/A	8.82	17.64	26.46	35.28	44.10	52.93
34	N/A	9.21	18.43	27.64	36.85	46.06	55.28
35	N/A	9.62	19.23	28.85	38.46	48.07	57.69
36	N/A	10.13	20.26	30.40	40.53	50.66	60.79
37	N/A	10.68	21.36	32.04	42.72	53.40	64.07
38	N/A	11.24	22.48	33.71	44.95	56.19	67.42
39	N/A	11.85	23.70	35.54	47.39	59.24	71.09
40	N/A	12.48	24.96	37.44	49.92	62.40	74.87
41	N/A	13.17	26.34	39.51	52.68	65.84	79.01
42	N/A	13.88	27.76	41.64	55.52	69.40	83.27
43	N/A	14.63	29.26	43.89	58.53	73.16	87.79
44	N/A	15.43	30.85	46.28	61.70	77.12	92.55
45	6.51	16.27	32.54	48.81	65.08	81.35	97.62
46	6.94	17.36	34.71	52.07	69.42	86.78	104.14
47	7.42	18.56	37.11	55.67	74.22	92.78	111.34
48	7.93	19.82	39.64	59.46	79.27	99.09	118.91
49	8.48	21.21	42.41	63.62	84.82	106.03	127.23
50	9.08	22.70	45.40	68.09	90.79	113.49	136.18
51	9.65	24.11	48.22	72.33	96.44	120.55	144.66
52	10.24	25.60	51.19	76.79	102.38	127.98	153.57
53	10.88	27.19	54.37	81.56	108.74	135.92	163.11
54	11.56	28.89	57.78	86.67	115.56	144.44	173.33
55	12.29	30.72	61.44	92.16	122.87	153.59	184.31
56	12.01	30.03	60.05	90.08	120.11	150.13	180.16
57	12.96	32.39	64.77	97.16	129.55	161.93	194.32
58	13.96	34.89	69.79	104.68	139.57	174.46	209.36
59	15.02	37.56	75.11	112.67	150.22	187.78	225.33
60	16.15	40.37	80.73	121.09	161.45	201.82	242.18
61	17.50	43.75	87.51	131.26	175.01	218.76	262.52
62	18.94	47.34	94.68	142.02	189.36	236.70	284.04
63	20.45	51.13	102.25	153.38	204.50	255.63	306.75
64	22.05	55.12	110.24	165.36	220.48	275.60	330.71
65	23.74	59.34	118.69	178.03	237.37	296.71	356.05
66	26.37	65.91	131.83	197.74	263.65	329.56	395.47
67	29.15	72.86	145.72	218.58	291.43	364.29	437.15

Actual premiums may vary slightly due to administrative system rounding

(\* ) Rider Keys: TI= Terminal Illness Accelerated Benefit: All ages, LTC75=LTC Accelerated Benefit (excluding term riders) up to 25 months PLUS Extension of Benefits to 75 months: Ages 18-80 (No EOB ages 71-80),

Initial death benefit is guaranteed to later of 25 years or age 70 After this period, death benefit is projected level to at least age 99 Guarantees are based upon 2 00% interest and guaranteed insurance charges Non-guaranteed benefits include credits based upon 3 0% interest and current insurance charges The plan has no cash surrender or loan values Underwritten by Combined Insurance Company of America

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Prepared: 10/30/2020

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**CHUBB Workplace Benefits  
Plan 1**

**Defined Benefit (OPTIONAL AMOUNTS)  
Semi-Monthly (24 times)  
RIDERS INCLUDED(\*): TI, LTC75, WP  
Class: M50\_NS\_VA**

**Prepared For: James Madison University**

Iss Age	10,000	25,000	50,000	75,000	100,000	125,000	150,000
68	32.10	80.25	160.50	240.76	321.01	401.26	481.51
69	35.25	88.12	176.23	264.34	352.46	440.57	528.68
70	38.60	96.49	192.97	289.46	385.95	482.43	578.92

Actual premiums may vary slightly due to administrative system rounding

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**CHUBB Workplace Benefits**

**Plan 1**

**Prepared For: James Madison University**

**Defined Benefit (OPTIONAL AMOUNTS)**

**Semi-Monthly (24 times)**

**RIDERS INCLUDED(\*): TI, LTC75, WP**

**Class: M50\_SM\_VA**

Iss Age	10,000	25,000	50,000	75,000	100,000	125,000	150,000
19	N/A	7.39	14.77	22.16	29.54	36.93	44.31
20	N/A	7.58	15.15	22.72	30.29	37.87	45.44
21	N/A	7.75	15.50	23.25	31.00	38.75	46.50
22	N/A	7.95	15.90	23.85	31.79	39.74	47.69
23	N/A	8.14	16.27	24.41	32.54	40.68	48.81
24	N/A	8.34	16.67	25.00	33.33	41.67	50.00
25	N/A	8.54	17.09	25.63	34.17	42.71	51.25
26	N/A	8.86	17.71	26.56	35.42	44.27	53.13
27	N/A	9.17	18.34	27.50	36.67	45.83	55.00
28	N/A	9.49	18.98	28.47	37.96	47.45	56.94
29	N/A	9.84	19.67	29.50	39.33	49.17	59.00
30	N/A	10.20	20.40	30.60	40.79	50.99	61.19
31	N/A	10.66	21.31	31.96	42.62	53.27	63.92
32	N/A	11.12	22.24	33.36	44.48	55.60	66.72
33	N/A	11.61	23.22	34.83	46.43	58.04	69.65
34	N/A	12.14	24.28	36.41	48.55	60.69	72.82
35	N/A	12.68	25.36	38.03	50.71	63.39	76.06
36	N/A	13.32	26.63	39.95	53.27	66.58	79.90
37	N/A	14.00	28.00	41.99	55.99	69.99	83.99
38	N/A	14.71	29.42	44.13	58.84	73.55	88.26
39	N/A	15.46	30.91	46.36	61.82	77.27	92.72
40	6.51	16.26	32.52	48.78	65.04	81.30	97.56
41	6.92	17.30	34.59	51.88	69.17	86.47	103.76
42	7.35	18.37	36.74	55.11	73.47	91.84	110.21
43	7.81	19.52	39.03	58.55	78.07	97.58	117.10
44	8.28	20.70	41.39	62.09	82.78	103.48	124.17
45	8.80	21.99	43.98	65.97	87.96	109.95	131.93
46	9.39	23.47	46.94	70.41	93.88	117.35	140.82
47	10.04	25.10	50.20	75.29	100.39	125.49	150.58
48	10.73	26.81	53.62	80.42	107.23	134.04	160.85
49	11.46	28.66	57.31	85.96	114.61	143.27	171.92
50	12.26	30.65	61.29	91.94	122.58	153.23	183.87
51	13.10	32.74	65.48	98.22	130.96	163.70	196.44
52	13.99	34.97	69.95	104.92	139.89	174.86	209.83
53	14.94	37.35	74.70	112.05	149.40	186.75	224.09
54	15.96	39.89	79.79	119.68	159.57	199.46	239.36
55	17.05	42.63	85.25	127.87	170.50	213.12	255.74
56	16.54	41.36	82.71	124.07	165.42	206.78	248.13
57	17.78	44.45	88.90	133.35	177.80	222.25	266.70
58	19.08	47.70	95.41	143.11	190.81	238.51	286.22
59	20.46	51.14	102.29	153.43	204.57	255.71	306.85
60	21.91	54.76	109.52	164.28	219.04	273.79	328.55
61	23.69	59.21	118.43	177.64	236.85	296.06	355.28
62	25.55	63.88	127.75	191.63	255.50	319.38	383.25
63	27.51	68.78	137.56	206.33	275.11	343.88	412.66
64	29.57	73.92	147.84	221.76	295.67	369.59	443.51
65	31.73	79.33	158.66	237.99	317.32	396.65	475.98
66	35.17	87.93	175.86	263.79	351.71	439.64	527.57
67	38.80	97.01	194.01	291.02	388.02	485.02	582.03

Actual premiums may vary slightly due to administrative system rounding

(\* ) Rider Keys: TI= Terminal Illness Accelerated Benefit: All ages, LTC75=LTC Accelerated Benefit (excluding term riders) up to 25 months PLUS Extension of Benefits to 75 months: Ages 18-80 (No EOB ages 71-80),

Initial death benefit is guaranteed to later of 25 years or age 70 After this period, death benefit is projected level to at least age 99 Guarantees are based upon 2 00% interest and guaranteed insurance charges Non-guaranteed benefits include credits based upon 3 0% interest and current insurance charges The plan has no cash surrender or loan values Underwritten by Combined Insurance Company of America

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Prepared: 10/30/2020

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**CHUBB Workplace Benefits  
Plan 1**

**Defined Benefit (OPTIONAL AMOUNTS)  
Semi-Monthly (24 times)  
RIDERS INCLUDED(\*): TI, LTC75, WP  
Class: M50\_SM\_VA**

**Prepared For: James Madison University**

Iss Age	10,000	25,000	50,000	75,000	100,000	125,000	150,000
68	42.66	106.64	213.27	319.90	426.54	533.17	639.80
69	46.75	116.88	233.76	350.63	467.51	584.39	701.26
70	51.11	127.78	255.55	383.33	511.11	638.88	766.66

Actual premiums may vary slightly due to administrative system rounding

(\*) Rider Keys: TI= Terminal Illness Accelerated Benefit: All ages, LTC75=LTC Accelerated Benefit (excluding term riders) up to 25 months PLUS Extension of Benefits to 75 months: Ages 18-80 (No EOB ages 71-80),

Initial death benefit is guaranteed to later of 25 years or age 70 After this period, death benefit is projected level to at least age 99 Guarantees are based upon 2.00% interest and guaranteed insurance charges Non-guaranteed benefits include credits based upon 3.0% interest and current insurance charges The plan has no cash surrender or loan values Underwritten by Combined Insurance Company of America

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**CHUBB Workplace Benefits****Plan 1****Defined Benefit (OPTIONAL AMOUNTS)****Semi-Monthly (24 times)****RIDERS INCLUDED(\*): TI, LTC25****Class: M50\_NS\_VA****Prepared For: James Madison University**

Iss Age	10,000	25,000	30,000	40,000	50,000
71	38.46	96.15	115.38	153.84	192.30
72	42.68	106.71	128.05	170.73	213.41
73	47.20	118.00	141.59	188.79	235.99
74	52.03	130.06	156.08	208.10	260.13
75	57.21	143.03	171.63	228.84	286.05
76	64.37	160.93	193.11	257.48	321.85
77	71.95	179.86	215.84	287.78	359.73
78	79.99	199.96	239.95	319.93	399.92
79	88.53	221.31	265.58	354.10	442.63
80	97.62	244.03	292.84	390.45	488.07

Actual premiums may vary slightly due to administrative system rounding

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages, LTC25=LTC Accelerated Benefit (excluding term riders) up to 25 months: Ages 18-80

Initial death benefit is guaranteed to later of 25 years or age 70. After this period, death benefit is projected level to at least age 99. Guarantees are based upon 2.00% interest and guaranteed insurance charges. Non-guaranteed benefits include credits based upon 3.0% interest and current insurance charges. The plan has no cash surrender or loan values. Underwritten by Combined Insurance Company of America.

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**CHUBB Workplace Benefits****Plan 1****Defined Benefit (OPTIONAL AMOUNTS)****Semi-Monthly (24 times)****RIDERS INCLUDED(\*): TI, LTC25****Class: M50\_SM\_VA****Prepared For: James Madison University**

Iss Age	10,000	25,000	30,000	40,000	50,000
71	52.77	131.93	158.32	211.09	263.86
72	58.97	147.43	176.92	235.89	294.86
73	65.62	164.04	196.85	262.47	328.08
74	72.75	181.87	218.25	290.99	363.74
75	80.42	201.05	241.26	321.67	402.09
76	90.57	226.43	271.71	362.28	452.85
77	101.37	253.42	304.11	405.47	506.84
78	112.89	282.22	338.66	451.55	564.43
79	125.19	312.98	375.58	500.77	625.96
80	138.36	345.91	415.09	553.45	691.81

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(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages, LTC25=LTC Accelerated Benefit (excluding term riders) up to 25 months: Ages 18-80

Initial death benefit is guaranteed to later of 25 years or age 70. After this period, death benefit is projected level to at least age 99. Guarantees are based upon 2.00% interest and guaranteed insurance charges. Non-guaranteed benefits include credits based upon 3.0% interest and current insurance charges. The plan has no cash surrender or loan values. Underwritten by Combined Insurance Company of America.

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**Prepared For: James Madison University**

Iss Age	5,000	10,000	15,000	20,000	25,000
0	1.30	2.60	3.90	5.20	6.50
1	1.30	2.60	3.90	5.20	6.50
2	1.30	2.60	3.90	5.20	6.50
3	1.30	2.60	3.90	5.20	6.50
4	1.30	2.60	3.90	5.20	6.50
5	1.30	2.60	3.90	5.20	6.50
6	1.30	2.60	3.90	5.20	6.50
7	1.30	2.60	3.90	5.20	6.50
8	1.30	2.60	3.90	5.20	6.50
9	1.30	2.60	3.90	5.20	6.50
10	1.30	2.60	3.90	5.20	6.50
11	1.30	2.60	3.90	5.20	6.50
12	1.30	2.60	3.90	5.20	6.50
13	1.30	2.60	3.90	5.20	6.50
14	1.30	2.60	3.90	5.20	6.50
15	1.30	2.60	3.90	5.20	6.50
16	1.30	2.60	3.90	5.20	6.50
17	1.30	2.60	3.90	5.20	6.50
18	1.54	3.09	4.63	6.17	7.71

Actual premiums may vary slightly due to administrative system rounding

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages

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Iss Age	3.00
19	12,860
20	12,545
21	12,351
22	12,142
23	11,900
24	11,706
25	11,500

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Actual premiums may vary slightly due to administrative system rounding

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages

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Iss Age	3.00
19	10,121
20	9,870
21	9,645
22	9,404
23	9,188
24	8,970
25	8,751

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Actual premiums may vary slightly due to administrative system rounding

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages

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Optional Child Face Amount	Deduction Premium(*)
\$ 5,000	\$ 1.05
\$ 10,000	\$ 2.09
\$ 15,000	\$ 3.14
\$ 20,000	\$ 4.18
\$ 25,000	\$ 5.23

Deduction premium shown covers ALL eligible dependent children for the face amount shown (regardless of number of children). Generally, a dependent child is defined as a child who is more than 15 days old and has not had his or her 26th birthday; is unmarried; is reliant on the Insured for support; is the Insured's child, legally adopted child, stepchild or child for whom the Insured is legal guardian; and has not had his or her 25th birthday on or before the Coverage Date of this benefit. See contract for details and any variations by issue state.

Actual premiums and face amounts may vary slightly due to administrative system rounding.  
**A detailed illustration will be provided upon delivery of the coverage certificate or earlier upon request.**

## 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. And based on current interest rates and mortality assumptions, the full death benefit is designed to last to age 99.

### Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

## 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-HenricoCounty-0820

# Underwriting Considerations

CHUBB®

At present we expect to deliver consistent benefits and rates to all employees. However, due to state regulatory requirements, we reserve the right to adjust plans, rates, notification of disclosures, or delivery of forms.

This proposal is not a contract of insurance. The terms and conditions of coverage will be described in detail in the issued policy once we accept. If there are any differences between the terms and conditions of this proposal and the policy, the policy will govern. The policy is governed by the laws of the state in which it is delivered. Certain terms or provisions may be different if required by the laws of that state.

Underwritten by ACE American Insurance Company

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

Chubb. Insured.



In times of crisis,  
you're there for  
your employees ...

## ... Health Advocate is there for you

**How can Health Advocate help keep your organization running in times of crisis?**

Your organization has benefits and services for employees in times of crisis, but what happens when it experiences a disruptive event? Aflac has the solution: Health Advocate's Disruptive Event Management Services. More than 1,500 organizations like yours turn to Health Advocate each year to help navigate situations that can affect an employee's ability to work. These situations include:

- Large reductions in staff.
- The unexpected death of an employee, either on the job or off.
- On-the-job accidents witnessed by employees.
- Robberies or other violent incidents.
- Natural weather disasters such as floods, earthquakes, tornadoes and hurricanes.

Health Advocate, an Aflac partner, is committed to providing objective, timely and thorough responses that help with the human side of recovery. The company supports your organization's leaders and employees, creating a culture of safety that helps maintain productivity while encouraging workers to return to work and stay at work. In addition to providing site-management and crisis-leadership consultations, Health Advocate offers training that helps leaders develop the skills they'll need to manage a disruptive event.

Aflac isn't just about sales. We're about providing services and solutions that keep your organization running smoothly. For more information or to enroll in Health Advocate's Disruptive Event Management Services, **contact your Aflac agent.**





# Throw your clients a lifeline

Help them control costs while delivering more value with Health Advocacy, Medical Bill Saver™ and Telemedicine services available from Aflac.



**Your clients want to provide the best for their employees.** But they also have to look out for the company's bottom line. By offering 3 new services embedded at no cost in select Aflac group plans, you can help your clients add more value to their benefits without adding to their budget and you can help employees address the key challenges they face:

- Navigating the complexity of the healthcare environment
- Reducing out of pocket expenses
- Providing low cost options

## Enhance their plans without adding cost.

To purchase direct, it would cost your clients more than \$5 per employee per month for these three valuable programs.

But with Aflac's Group Critical Illness, Group Accident or Group Hospital Indemnity plans, you can deliver those services to your clients and their employees at no cost.

It's just another way Aflac helps you do more by giving your clients and their employees more. **Contact your Aflac Broker Sales Professional to get started today.**



From bill negotiation to online care, give them more than what they came to you for. **At no cost to their company.**



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

Employees have 24/7 access to Personal Health Advocates who start helping from the first call, from finding specialists and helping with eldercare issues to clarifying coverage, addressing claim denials and even scheduling appointments. It saves your clients time by rescuing their employees from overwhelming questions, claims and costs.



**More than just cash benefits.**  
Medical Bill Saver™ from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver™, Health Advocate professionals can also help employees negotiate their medical bills not covered by health insurance. They just send in the bill and skilled negotiators will try to negotiate discounts that could save them hundreds.



**More than just care.**  
Telemedicine from MeMD

Your clients' employees can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care. From care coordination, to real-time video or telephone visits with a provider, to ePrescriptions\* — it's a faster, easier way for employees to get medical care, while saving your clients time and money.

**Be a lifesaver for your clients.** Give them Aflac products that include Health Advocacy, Medical Bill Saver™ and Telemedicine services that help them get more from their plans, at no cost. Contact your Aflac Broker Sales Professional today.

**HealthAdvocate** **MeMD**

\*When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local pharmacy.

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

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of Insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. Continental American Insurance Company | 2801 Devine Street | Columbia, South Carolina 29205



# Group Hospital Indemnity Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/15/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C80000

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## Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Coverage</b>	Available for all family members Spouse-only and Child-only coverage is not available
<b>Guaranteed Issue Amounts</b>	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
<b>Enrollment Assumptions</b>	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Pregnancy Limitation</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Years
<b>Portability/Continuation</b>	2019 Portability
<b>Eligibility</b>	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
<b>Successor Insured</b>	Included
<b>Successor Insured Waiver of Premium</b>	When the surviving spouse elects to continue coverage as the primary insured, we will then waive premiums for the surviving spouse and for any dependent child coverage in force at the time of the employee's death for a period of six months from the date of death, or until the date coverage ends, whichever comes first.
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

## Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits - Mid	
<b>Hospital Admission (per confinement)</b> Once per covered sickness or accident per calendar year	<b>\$1,000</b>
<b>Hospital Confinement (per day)</b> Maximum confinement period: 31 days per covered sickness or covered accident	<b>\$150</b>
<b>Hospital Intensive Care (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$150</b>
<b>Intermediate Intensive Care Step-Down Unit (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$75</b>
Health Screening Benefit	
<b>Health Screening Benefit</b> Payable once per calendar year per insured.	<b>\$50</b>

Please request a sample policy for full benefit provisions and definitions.

## Premium Rates

Semimonthly Premiums	
Coverage	Premium
Employee	\$10.85
Employee and Spouse	\$20.70
Employee and Child(ren)	\$16.70
Family	\$26.55

## Multi-product Discount Premium Rates

### If two Aflac Group products are sold:

Semimonthly Premiums	
Coverage	Premium
Employee	\$10.50
Employee and Spouse	\$20.11
Employee and Dependent Child(ren)	\$16.24
Family	\$25.85

### If three or more Aflac Group products are sold:

Semimonthly Premiums	
Coverage	Premium
Employee	\$10.26
Employee and Spouse	\$19.54
Employee and Dependent Child(ren)	\$15.81
Family	\$25.09

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions may vary by state)*

### Hospitalization Benefits

#### Hospital Admission

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

#### Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a 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.

#### Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intensive care unit and 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.

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

#### Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. 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, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

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

***Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care, and Intermediate Intensive Care Step-Down Unit Benefits only.***

### Health Screening Benefit

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 each insured.

## Limitations and 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 (except in Illinois).
  - 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 Connecticut: a riot is not excluded.
  - 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 felony, riot, or insurrection.
  - In New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection or riot. War does not include acts of terrorism.
  - In New Jersey: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- **Suicide** - committing or attempting to commit suicide, while sane or insane.
  - In Colorado, Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Idaho: committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicting injury.
  - In Minnesota and Ohio: this exclusion does not apply.
- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
  - In Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane.
  - In Idaho and Ohio: 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 and New Hampshire: this exclusion is not applicable
- **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, Ohio, 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 Connecticut and New Hampshire: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
  - In South Dakota: voluntarily committing a felony.
  - In Idaho and Maryland: this exclusion does not apply
- **Sports** - participating in any organized sport in a professional or semi-professional capacity.
  - In California: participating in any organized sport in a professional capacity
  - In Idaho: participating in any professional organized sport.
- **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.
  - In New Hampshire: this exclusion is not applicable

- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
  - In Idaho and New Hampshire: this exclusion is not applicable
- **Services performed by a family member.**
  - In Idaho: Services performed by an immediate family member
  - In Arizona, New Hampshire and South Dakota: this exclusion does not apply.
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
  - In California, Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Idaho and New Hampshire: this exclusion is not applicable
- **Elective Abortion - an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.**
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
  - In New Hampshire: this exclusion is not applicable
- **Dental Services or Treatment.**
  - In New Hampshire: this exclusion is not applicable
- **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
    - In California: 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 when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease
      - Reconstructive surgery, when the service is related to or follows mastectomy or lymph node dissection. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.
    - In New Hampshire: this exclusion is not applicable
- In Maryland only: We will not pay benefits for any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in 1-302 of the Health Occupations Article.
- In New Jersey, an insured refers to a covered person

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina



# Group Accident Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/15/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
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Policy Form Series C70000

## Plan Description

The Aflac Group Accident plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Coverage</b>	24 Hour
<b>Covered Insureds</b>	Available for all family members Spouse-only and Child-only coverage is not available
<b>Guaranteed-Issue</b>	The base accident product is always offered on a guaranteed-issue basis
<b>Enrollment Assumptions</b>	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Years
<b>Portability</b>	2019 Portability
<b>Eligibility</b>	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
<b>Successor Insured</b>	Included
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Issue Ages</b>	Employee: 18+ Spouse: 18+ Children: Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date Note: Benefits are not payable for accidents that occurred prior to the effective date of coverage

## Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category - High		Employee	Spouse	Child		
<b>Initial Treatment</b> - once per accident, within 7 days of the accident						
ER/Urgent Care		\$200	\$200	\$200		
ER/Urgent Care with X-Ray		\$250	\$250	\$250		
Doctor's Office		\$100	\$100	\$100		
Doctor's Office with X-Ray		\$150	\$150	\$150		
<b>Ambulance</b> - within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground		\$400	\$400	\$400		
Air		\$1,200	\$1,200	\$1,200		
<b>Major Diagnostic Testing</b> - within six months of the accident						
Maximum number of diagnostic tests per covered accident: 1		\$200	\$200	\$200		
<b>Emergency Room Observation</b> - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)		\$50	\$50	\$50		
Long Observation Period (24+ Hours)		\$100	\$100	\$100		
<b>Prescriptions</b> - within six months of the accident						
Maximum number of filled prescriptions per covered accident: 2		\$5	\$5	\$5		
<b>Pain Management</b> - within six months of the accident						
Maximum number of payments per covered accident: 1		\$100	\$100	\$100		
<b>Blood/Plasma/Platelets</b> - within six months of the accident						
Maximum number of days per covered accident: 3		\$200	\$200	\$200		
<b>Concussion</b> - once per accident, within six months of the accident						
		\$500	\$500	\$500		
<b>Traumatic Brain Injury</b> - once per accident, within six months of the accident						
		\$5,000	\$5,000	\$5,000		
<b>Coma</b> - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident		\$10,000	\$10,000	\$10,000		
<b>Burns</b> - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%		\$100	\$100	\$100		
At least 10%, but less than 25%		\$200	\$200	\$200		
At least 25%, but less than 35%		\$500	\$500	\$500		
35% or more		\$1,000	\$1,000	\$1,000		
<u>Third Degree Burns</u>						
Less than 10%		\$1,000	\$1,000	\$1,000		
At least 10%, but less than 25%		\$5,000	\$5,000	\$5,000		
At least 25%, but less than 35%		\$10,000	\$10,000	\$10,000		
35% or more		\$20,000	\$20,000	\$20,000		
<b>Emergency Dental Work</b> - once per accident, within six months of the accident						
Repair with Crown		\$200	\$200	\$200		
Extraction		\$50	\$50	\$50		
<b>Eye Injury</b> - removal of a foreign body						
		\$250	\$250	\$250		
<b>Dislocations</b> - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Hand	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Lower Jaw	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Wrist	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
Elbow	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240
<b>Lacerations</b> - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Under 5 centimeters		\$100	\$100	\$100		
5 to 15 centimeters		\$400	\$400	\$400		
Over 15 centimeters		\$800	\$800	\$800		
<u>Lacerations not requiring stitches</u>						
		\$50	\$50	\$50		

**Fracture - once per covered accident, within 90 days of the accident**

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$8,000	\$8,000	\$8,000	\$4,000	\$4,000	\$4,000
Vertebrae/Sternum	\$7,200	\$7,200	\$7,200	\$3,600	\$3,600	\$3,600
Pelvis	\$6,400	\$6,400	\$6,400	\$3,200	\$3,200	\$3,200
Skull (Depressed)	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Leg	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Forearm/Hand/Wrist	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Foot/Ankle/Kneecap	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Shoulder Blade/Collar Bone	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Lower Jaw	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Skull (Simple)	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Upper Arm/Upper Jaw	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Facial Bones (except teeth)	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Vertebral Processes/Sacrum	\$1,600	\$1,600	\$1,600	\$800	\$800	\$800
Coccyx/Rib/Finger/Toe	\$640	\$640	\$640	\$320	\$320	\$320

<b>Outpatient Surgery and Anesthesia (per day) - within one year of the accident</b> Performed in a Hospital or Ambulatory Surgical Center Maximum number of payments per covered accident: No Maximum	\$400	\$400	\$400
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum number of payments per covered accident: 2	\$50	\$50	\$50
<b>Facilities Fee for Outpatient Surgery - within one year of the accident</b> Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$100	\$100
<b>Inpatient Surgery and Anesthesia (per day) - within one year of the accident</b> Maximum number of payments per covered accident: No Maximum	\$1,000	\$1,000	\$1,000
<b>Transportation - within six months of the accident</b> Maximum number of payments per covered accident: 3 Minimum Required Distance (miles): 100			
Plane	\$500	\$500	\$500
Any ground transportation	\$200	\$200	\$200

(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.)

Hospitalization Category - High	Employee	Spouse	Child
<b>Hospital Admission (per confinement) - once per accident, within six months of the accident</b> Maximum number of admissions per covered accident: 1	\$1,250	\$1,250	\$1,250
<b>Hospital Confinement (per day) - within 6 months of the accident</b> Maximum days of confinement per covered accident: 365	\$300	\$300	\$300
<b>Hospital Intensive Care (per day) - within 6 months of the accident</b> Maximum days of confinement per covered accident: 30	\$400	\$400	\$400
<b>Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident</b> Maximum days of confinement per covered accident: 30	\$200	\$200	\$200
<b>Family Member Lodging (per day) - within six months of the accident</b> Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$200	\$200	\$200

After Care Category - High	Employee	Spouse	Child
<b>Appliances</b> - within six months of the accident			
Cane	\$40	\$40	\$40
Maximum number of appliances per covered accident: No Maximum			
Ankle Brace	\$40	\$40	\$40
Maximum number of appliances per covered accident: No Maximum			
Walking Boot	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Walker	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Crutches	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Leg Brace	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Cervical Collar	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Wheelchair	\$400	\$400	\$400
Maximum number of appliances per covered accident: No Maximum			
Knee Scooter	\$400	\$400	\$400
Maximum number of appliances per covered accident: No Maximum			
Body Jacket	\$400	\$400	\$400
Maximum number of appliances per covered accident: No Maximum			
Back Brace	\$400	\$400	\$400
Maximum number of appliances per covered accident: No Maximum			
<b>Accident Follow-Up Treatment</b> - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Maximum number of visits per covered accident: 6			
<b>Post Traumatic Stress Disorder (PTSD)</b> - once per accident, within 6 months of the accident	\$200	\$200	\$200
<b>Rehabilitation Unit</b> (per day)			
Maximum number of days per confinement: 31	\$100	\$100	\$100
No more than 62 days total per calendar year for each insured			
<b>Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Maximum number of visits per covered accident: 10			
<b>Chiropractic or Alternative Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$30	\$30	\$30
Maximum number of visits per covered accident: 6			
Life Changing Events Category - Low	Employee	Spouse	Child
<b>Dismemberment</b> - once per accident, within six months of the accident			
Single Loss	\$6,250	\$2,500	\$1,250
Double Loss	\$12,500	\$5,000	\$2,500
Loss of one or more fingers or toes	\$625	\$250	\$125
Partial Dismemberment (includes at least one joint of a finger or toe)	\$62.50	\$62.50	\$62.50
<b>Paralysis</b> - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$2,500	\$2,500	\$2,500
Quadriplegia	\$5,000	\$5,000	\$5,000
<b>Prosthesis</b> - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$1,500	\$1,500	\$1,500
<b>Prosthesis Repair/Replacement</b> - once per prosthetic device, within three years of initial Prosthesis payment	\$1,500	\$1,500	\$1,500
<b>Residence/Vehicle Modification</b> - once per accident, within one year of the accident	\$1,000	\$1,000	\$1,000
Wellness Rider - High (Custom)	Employee	Spouse	Child
Amount paid will be based on the certificate year in which the wellness test was performed:			
Maximum number of payments per calendar year, per insured: 1			
<b>Year 1</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 2</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 3</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 4</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 5</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 6+</b> - Once per calendar year	\$60	\$60	\$60

*Please request a sample policy for full benefit provisions and descriptions.*

## Premium Rates

Semimonthly Premiums	
Coverage	Premium
Employee	\$7.95
Employee and Spouse	\$13.34
Employee and Child(ren)	\$16.14
Family	\$21.53

## Multi-product Discount Premium Rates

### If two Aflac Group products are sold:

Premiums	
Coverage	Premium
Employee	\$7.71
Employee and Spouse	\$12.94
Employee and Dependent Child(ren)	\$15.65
Family	\$20.88

### If three or more Aflac Group products are sold:

Premiums	
Coverage	Premium
Employee	\$7.47
Employee and Spouse	\$12.54
Employee and Dependent Child(ren)	\$15.16
Family	\$20.23

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

### Initial Accident Treatment Category – Base Plan

#### Initial Treatment

Payable for initial treatment received under the care of a doctor. This benefit is not payable for treatment via telemedicine services.

#### Ambulance

Payable when an insured receives transportation by a professional ambulance service.

#### Major Diagnostic Testing

Payable when one of the following exams is performed in a hospital, doctor's office, medical diagnostic imaging center, or an ambulatory surgical center:

- Computerized Tomography (CT/CAT scan)
- Magnetic Resonance Imaging (MRI)
- Electroencephalography (EEG)

#### Emergency Room Observation

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.

#### Prescriptions

Payable when a prescription is filled that is ordered by a doctor, dispensed by a licensed pharmacist, and medically necessary for the care and treatment of the insured. Certain items are excluded from this benefit. See Master Policy for details.

#### Pain Management

Payable when an insured is prescribed and receives, in a doctor's office, a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is not payable for an epidural administered during a surgical procedure.

#### Blood/Plasma/Platelets

Payable when an insured receives blood, plasma, or platelets.

#### Concussion

Payable when an insured is diagnosed by a doctor with a concussion.

#### Traumatic Brain Injury (TBI)

Payable when an insured is diagnosed by a neurologist with a TBI. To qualify as a 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.

#### Burns

Payable when an insured is burned and then treated by a doctor. This benefit is payable according to the percentage of body burned.

#### Emergency Dental Work

Payable when an insured has an accidental injury to natural teeth.

#### Eye Injury

Payable for eye injuries requiring the removal of a foreign body by a doctor, with or without anesthesia.

#### Lacerations

Payable when an insured receives a laceration that is repaired by a doctor. Liquid skin adhesive will be paid as stitches.

#### Fractures

Payable when an insured fractures a bone and is treated by a doctor. For multiple fractures (more than one bone fractured 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.

#### Dislocations

Payable when an insured dislocates a joint and is treated by a doctor. 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.

#### Outpatient Surgery and Anesthesia

Payable for each day that an insured has an outpatient surgical procedure performed by a doctor in one of the facilities listed.

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.

#### Facilities Fee for Outpatient Surgery

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

#### Inpatient Surgery and Anesthesia

Payable for each day that 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 of that benefit amount.

## Transportation

Payable for transportation when an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

## Hospitalization Category

### Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient. This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

### Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient. 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.

### Hospital Intensive Care

Payable for each day an insured is confined in a hospital intensive care unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

### Intermediate Intensive Care Step-Down Unit

Payable for each day an insured is confined in an intermediate intensive care step-down unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

### Family Member Lodging

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family when the insured is confined to a hospital under the insured's treating doctor.

*If confinement benefits are paid, and the insured becomes confined again within six months because of the same or a related condition, it will be treated as the same period of confinement.*

## After Care Category

### Appliances

Payable when a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

### Accident Follow-Up Treatment

Payable for doctor-prescribed follow up treatment for injuries received in a covered accident. Follow-up treatments may not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures. See Master Policy for details.

### Post-Traumatic Stress Disorder (PTSD)

Payable when an insured is diagnosed with PTSD. 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.

### Rehabilitation Unit

Payable when an insured receives treatment as an inpatient at a rehabilitation facility following an inpatient hospital confinement. This is not payable for the same days that the hospital confinement benefit is paid. The highest eligible benefit will be paid.

### Therapy

Payable when an insured has a covered doctor-prescribed therapy treatment.

### Chiropractic or Alternative Therapy

Payable when an insured has a covered therapy treatment due to injuries received in a covered accident.

## Life Changing Events Category

### Dismemberment

Payable when an insured loses a hand, foot or sight as the result of a covered accident. For Dismemberment definitions, see Master Policy. 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.

### Paralysis

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

### Prosthesis

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.

### Prosthesis Repair/Replacement

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

**Residence/Vehicle Modification**

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 the sight of one eye, the use of one hand/arm, or the use of one foot/leg.

**Wellness Rider**

Payable when an insured has a covered test performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

## Limitations and Exclusions

*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 Connecticut: 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 taking part in an insurrection, riot, civil commotion, or civil state of belligerence. (A riot can be defined as a public uproar, disturbance, or outbreak.) War does not include acts of terrorism.
  - 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 not applicable
  - 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 New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot. 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.
  - In New York: war or act of war (whether declared or undeclared); participation in a riot or insurrection; and service in the Armed Forces or units auxiliary thereto.
- **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
  - In New York: attempted suicide, or intentionally self-inflicted injury.
- **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 (in New Hampshire, medical/surgical care) or diagnostic procedures for such illness
  - In New York: having any disease or bodily/mental illness or degenerative process. (However, we will not exclude coverage for an infection that was the result of a covered accident.)
- **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
  - In New York: 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
  - In New York: 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 Connecticut: Felonious Occupation - voluntarily participating in, committing, or attempting to commit a felony.
  - 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 New Hampshire: voluntarily participating in, committing, or attempting to commit a felony
  - In Idaho and South Dakota: this exclusion does not apply
  - In New York: Any loss to which a contributing cause was the insured's commission of a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
- **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
  - In New York: participation as a professional in athletics or sports.
- **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.
  - In New Hampshire: Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary except that "cosmetic surgery" shall not include reconstructive surgery, when such service is incidental to or follows surgery resulting from injury; or having dental care except as a result of a covered accident
  - In New York: having cosmetic surgery except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
  - Dental Care or Treatment, except for such care or treatments due to accidental injury to sound natural teeth within 12 months of the covered accident, and except for dental care or treatment necessary due to congenital disease or anomaly.
- **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

- An injury or sickness covered by any state or federal worker's compensation, employers. liability, or occupational disease law, unless where otherwise provided in State or Federal statute.

**Catastrophic Accident Rider Limitations and Exclusions**

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

**Outpatient Doctor Treatment Benefit Rider**

The sickness exclusion above does not apply to this benefit.

**Sickness Rider Limitations and Exclusions****Pre-existing Condition Limitation**

We will not pay benefits for any loss resulting from or affected by a pre-existing condition if the loss occurs within the 12-month period after the rider effective date.

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

Pregnancy is a "Pre-existing Condition" if conception was before an insured's effective date (except in Florida, North Carolina, Montana, and Wyoming)

**Pre-existing Condition Limitation in North Carolina**

We will not reduce or deny a claim for benefits for any loss that occurred more than twelve months after the effective date of coverage.

Coverage for these pre-existing conditions will only be excluded for a maximum period of twelve months from the effective date.

**Exclusions**

We will not pay benefits for a loss that is wholly or partly caused by or results from:

- Mental or emotional disorders without demonstrable organic disease.
  - In Montana, mental or emotional disorders, except for mental illness, without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.

**Organized Athletic Activity Rider Limitation**

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event (in Idaho, in a professional capacity). This benefit is also not payable for accidental injuries which occur during or are due to physical education classes (except in Idaho).

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina

# Group Accident Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/15/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C70000

## Plan Description

The Aflac Group Accident plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Coverage</b>	24 Hour
<b>Covered Insureds</b>	Available for all family members Spouse-only and Child-only coverage is not available
<b>Guaranteed-Issue</b>	The base accident product is always offered on a guaranteed-issue basis
<b>Enrollment Assumptions</b>	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Years
<b>Portability</b>	2019 Portability
<b>Eligibility</b>	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
<b>Successor Insured</b>	Included
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Issue Ages</b>	Employee: 18+ Spouse: 18+ Children: Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date Note: Benefits are not payable for accidents that occurred prior to the effective date of coverage

## Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category - Mid				Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident						
ER/Urgent Care				\$150	\$150	\$150
ER/Urgent Care with X-Ray				\$200	\$200	\$200
Doctor's Office				\$75	\$75	\$75
Doctor's Office with X-Ray				\$100	\$100	\$100
<b>Ambulance</b> - within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground				\$300	\$300	\$300
Air				\$900	\$900	\$900
<b>Major Diagnostic Testing</b> - within six months of the accident						
Maximum number of diagnostic tests per covered accident: 1				\$150	\$150	\$150
<b>Emergency Room Observation</b> - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)				\$35	\$35	\$35
Long Observation Period (24+ Hours)				\$70	\$70	\$70
<b>Prescriptions</b> - within six months of the accident						
Maximum number of filled prescriptions per covered accident: 2				\$5	\$5	\$5
<b>Pain Management</b> - within six months of the accident						
Maximum number of payments per covered accident: 1				\$75	\$75	\$75
<b>Blood/Plasma/Platelets</b> - within six months of the accident						
Maximum number of days per covered accident: 3				\$200	\$200	\$200
<b>Concussion</b> - once per accident, within six months of the accident						
				\$350	\$350	\$350
<b>Traumatic Brain Injury</b> - once per accident, within six months of the accident						
				\$3,500	\$3,500	\$3,500
<b>Coma</b> - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident				\$7,500	\$7,500	\$7,500
<b>Burns</b> - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%				\$75	\$75	\$75
At least 10%, but less than 25%				\$150	\$150	\$150
At least 25%, but less than 35%				\$375	\$375	\$375
35% or more				\$750	\$750	\$750
<u>Third Degree Burns</u>						
Less than 10%				\$750	\$750	\$750
At least 10%, but less than 25%				\$3,750	\$3,750	\$3,750
At least 25%, but less than 35%				\$7,500	\$7,500	\$7,500
35% or more				\$15,000	\$15,000	\$15,000
<b>Emergency Dental Work</b> - once per accident, within six months of the accident						
Repair with Crown				\$120	\$120	\$120
Extraction				\$30	\$30	\$30
<b>Eye Injury</b> - removal of a foreign body						
				\$175	\$175	\$175
<b>Dislocations</b> - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Knee	\$2,925	\$2,925	\$2,925	\$1,462.50	\$1,462.50	\$1,462.50
Shoulder	\$2,250	\$2,250	\$2,250	\$1,125	\$1,125	\$1,125
Foot/Ankle	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Hand	\$1,575	\$1,575	\$1,575	\$787.50	\$787.50	\$787.50
Lower Jaw	\$1,350	\$1,350	\$1,350	\$675	\$675	\$675
Wrist	\$1,125	\$1,125	\$1,125	\$562.50	\$562.50	\$562.50
Elbow	\$900	\$900	\$900	\$450	\$450	\$450
Finger/Toe	\$360	\$360	\$360	\$180	\$180	\$180
<b>Lacerations</b> - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Under 5 centimeters				\$75	\$75	\$75
5 to 15 centimeters				\$300	\$300	\$300
Over 15 centimeters				\$600	\$600	\$600
<u>Lacerations not requiring stitches</u>				\$37.50	\$37.50	\$37.50

**Fracture - once per covered accident, within 90 days of the accident**

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Vertebrae/Sternum	\$5,400	\$5,400	\$5,400	\$2,700	\$2,700	\$2,700
Pelvis	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Skull (Depressed)	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Leg	\$3,600	\$3,600	\$3,600	\$1,800	\$1,800	\$1,800
Forearm/Hand/Wrist	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle/Kneecap	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Shoulder Blade/Collar Bone	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Lower Jaw	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Skull (Simple)	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Upper Arm/Upper Jaw	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Facial Bones (except teeth)	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Vertebral Processes/Sacrum	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Coccyx/Rib/Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

<b>Outpatient Surgery and Anesthesia (per day) - within one year of the accident</b> Performed in a Hospital or Ambulatory Surgical Center Maximum number of payments per covered accident: No Maximum	\$300	\$300	\$300
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum number of payments per covered accident: 2	\$35	\$35	\$35
<b>Facilities Fee for Outpatient Surgery - within one year of the accident</b> Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$75	\$75	\$75
<b>Inpatient Surgery and Anesthesia (per day) - within one year of the accident</b> Maximum number of payments per covered accident: No Maximum	\$750	\$750	\$750
<b>Transportation - within six months of the accident</b> Maximum number of payments per covered accident: 3 Minimum Required Distance (miles): 100			
Plane	\$350	\$350	\$350
Any ground transportation	\$150	\$150	\$150

(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.)

Hospitalization Category - Mid	Employee	Spouse	Child
<b>Hospital Admission (per confinement) - once per accident, within six months of the accident</b> Maximum number of admissions per covered accident: 1	\$900	\$900	\$900
<b>Hospital Confinement (per day) - within 6 months of the accident</b> Maximum days of confinement per covered accident: 365	\$225	\$225	\$225
<b>Hospital Intensive Care (per day) - within 6 months of the accident</b> Maximum days of confinement per covered accident: 30	\$300	\$300	\$300
<b>Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident</b> Maximum days of confinement per covered accident: 30	\$150	\$150	\$150
<b>Family Member Lodging (per day) - within six months of the accident</b> Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$150	\$150	\$150

After Care Category - Mid	Employee	Spouse	Child
<b>Appliances</b> - within six months of the accident			
Cane	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Ankle Brace	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Walking Boot	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Walker	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Crutches	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Leg Brace	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Cervical Collar	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Wheelchair	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Knee Scooter	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Body Jacket	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Back Brace	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
<b>Accident Follow-Up Treatment</b> - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$35	\$35	\$35
Maximum number of visits per covered accident: 6			
<b>Post Traumatic Stress Disorder (PTSD)</b> - once per accident, within 6 months of the accident	\$150	\$150	\$150
<b>Rehabilitation Unit</b> (per day)			
Maximum number of days per confinement: 31	\$75	\$75	\$75
No more than 62 days total per calendar year for each insured			
<b>Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$35	\$35	\$35
Maximum number of visits per covered accident: 10			
<b>Chiropractic or Alternative Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$25	\$25	\$25
Maximum number of visits per covered accident: 6			
<b>Life Changing Events Category - Mid</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
<b>Dismemberment</b> - once per accident, within six months of the accident			
Single Loss	\$8,750	\$3,750	\$1,750
Double Loss	\$17,500	\$7,500	\$3,500
Loss of one or more fingers or toes	\$875	\$375	\$175
Partial Dismemberment (includes at least one joint of a finger or toe)	\$87.50	\$87.50	\$87.50
<b>Paralysis</b> - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$3,500	\$3,500	\$3,500
Quadriplegia	\$7,500	\$7,500	\$7,500
<b>Prosthesis</b> - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$2,000	\$2,000	\$2,000
<b>Prosthesis Repair/Replacement</b> - once per prosthetic device, within three years of initial Prosthesis payment	\$2,000	\$2,000	\$2,000
<b>Residence/Vehicle Modification</b> - once per accident, within one year of the accident	\$1,500	\$1,500	\$1,500
<b>Wellness Rider - Mid (Custom)</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Amount paid will be based on the certificate year in which the wellness test was performed:			
Maximum number of payments per calendar year, per insured: 1			
<b>Year 1</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 2</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 3</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 4</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 5</b> - Once per calendar year	\$60	\$60	\$60
<b>Year 6+</b> - Once per calendar year	\$60	\$60	\$60

*Please request a sample policy for full benefit provisions and descriptions.*

## Premium Rates

Semimonthly Premiums	
Coverage	Premium
Employee	\$6.32
Employee and Spouse	\$10.64
Employee and Child(ren)	\$12.83
Family	\$17.15

## Multi-product Discount Premium Rates

### If two Aflac Group products are sold:

Premiums	
Coverage	Premium
Employee	\$6.13
Employee and Spouse	\$10.32
Employee and Dependent Child(ren)	\$12.45
Family	\$16.64

### If three or more Aflac Group products are sold:

Premiums	
Coverage	Premium
Employee	\$5.95
Employee and Spouse	\$10.01
Employee and Dependent Child(ren)	\$12.07
Family	\$16.13

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

### Initial Accident Treatment Category – Base Plan

#### Initial Treatment

Payable for initial treatment received under the care of a doctor. This benefit is not payable for treatment via telemedicine services.

#### Ambulance

Payable when an insured receives transportation by a professional ambulance service.

#### Major Diagnostic Testing

Payable when one of the following exams is performed in a hospital, doctor's office, medical diagnostic imaging center, or an ambulatory surgical center:

- Computerized Tomography (CT/CAT scan)
- Magnetic Resonance Imaging (MRI)
- Electroencephalography (EEG)

#### Emergency Room Observation

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.

#### Prescriptions

Payable when a prescription is filled that is ordered by a doctor, dispensed by a licensed pharmacist, and medically necessary for the care and treatment of the insured. Certain items are excluded from this benefit. See Master Policy for details.

#### Pain Management

Payable when an insured is prescribed and receives, in a doctor's office, a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is not payable for an epidural administered during a surgical procedure.

#### Blood/Plasma/Platelets

Payable when an insured receives blood, plasma, or platelets.

#### Concussion

Payable when an insured is diagnosed by a doctor with a concussion.

#### Traumatic Brain Injury (TBI)

Payable when an insured is diagnosed by a neurologist with a TBI. To qualify as a 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.

#### Burns

Payable when an insured is burned and then treated by a doctor. This benefit is payable according to the percentage of body burned.

#### Emergency Dental Work

Payable when an insured has an accidental injury to natural teeth.

#### Eye Injury

Payable for eye injuries requiring the removal of a foreign body by a doctor, with or without anesthesia.

#### Lacerations

Payable when an insured receives a laceration that is repaired by a doctor. Liquid skin adhesive will be paid as stitches.

#### Fractures

Payable when an insured fractures a bone and is treated by a doctor. For multiple fractures (more than one bone fractured 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.

#### Dislocations

Payable when an insured dislocates a joint and is treated by a doctor. 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.

#### Outpatient Surgery and Anesthesia

Payable for each day that an insured has an outpatient surgical procedure performed by a doctor in one of the facilities listed.

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.

#### Facilities Fee for Outpatient Surgery

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

#### Inpatient Surgery and Anesthesia

Payable for each day that 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 of that benefit amount.

## Transportation

Payable for transportation when an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

## Hospitalization Category

### Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient. This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

### Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient. 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.

### Hospital Intensive Care

Payable for each day an insured is confined in a hospital intensive care unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

### Intermediate Intensive Care Step-Down Unit

Payable for each day an insured is confined in an intermediate intensive care step-down unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

### Family Member Lodging

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family when the insured is confined to a hospital under the insured's treating doctor.

*If confinement benefits are paid, and the insured becomes confined again within six months because of the same or a related condition, it will be treated as the same period of confinement.*

## After Care Category

### Appliances

Payable when a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

### Accident Follow-Up Treatment

Payable for doctor-prescribed follow up treatment for injuries received in a covered accident. Follow-up treatments may not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures. See Master Policy for details.

### Post-Traumatic Stress Disorder (PTSD)

Payable when an insured is diagnosed with PTSD. 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.

### Rehabilitation Unit

Payable when an insured receives treatment as an inpatient at a rehabilitation facility following an inpatient hospital confinement. This is not payable for the same days that the hospital confinement benefit is paid. The highest eligible benefit will be paid.

### Therapy

Payable when an insured has a covered doctor-prescribed therapy treatment.

### Chiropractic or Alternative Therapy

Payable when an insured has a covered therapy treatment due to injuries received in a covered accident.

## Life Changing Events Category

### Dismemberment

Payable when an insured loses a hand, foot or sight as the result of a covered accident. For Dismemberment definitions, see Master Policy. 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.

### Paralysis

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

### Prosthesis

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.

### Prosthesis Repair/Replacement

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

**Residence/Vehicle Modification**

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 the sight of one eye, the use of one hand/arm, or the use of one foot/leg.

**Wellness Rider**

Payable when an insured has a covered test performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

## Limitations and Exclusions

*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 Connecticut: 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 taking part in an insurrection, riot, civil commotion, or civil state of belligerence. (A riot can be defined as a public uproar, disturbance, or outbreak.) War does not include acts of terrorism.
  - 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 not applicable
  - 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 New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot. 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.
  - In New York: war or act of war (whether declared or undeclared); participation in a riot or insurrection; and service in the Armed Forces or units auxiliary thereto.
- **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
  - In New York: attempted suicide, or intentionally self-inflicted injury.
- **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 (in New Hampshire, medical/surgical care) or diagnostic procedures for such illness
  - In New York: having any disease or bodily/mental illness or degenerative process. (However, we will not exclude coverage for an infection that was the result of a covered accident.)
- **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
  - In New York: 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
  - In New York: 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 Connecticut: Felonious Occupation - voluntarily participating in, committing, or attempting to commit a felony.
  - 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 New Hampshire: voluntarily participating in, committing, or attempting to commit a felony
  - In Idaho and South Dakota: this exclusion does not apply
  - In New York: Any loss to which a contributing cause was the insured's commission of a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
- **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
  - In New York: participation as a professional in athletics or sports.
- **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.
  - In New Hampshire: Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary except that "cosmetic surgery" shall not include reconstructive surgery, when such service is incidental to or follows surgery resulting from injury; or having dental care except as a result of a covered accident
  - In New York: having cosmetic surgery except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
  - Dental Care or Treatment, except for such care or treatments due to accidental injury to sound natural teeth within 12 months of the covered accident, and except for dental care or treatment necessary due to congenital disease or anomaly.
- **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

- An injury or sickness covered by any state or federal worker's compensation, employers. liability, or occupational disease law, unless where otherwise provided in State or Federal statute.

**Catastrophic Accident Rider Limitations and Exclusions**

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

**Outpatient Doctor Treatment Benefit Rider**

The sickness exclusion above does not apply to this benefit.

**Sickness Rider Limitations and Exclusions****Pre-existing Condition Limitation**

We will not pay benefits for any loss resulting from or affected by a pre-existing condition if the loss occurs within the 12-month period after the rider effective date.

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

Pregnancy is a "Pre-existing Condition" if conception was before an insured's effective date (except in Florida, North Carolina, Montana, and Wyoming)

**Pre-existing Condition Limitation in North Carolina**

We will not reduce or deny a claim for benefits for any loss that occurred more than twelve months after the effective date of coverage.

Coverage for these pre-existing conditions will only be excluded for a maximum period of twelve months from the effective date.

**Exclusions**

We will not pay benefits for a loss that is wholly or partly caused by or results from:

- Mental or emotional disorders without demonstrable organic disease.
  - In Montana, mental or emotional disorders, except for mental illness, without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.

**Organized Athletic Activity Rider Limitation**

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event (in Idaho, in a professional capacity). This benefit is also not payable for accidental injuries which occur during or are due to physical education classes (except in Idaho).

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina

# Group Critical Illness Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/27/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C21000

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid **directly to your employees** (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$35,000 <b>Spouse:</b> Up to \$17,500 <b>Participation Requirement:</b> 0% Guaranteed for 3 years
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Year(s)
<b>Portability/Continuation</b>	2019 Portability
<b>Rate Type</b>	Issue Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	When the surviving spouse elects to continue coverage as the primary insured, we will then waive premiums for the surviving spouse and for any dependent child coverage in force at the time of the employee's death for a period of six months from the date of death, or until the date coverage ends, whichever comes first.
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months <i>(an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)</i>
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$150 per calendar year

Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Optional Benefits Rider	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%

Progressive Diseases Rider	
Amyotrophic Lateral Sclerosis (ALS)	100%
Multiple Sclerosis (MS)	100%

Childhood Conditions Rider	
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida , Type I Diabetes	50% of employee benefit
Autism Spectrum Disorder	\$3000

Please request a sample policy for full benefit provisions and descriptions.

## Premium Rates

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.35	\$4.56	\$5.76	\$6.97	\$8.17	\$9.38	\$10.58	\$11.79	\$12.99	\$14.20
30-39	\$4.02	\$5.90	\$7.77	\$9.65	\$11.52	\$13.40	\$15.27	\$17.15	\$19.02	\$20.90
40-49	\$5.67	\$9.19	\$12.72	\$16.24	\$19.76	\$23.28	\$26.80	\$30.32	\$33.85	\$37.37
50-59	\$8.88	\$15.62	\$22.35	\$29.08	\$35.81	\$42.55	\$49.28	\$56.01	\$62.74	\$69.48
60+	\$14.92	\$27.69	\$40.46	\$53.23	\$66.00	\$78.77	\$91.54	\$104.31	\$117.08	\$129.85

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.21	\$3.74	\$4.27	\$4.80	\$5.33	\$5.86	\$6.38	\$6.91	\$7.44
30-39	\$3.88	\$4.74	\$5.61	\$6.47	\$7.34	\$8.20	\$9.07	\$9.93	\$10.79
40-49	\$5.53	\$7.21	\$8.90	\$10.59	\$12.28	\$13.96	\$15.65	\$17.34	\$19.03
50-59	\$8.74	\$12.03	\$15.32	\$18.62	\$21.91	\$25.20	\$28.50	\$31.79	\$35.08
60+	\$14.77	\$21.09	\$27.40	\$33.71	\$40.02	\$46.33	\$52.64	\$58.96	\$65.27

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.79	\$5.42	\$7.06	\$8.70	\$10.33	\$11.97	\$13.60	\$15.24	\$16.88	\$18.51
30-39	\$5.00	\$7.84	\$10.69	\$13.53	\$16.38	\$19.23	\$22.07	\$24.92	\$27.76	\$30.61
40-49	\$7.61	\$13.06	\$18.52	\$23.98	\$29.43	\$34.89	\$40.35	\$45.81	\$51.26	\$56.72
50-59	\$12.93	\$23.71	\$34.50	\$45.28	\$56.06	\$66.84	\$77.62	\$88.40	\$99.19	\$109.97
60+	\$22.00	\$41.84	\$61.69	\$81.54	\$101.39	\$121.23	\$141.08	\$160.93	\$180.77	\$200.62

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.64	\$4.39	\$5.13	\$5.88	\$6.62	\$7.37	\$8.11	\$8.86	\$9.60
30-39	\$4.85	\$6.20	\$7.55	\$8.90	\$10.25	\$11.60	\$12.95	\$14.30	\$15.65
40-49	\$7.46	\$10.12	\$12.77	\$15.43	\$18.08	\$20.74	\$23.39	\$26.05	\$28.70
50-59	\$12.79	\$18.10	\$23.42	\$28.74	\$34.06	\$39.38	\$44.69	\$50.01	\$55.33
60+	\$21.85	\$31.70	\$41.55	\$51.40	\$61.25	\$71.10	\$80.95	\$90.81	\$100.66

## Multi-product Discount Premium Rates

If two Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.25	\$4.42	\$5.59	\$6.75	\$7.92	\$9.09	\$10.26	\$11.43	\$12.60	\$13.76
30-39	\$3.90	\$5.72	\$7.54	\$9.35	\$11.17	\$12.99	\$14.81	\$16.63	\$18.45	\$20.27
40-49	\$5.50	\$8.91	\$12.33	\$15.74	\$19.16	\$22.58	\$25.99	\$29.41	\$32.82	\$36.24
50-59	\$8.61	\$15.14	\$21.67	\$28.20	\$34.73	\$41.26	\$47.79	\$54.32	\$60.85	\$67.39
60+	\$14.47	\$26.85	\$39.24	\$51.63	\$64.01	\$76.40	\$88.79	\$101.17	\$113.56	\$125.95

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.11	\$3.62	\$4.13	\$4.65	\$5.16	\$5.67	\$6.19	\$6.70	\$7.21
30-39	\$3.76	\$4.60	\$5.43	\$6.27	\$7.11	\$7.95	\$8.79	\$9.63	\$10.46
40-49	\$5.35	\$6.99	\$8.63	\$10.27	\$11.90	\$13.54	\$15.18	\$16.81	\$18.45
50-59	\$8.47	\$11.66	\$14.86	\$18.05	\$21.25	\$24.44	\$27.64	\$30.83	\$34.02
60+	\$14.32	\$20.45	\$26.57	\$32.69	\$38.81	\$44.94	\$51.06	\$57.18	\$63.30

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.67	\$5.25	\$6.84	\$8.43	\$10.02	\$11.60	\$13.19	\$14.78	\$16.36	\$17.95
30-39	\$4.84	\$7.60	\$10.36	\$13.12	\$15.88	\$18.64	\$21.40	\$24.16	\$26.92	\$29.68
40-49	\$7.37	\$12.67	\$17.96	\$23.25	\$28.55	\$33.84	\$39.13	\$44.43	\$49.72	\$55.01
50-59	\$12.54	\$23.00	\$33.45	\$43.91	\$54.37	\$64.83	\$75.29	\$85.75	\$96.20	\$106.66
60+	\$21.33	\$40.58	\$59.84	\$79.09	\$98.34	\$117.59	\$136.84	\$156.09	\$175.35	\$194.60

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.53	\$4.25	\$4.97	\$5.69	\$6.42	\$7.14	\$7.86	\$8.58	\$9.31
30-39	\$4.70	\$6.01	\$7.32	\$8.63	\$9.94	\$11.25	\$12.56	\$13.86	\$15.17
40-49	\$7.23	\$9.81	\$12.38	\$14.96	\$17.53	\$20.11	\$22.69	\$25.26	\$27.84
50-59	\$12.40	\$17.55	\$22.71	\$27.87	\$33.03	\$38.19	\$43.35	\$48.50	\$53.66
60+	\$21.19	\$30.75	\$40.30	\$49.86	\$59.41	\$68.97	\$78.52	\$88.08	\$97.63

## Multi-product Discount Premium Rates

If three or more Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.15	\$4.28	\$5.42	\$6.55	\$7.68	\$8.81	\$9.95	\$11.08	\$12.21	\$13.34
30-39	\$3.78	\$5.54	\$7.31	\$9.07	\$10.83	\$12.59	\$14.36	\$16.12	\$17.88	\$19.64
40-49	\$5.33	\$8.64	\$11.95	\$15.26	\$18.57	\$21.88	\$25.19	\$28.50	\$31.81	\$35.12
50-59	\$8.35	\$14.68	\$21.01	\$27.33	\$33.66	\$39.99	\$46.32	\$52.65	\$58.98	\$65.30
60+	\$14.02	\$26.03	\$38.03	\$50.03	\$62.04	\$74.04	\$86.04	\$98.05	\$110.05	\$122.06

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.01	\$3.51	\$4.01	\$4.51	\$5.00	\$5.50	\$6.00	\$6.50	\$6.99
30-39	\$3.64	\$4.46	\$5.27	\$6.08	\$6.89	\$7.71	\$8.52	\$9.33	\$10.14
40-49	\$5.19	\$6.78	\$8.37	\$9.95	\$11.54	\$13.13	\$14.71	\$16.30	\$17.89
50-59	\$8.21	\$11.31	\$14.40	\$17.50	\$20.59	\$23.69	\$26.78	\$29.88	\$32.98
60+	\$13.89	\$19.82	\$25.75	\$31.69	\$37.62	\$43.55	\$49.48	\$55.42	\$61.35

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.56	\$5.10	\$6.63	\$8.17	\$9.71	\$11.25	\$12.79	\$14.32	\$15.86	\$17.40
30-39	\$4.70	\$7.37	\$10.05	\$12.72	\$15.40	\$18.07	\$20.75	\$23.42	\$26.10	\$28.77
40-49	\$7.15	\$12.28	\$17.41	\$22.54	\$27.67	\$32.80	\$37.93	\$43.06	\$48.19	\$53.31
50-59	\$12.15	\$22.29	\$32.42	\$42.56	\$52.69	\$62.83	\$72.96	\$83.10	\$93.23	\$103.37
60+	\$20.68	\$39.33	\$57.99	\$76.65	\$95.30	\$113.96	\$132.61	\$151.27	\$169.93	\$188.58

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.42	\$4.12	\$4.82	\$5.52	\$6.22	\$6.92	\$7.62	\$8.32	\$9.02
30-39	\$4.56	\$5.83	\$7.10	\$8.36	\$9.63	\$10.90	\$12.17	\$13.44	\$14.71
40-49	\$7.01	\$9.51	\$12.00	\$14.50	\$17.00	\$19.49	\$21.99	\$24.48	\$26.98
50-59	\$12.02	\$17.02	\$22.01	\$27.01	\$32.01	\$37.01	\$42.01	\$47.01	\$52.01
60+	\$20.54	\$29.80	\$39.06	\$48.32	\$57.58	\$66.84	\$76.10	\$85.36	\$94.61

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

### Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence+

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

### Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. See Master Policy for the full list of covered health screening tests.

### Additional Benefits

Benefits for burns are only payable for burns due to, caused by, or attributed to, a covered accident.

Benefits for Coma, Paralysis, and Loss of Sight, Hearing or Speech are payable for loss due to a covered underlying disease or a covered accident.

### Progressive Diseases Rider

Benefits are payable if an insured is diagnosed with one of the diseases listed.

### Childhood Conditions Rider

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

\*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

## Limitations & Exclusions

### 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** of any kind, including:
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal substance abuse**, which includes the following:
  - 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

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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.

In Nevada: This limited plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

In New Mexico: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.

In Washington DC: NOTICE TO CONSUMER: THIS IS A SUPPLEMENTAL TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

# Group Critical Illness Insurance

## Benefits Proposal

This proposal has been prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/15/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C21000

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid **directly to your employees** (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$35,000 <b>Spouse:</b> Up to \$17,500 <b>Participation Requirement:</b> 0% Guaranteed for 3 years
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Year(s)
<b>Portability/Continuation</b>	2019 Portability
<b>Rate Type</b>	Issue Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	When the surviving spouse elects to continue coverage as the primary insured, we will then waive premiums for the surviving spouse and for any dependent child coverage in force at the time of the employee's death for a period of six months from the date of death, or until the date coverage ends, whichever comes first.
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months <i>(an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)</i>
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$75 per calendar year

Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Optional Benefits Rider	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%

Progressive Diseases Rider	
Amyotrophic Lateral Sclerosis (ALS)	100%
Multiple Sclerosis (MS)	100%

Childhood Conditions Rider	
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida , Type I Diabetes	50% of employee benefit
Autism Spectrum Disorder	\$3000

Please request a sample policy for full benefit provisions and descriptions.

## Premium Rates

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.54	\$2.02	\$2.49	\$2.96	\$3.44	\$3.91	\$4.39	\$4.86	\$5.33	\$5.81
30-39	\$1.80	\$2.53	\$3.27	\$4.00	\$4.73	\$5.46	\$6.20	\$6.93	\$7.66	\$8.39
40-49	\$2.33	\$3.58	\$4.84	\$6.10	\$7.36	\$8.61	\$9.87	\$11.13	\$12.38	\$13.64
50-59	\$3.23	\$5.40	\$7.56	\$9.73	\$11.89	\$14.06	\$16.22	\$18.39	\$20.55	\$22.72
60+	\$4.71	\$8.36	\$12.00	\$15.64	\$19.29	\$22.93	\$26.58	\$30.22	\$33.86	\$37.51

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.40	\$1.56	\$1.73	\$1.89	\$2.05	\$2.22	\$2.38	\$2.54	\$2.71
30-39	\$1.66	\$1.95	\$2.24	\$2.54	\$2.83	\$3.12	\$3.41	\$3.71	\$4.00
40-49	\$2.18	\$2.74	\$3.29	\$3.85	\$4.40	\$4.96	\$5.51	\$6.07	\$6.63
50-59	\$3.09	\$4.10	\$5.11	\$6.12	\$7.13	\$8.14	\$9.14	\$10.15	\$11.16
60+	\$4.57	\$6.32	\$8.07	\$9.81	\$11.56	\$13.31	\$15.06	\$16.81	\$18.56

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.87	\$2.67	\$3.47	\$4.27	\$5.07	\$5.87	\$6.67	\$7.47	\$8.27	\$9.07
30-39	\$2.59	\$4.11	\$5.64	\$7.16	\$8.68	\$10.20	\$11.73	\$13.25	\$14.77	\$16.29
40-49	\$3.66	\$6.25	\$8.83	\$11.42	\$14.01	\$16.60	\$19.19	\$21.77	\$24.36	\$26.95
50-59	\$5.20	\$9.32	\$13.45	\$17.58	\$21.70	\$25.83	\$29.96	\$34.08	\$38.21	\$42.33
60+	\$7.78	\$14.50	\$21.21	\$27.92	\$34.64	\$41.35	\$48.07	\$54.78	\$61.49	\$68.21

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.72	\$2.05	\$2.38	\$2.70	\$3.03	\$3.36	\$3.69	\$4.01	\$4.34
30-39	\$2.45	\$3.13	\$3.82	\$4.51	\$5.20	\$5.89	\$6.57	\$7.26	\$7.95
40-49	\$3.51	\$4.73	\$5.95	\$7.17	\$8.40	\$9.62	\$10.84	\$12.06	\$13.28
50-59	\$5.05	\$7.04	\$9.03	\$11.02	\$13.01	\$15.00	\$16.99	\$18.98	\$20.97
60+	\$7.64	\$10.92	\$14.21	\$17.49	\$20.77	\$24.06	\$27.34	\$30.62	\$33.91

## Multi-product Discount Premium Rates

If two Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.50	\$1.96	\$2.42	\$2.88	\$3.34	\$3.80	\$4.26	\$4.72	\$5.17	\$5.63
30-39	\$1.75	\$2.46	\$3.17	\$3.88	\$4.59	\$5.30	\$6.01	\$6.72	\$7.43	\$8.14
40-49	\$2.26	\$3.48	\$4.70	\$5.92	\$7.14	\$8.36	\$9.58	\$10.80	\$12.02	\$13.23
50-59	\$3.14	\$5.24	\$7.34	\$9.44	\$11.54	\$13.64	\$15.74	\$17.84	\$19.94	\$22.04
60+	\$4.57	\$8.11	\$11.64	\$15.18	\$18.71	\$22.25	\$25.78	\$29.32	\$32.85	\$36.38

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.36	\$1.52	\$1.68	\$1.83	\$1.99	\$2.15	\$2.31	\$2.47	\$2.63
30-39	\$1.61	\$1.89	\$2.18	\$2.46	\$2.75	\$3.03	\$3.31	\$3.60	\$3.88
40-49	\$2.12	\$2.66	\$3.20	\$3.73	\$4.27	\$4.81	\$5.35	\$5.89	\$6.43
50-59	\$3.00	\$3.98	\$4.96	\$5.94	\$6.91	\$7.89	\$8.87	\$9.85	\$10.83
60+	\$4.43	\$6.13	\$7.83	\$9.52	\$11.22	\$12.91	\$14.61	\$16.31	\$18.00

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.82	\$2.59	\$3.37	\$4.14	\$4.92	\$5.70	\$6.47	\$7.25	\$8.02	\$8.80
30-39	\$2.52	\$3.99	\$5.47	\$6.95	\$8.42	\$9.90	\$11.38	\$12.85	\$14.33	\$15.81
40-49	\$3.55	\$6.06	\$8.57	\$11.08	\$13.59	\$16.10	\$18.61	\$21.12	\$23.63	\$26.14
50-59	\$5.04	\$9.05	\$13.05	\$17.05	\$21.05	\$25.06	\$29.06	\$33.06	\$37.06	\$41.07
60+	\$7.55	\$14.06	\$20.58	\$27.09	\$33.60	\$40.11	\$46.63	\$53.14	\$59.65	\$66.16

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.67	\$1.99	\$2.31	\$2.63	\$2.94	\$3.26	\$3.58	\$3.89	\$4.21
30-39	\$2.37	\$3.04	\$3.71	\$4.38	\$5.04	\$5.71	\$6.38	\$7.05	\$7.71
40-49	\$3.41	\$4.59	\$5.78	\$6.96	\$8.15	\$9.33	\$10.51	\$11.70	\$12.88
50-59	\$4.90	\$6.83	\$8.76	\$10.69	\$12.62	\$14.55	\$16.48	\$18.41	\$20.34
60+	\$7.41	\$10.60	\$13.78	\$16.97	\$20.15	\$23.34	\$26.52	\$29.71	\$32.89

## Multi-product Discount Premium Rates

If three or more Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.45	\$1.89	\$2.34	\$2.78	\$3.23	\$3.67	\$4.12	\$4.56	\$5.01	\$5.45
30-39	\$1.69	\$2.38	\$3.06	\$3.75	\$4.44	\$5.13	\$5.82	\$6.51	\$7.19	\$7.88
40-49	\$2.18	\$3.36	\$4.55	\$5.73	\$6.91	\$8.09	\$9.27	\$10.45	\$11.64	\$12.82
50-59	\$3.03	\$5.07	\$7.10	\$9.14	\$11.17	\$13.21	\$15.24	\$17.28	\$19.31	\$21.35
60+	\$4.43	\$7.85	\$11.28	\$14.70	\$18.13	\$21.55	\$24.98	\$28.40	\$31.83	\$35.25

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.31	\$1.46	\$1.62	\$1.77	\$1.92	\$2.08	\$2.23	\$2.39	\$2.54
30-39	\$1.55	\$1.83	\$2.10	\$2.38	\$2.65	\$2.93	\$3.20	\$3.48	\$3.75
40-49	\$2.04	\$2.57	\$3.09	\$3.61	\$4.13	\$4.66	\$5.18	\$5.70	\$6.22
50-59	\$2.90	\$3.85	\$4.79	\$5.74	\$6.69	\$7.64	\$8.59	\$9.54	\$10.49
60+	\$4.29	\$5.93	\$7.58	\$9.22	\$10.86	\$12.51	\$14.15	\$15.79	\$17.44

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.75	\$2.50	\$3.26	\$4.01	\$4.76	\$5.51	\$6.26	\$7.02	\$7.77	\$8.52
30-39	\$2.43	\$3.86	\$5.29	\$6.72	\$8.15	\$9.58	\$11.02	\$12.45	\$13.88	\$15.31
40-49	\$3.43	\$5.87	\$8.30	\$10.73	\$13.16	\$15.60	\$18.03	\$20.46	\$22.89	\$25.33
50-59	\$4.88	\$8.76	\$12.64	\$16.52	\$20.39	\$24.27	\$28.15	\$32.03	\$35.91	\$39.79
60+	\$7.31	\$13.62	\$19.93	\$26.24	\$32.55	\$38.86	\$45.18	\$51.49	\$57.80	\$64.11

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.61	\$1.92	\$2.23	\$2.54	\$2.84	\$3.15	\$3.46	\$3.77	\$4.07
30-39	\$2.29	\$2.94	\$3.59	\$4.23	\$4.88	\$5.53	\$6.17	\$6.82	\$7.47
40-49	\$3.30	\$4.44	\$5.59	\$6.74	\$7.89	\$9.03	\$10.18	\$11.33	\$12.48
50-59	\$4.74	\$6.61	\$8.48	\$10.35	\$12.22	\$14.10	\$15.97	\$17.84	\$19.71
60+	\$7.17	\$10.26	\$13.35	\$16.43	\$19.52	\$22.61	\$25.69	\$28.78	\$31.87

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

### Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence+

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

### Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. See Master Policy for the full list of covered health screening tests.

### Additional Benefits

Benefits for burns are only payable for burns due to, caused by, or attributed to, a covered accident.

Benefits for Coma, Paralysis, and Loss of Sight, Hearing or Speech are payable for loss due to a covered underlying disease or a covered accident.

### Progressive Diseases Rider

Benefits are payable if an insured is diagnosed with one of the diseases listed.

### Childhood Conditions Rider

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

\*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

## Limitations & Exclusions

### 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** of any kind, including:
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal substance abuse**, which includes the following:
  - 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

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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.

In Nevada: This limited plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

In New Mexico: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.

In Washington DC: NOTICE TO CONSUMER: THIS IS A SUPPLEMENTAL TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

# Group Critical Illness Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/15/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C21000

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid **directly to your employees** (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$35,000 <b>Spouse:</b> Up to \$17,500 <b>Participation Requirement:</b> 0% Guaranteed for 3 years
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Year(s)
<b>Portability/Continuation</b>	2019 Portability
<b>Rate Type</b>	Issue Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	When the surviving spouse elects to continue coverage as the primary insured, we will then waive premiums for the surviving spouse and for any dependent child coverage in force at the time of the employee's death for a period of six months from the date of death, or until the date coverage ends, whichever comes first.
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months <i>(an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)</i>
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$75 per calendar year

Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Optional Benefits Rider	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%

Progressive Diseases Rider	
Amyotrophic Lateral Sclerosis (ALS)	100%
Multiple Sclerosis (MS)	100%

Childhood Conditions Rider	
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida , Type I Diabetes	50% of employee benefit
Autism Spectrum Disorder	\$3000

Please request a sample policy for full benefit provisions and descriptions.

## Premium Rates

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.28	\$3.49	\$4.69	\$5.90	\$7.10	\$8.31	\$9.51	\$10.72	\$11.92	\$13.13
30-39	\$2.95	\$4.83	\$6.70	\$8.58	\$10.45	\$12.33	\$14.20	\$16.08	\$17.95	\$19.83
40-49	\$4.60	\$8.12	\$11.65	\$15.17	\$18.69	\$22.21	\$25.73	\$29.25	\$32.78	\$36.30
50-59	\$7.81	\$14.55	\$21.28	\$28.01	\$34.74	\$41.48	\$48.21	\$54.94	\$61.67	\$68.41
60+	\$13.85	\$26.62	\$39.39	\$52.16	\$64.93	\$77.70	\$90.47	\$103.24	\$116.01	\$128.78

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.14	\$2.67	\$3.20	\$3.73	\$4.26	\$4.79	\$5.31	\$5.84	\$6.37
30-39	\$2.81	\$3.67	\$4.54	\$5.40	\$6.27	\$7.13	\$8.00	\$8.86	\$9.72
40-49	\$4.46	\$6.14	\$7.83	\$9.52	\$11.21	\$12.89	\$14.58	\$16.27	\$17.96
50-59	\$7.67	\$10.96	\$14.25	\$17.55	\$20.84	\$24.13	\$27.43	\$30.72	\$34.01
60+	\$13.70	\$20.02	\$26.33	\$32.64	\$38.95	\$45.26	\$51.57	\$57.89	\$64.20

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.72	\$4.35	\$5.99	\$7.63	\$9.26	\$10.90	\$12.53	\$14.17	\$15.81	\$17.44
30-39	\$3.93	\$6.77	\$9.62	\$12.46	\$15.31	\$18.16	\$21.00	\$23.85	\$26.69	\$29.54
40-49	\$6.54	\$11.99	\$17.45	\$22.91	\$28.36	\$33.82	\$39.28	\$44.74	\$50.19	\$55.65
50-59	\$11.86	\$22.64	\$33.43	\$44.21	\$54.99	\$65.77	\$76.55	\$87.33	\$98.12	\$108.90
60+	\$20.93	\$40.77	\$60.62	\$80.47	\$100.32	\$120.16	\$140.01	\$159.86	\$179.70	\$199.55

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.57	\$3.32	\$4.06	\$4.81	\$5.55	\$6.30	\$7.04	\$7.79	\$8.53
30-39	\$3.78	\$5.13	\$6.48	\$7.83	\$9.18	\$10.53	\$11.88	\$13.23	\$14.58
40-49	\$6.39	\$9.05	\$11.70	\$14.36	\$17.01	\$19.67	\$22.32	\$24.98	\$27.63
50-59	\$11.72	\$17.03	\$22.35	\$27.67	\$32.99	\$38.31	\$43.62	\$48.94	\$54.26
60+	\$20.78	\$30.63	\$40.48	\$50.33	\$60.18	\$70.03	\$79.88	\$89.74	\$99.59

# Multi-product Discount Premium Rates

If two Aflac Group products are sold:

## Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.22	\$3.39	\$4.56	\$5.72	\$6.89	\$8.06	\$9.23	\$10.40	\$11.57	\$12.73
30-39	\$2.87	\$4.69	\$6.51	\$8.32	\$10.14	\$11.96	\$13.78	\$15.60	\$17.42	\$19.24
40-49	\$4.47	\$7.88	\$11.30	\$14.71	\$18.13	\$21.55	\$24.96	\$28.38	\$31.79	\$35.21
50-59	\$7.58	\$14.11	\$20.64	\$27.17	\$33.70	\$40.23	\$46.76	\$53.29	\$59.82	\$66.36
60+	\$13.44	\$25.82	\$38.21	\$50.60	\$62.98	\$75.37	\$87.76	\$100.14	\$112.53	\$124.92

## Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.08	\$2.59	\$3.10	\$3.62	\$4.13	\$4.64	\$5.16	\$5.67	\$6.18
30-39	\$2.73	\$3.57	\$4.40	\$5.24	\$6.08	\$6.92	\$7.76	\$8.60	\$9.43
40-49	\$4.32	\$5.96	\$7.60	\$9.24	\$10.87	\$12.51	\$14.15	\$15.78	\$17.42
50-59	\$7.44	\$10.63	\$13.83	\$17.02	\$20.22	\$23.41	\$26.61	\$29.80	\$32.99
60+	\$13.29	\$19.42	\$25.54	\$31.66	\$37.78	\$43.91	\$50.03	\$56.15	\$62.27

## Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.64	\$4.22	\$5.81	\$7.40	\$8.99	\$10.57	\$12.16	\$13.75	\$15.33	\$16.92
30-39	\$3.81	\$6.57	\$9.33	\$12.09	\$14.85	\$17.61	\$20.37	\$23.13	\$25.89	\$28.65
40-49	\$6.34	\$11.64	\$16.93	\$22.22	\$27.52	\$32.81	\$38.10	\$43.40	\$48.69	\$53.98
50-59	\$11.51	\$21.97	\$32.42	\$42.88	\$53.34	\$63.80	\$74.26	\$84.72	\$95.17	\$105.63
60+	\$20.30	\$39.55	\$58.81	\$78.06	\$97.31	\$116.56	\$135.81	\$155.06	\$174.32	\$193.57

## Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.50	\$3.22	\$3.94	\$4.66	\$5.39	\$6.11	\$6.83	\$7.55	\$8.28
30-39	\$3.67	\$4.98	\$6.29	\$7.60	\$8.91	\$10.22	\$11.53	\$12.83	\$14.14
40-49	\$6.20	\$8.78	\$11.35	\$13.93	\$16.50	\$19.08	\$21.66	\$24.23	\$26.81
50-59	\$11.37	\$16.52	\$21.68	\$26.84	\$32.00	\$37.16	\$42.32	\$47.47	\$52.63
60+	\$20.16	\$29.72	\$39.27	\$48.83	\$58.38	\$67.94	\$77.49	\$87.05	\$96.60

## Multi-product Discount Premium Rates

If three or more Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.14	\$3.27	\$4.41	\$5.54	\$6.67	\$7.80	\$8.94	\$10.07	\$11.20	\$12.33
30-39	\$2.77	\$4.53	\$6.30	\$8.06	\$9.82	\$11.58	\$13.35	\$15.11	\$16.87	\$18.63
40-49	\$4.32	\$7.63	\$10.94	\$14.25	\$17.56	\$20.87	\$24.18	\$27.49	\$30.80	\$34.11
50-59	\$7.34	\$13.67	\$20.00	\$26.32	\$32.65	\$38.98	\$45.31	\$51.64	\$57.97	\$64.29
60+	\$13.01	\$25.02	\$37.02	\$49.02	\$61.03	\$73.03	\$85.03	\$97.04	\$109.04	\$121.05

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.00	\$2.50	\$3.00	\$3.50	\$3.99	\$4.49	\$4.99	\$5.49	\$5.98
30-39	\$2.63	\$3.45	\$4.26	\$5.07	\$5.88	\$6.70	\$7.51	\$8.32	\$9.13
40-49	\$4.18	\$5.77	\$7.36	\$8.94	\$10.53	\$12.12	\$13.70	\$15.29	\$16.88
50-59	\$7.20	\$10.30	\$13.39	\$16.49	\$19.58	\$22.68	\$25.77	\$28.87	\$31.97
60+	\$12.88	\$18.81	\$24.74	\$30.68	\$36.61	\$42.54	\$48.47	\$54.41	\$60.34

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.55	\$4.09	\$5.62	\$7.16	\$8.70	\$10.24	\$11.78	\$13.31	\$14.85	\$16.39
30-39	\$3.69	\$6.36	\$9.04	\$11.71	\$14.39	\$17.06	\$19.74	\$22.41	\$25.09	\$27.76
40-49	\$6.14	\$11.27	\$16.40	\$21.53	\$26.66	\$31.79	\$36.92	\$42.05	\$47.18	\$52.30
50-59	\$11.14	\$21.28	\$31.41	\$41.55	\$51.68	\$61.82	\$71.95	\$82.09	\$92.22	\$102.36
60+	\$19.67	\$38.32	\$56.98	\$75.64	\$94.29	\$112.95	\$131.60	\$150.26	\$168.92	\$187.57

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.41	\$3.11	\$3.81	\$4.51	\$5.21	\$5.91	\$6.61	\$7.31	\$8.01
30-39	\$3.55	\$4.82	\$6.09	\$7.35	\$8.62	\$9.89	\$11.16	\$12.43	\$13.70
40-49	\$6.00	\$8.50	\$10.99	\$13.49	\$15.99	\$18.48	\$20.98	\$23.47	\$25.97
50-59	\$11.01	\$16.01	\$21.00	\$26.00	\$31.00	\$36.00	\$41.00	\$46.00	\$51.00
60+	\$19.53	\$28.79	\$38.05	\$47.31	\$56.57	\$65.83	\$75.09	\$84.35	\$93.60

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

### Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence+

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

### Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. See Master Policy for the full list of covered health screening tests.

### Additional Benefits

Benefits for burns are only payable for burns due to, caused by, or attributed to, a covered accident.

Benefits for Coma, Paralysis, and Loss of Sight, Hearing or Speech are payable for loss due to a covered underlying disease or a covered accident.

### Progressive Diseases Rider

Benefits are payable if an insured is diagnosed with one of the diseases listed.

### Childhood Conditions Rider

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

\*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

## Limitations & Exclusions

### 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** of any kind, including:
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal substance abuse**, which includes the following:
  - 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

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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.

In Nevada: This limited plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

In New Mexico: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.

In Washington DC: NOTICE TO CONSUMER: THIS IS A SUPPLEMENTAL TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

# Group Critical Illness Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/23/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C21000

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid **directly to your employees** (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$20,000 <b>Spouse:</b> Up to \$10,000 <b>Participation Requirement:</b> 0% Guaranteed for 3 years
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Year(s)
<b>Portability/Continuation</b>	2019 Portability
<b>Rate Type</b>	Issue Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	When the surviving spouse elects to continue coverage as the primary insured, we will then waive premiums for the surviving spouse and for any dependent child coverage in force at the time of the employee's death for a period of six months from the date of death, or until the date coverage ends, whichever comes first.
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months <i>(an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)</i>
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year

Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Optional Benefits Rider	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%

Please request a sample policy for full benefit provisions and descriptions.

## Premium Rates

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-29	\$0.93	\$1.85	\$2.77	\$3.68
30-39	\$1.54	\$3.06	\$4.59	\$6.12
40-49	\$3.04	\$6.06	\$9.09	\$12.11
50-59	\$5.95	\$11.88	\$17.82	\$23.75
60+	\$11.40	\$22.80	\$34.19	\$45.59

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000
18-29	\$0.93	\$1.39	\$1.85
30-39	\$1.54	\$2.30	\$3.06
40-49	\$3.04	\$4.55	\$6.06
50-59	\$5.95	\$8.91	\$11.88
60+	\$11.40	\$17.10	\$22.80

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-29	\$1.32	\$2.63	\$3.94	\$5.25
30-39	\$2.42	\$4.82	\$7.23	\$9.63
40-49	\$4.79	\$9.56	\$14.34	\$19.12
50-59	\$9.61	\$19.21	\$28.81	\$38.41
60+	\$17.81	\$35.61	\$53.40	\$71.20

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000
18-29	\$1.32	\$1.97	\$2.63
30-39	\$2.42	\$3.62	\$4.82
40-49	\$4.79	\$7.17	\$9.56
50-59	\$9.61	\$14.41	\$19.21
60+	\$17.81	\$26.71	\$35.61

## Multi-product Discount Premium Rates

If two Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-29	\$0.90	\$1.79	\$2.68	\$3.57
30-39	\$1.49	\$2.97	\$4.45	\$5.93
40-49	\$2.94	\$5.88	\$8.81	\$11.75
50-59	\$5.77	\$11.52	\$17.28	\$23.04
60+	\$11.06	\$22.12	\$33.17	\$44.22

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000
18-29	\$0.90	\$1.35	\$1.79
30-39	\$1.49	\$2.23	\$2.97
40-49	\$2.94	\$4.41	\$5.88
50-59	\$5.77	\$8.65	\$11.52
60+	\$11.06	\$16.59	\$22.12

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-29	\$1.28	\$2.55	\$3.82	\$5.09
30-39	\$2.34	\$4.68	\$7.01	\$9.34
40-49	\$4.64	\$9.28	\$13.91	\$18.54
50-59	\$9.32	\$18.63	\$27.94	\$37.25
60+	\$17.27	\$34.54	\$51.80	\$69.07

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000
18-29	\$1.28	\$1.91	\$2.55
30-39	\$2.34	\$3.51	\$4.68
40-49	\$4.64	\$6.96	\$9.28
50-59	\$9.32	\$13.98	\$18.63
60+	\$17.27	\$25.91	\$34.54

## Multi-product Discount Premium Rates

If three or more Aflac Group products are sold:

### Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-29	\$0.87	\$1.74	\$2.60	\$3.46
30-39	\$1.44	\$2.88	\$4.31	\$5.75
40-49	\$2.85	\$5.70	\$8.54	\$11.39
50-59	\$5.59	\$11.17	\$16.75	\$22.33
60+	\$10.72	\$21.43	\$32.14	\$42.85

### Spouse Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000
18-29	\$0.87	\$1.30	\$1.74
30-39	\$1.44	\$2.16	\$2.88
40-49	\$2.85	\$4.28	\$5.70
50-59	\$5.59	\$8.38	\$11.17
60+	\$10.72	\$16.08	\$21.43

### Employee Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-29	\$1.24	\$2.47	\$3.70	\$4.93
30-39	\$2.27	\$4.53	\$6.79	\$9.05
40-49	\$4.50	\$8.99	\$13.48	\$17.97
50-59	\$9.03	\$18.06	\$27.08	\$36.10
60+	\$16.74	\$33.47	\$50.20	\$66.93

### Spouse Tobacco Semimonthly Premiums

Age	\$5,000	\$7,500	\$10,000
18-29	\$1.24	\$1.86	\$2.47
30-39	\$2.27	\$3.40	\$4.53
40-49	\$4.50	\$6.74	\$8.99
50-59	\$9.03	\$13.54	\$18.06
60+	\$16.74	\$25.10	\$33.47

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### **Initial Diagnosis+**

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

### **Additional Diagnosis+**

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### **Reoccurrence+**

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

### **Additional Benefits**

Benefits for burns are only payable for burns due to, caused by, or attributed to, a covered accident.

Benefits for Coma, Paralysis, and Loss of Sight, Hearing or Speech are payable for loss due to a covered underlying disease or a covered accident.

\*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

## Limitations & Exclusions

### 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** of any kind, including:
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal substance abuse**, which includes the following:
  - 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

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For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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In Nevada: This limited plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

In New Mexico: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.

In Washington DC: NOTICE TO CONSUMER: THIS IS A SUPPLEMENTAL TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.



# Why should you offer BenExtend? It's as easy as 1-2-3.

Convenience is critical in this hurry-up, rush-to-get-things-done world. Aflac understands and that's where our new BenExtend offering steps in. It's a convenient, 1-2-3 that combines the best aspects of three group products:

## 1. Accident    2. Hospital indemnity    3. Critical illness

Sure, these key products can be purchased individually. But by combining the most popular aspects of each into a simple plan, employees get powerful financial protection against some of the most common (and costly) injuries and illnesses. Here's why:

- There are two options: employer-paid and voluntary, so accounts can choose the one that best supports their benefits strategy.
- It removes the guesswork for employers who have trouble deciding which benefits best meet the needs of their workforce – and it makes the decision-making process easier for employees, many of whom spend less than 30
- One plan covers 80 percent of the benefits of accident and hospital indemnity plans.<sup>2</sup>

Give more to your accounts. Gain more for your business.

<sup>1</sup> 2018 Aflac WorkForces Report.

<sup>2</sup> Company statistics, December 31, 2017.

**For more information please contact  
your Aflac Sales Professional.**



Products and benefits vary by state and may not be available in some states. This flyer provides a brief description of the products and conditions. This is subject to the terms, conditions and limitations of Policy Series 81000.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. aflacgroupinsurance.com | 1.800.433.3036 | Continental American Insurance Company | Columbia, South Carolina



# Group BenExtend Insurance

## Benefits Proposal

This proposal has been  
prepared for:

James Madison University

Presented by:

Aflac Group

Proposal State:

Virginia

Presentation Date:

10/30/2020

Expires on 01/01/2021



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C81000

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## Plan Description

The Aflac Group BenExtend combines accident, hospital indemnity and critical illness benefits into one plan design. It gives employees access to a streamlined collection of benefits that would traditionally require the purchase of multiple insurance plans, making it a more affordable option for consumers looking for additional financial protection options against out-of-pocket expenses.

## Why Offer BenExtend Insurance?

Health care costs continue to rise and the future of health care is far from certain.

Backed by decades of plan design and claims experience, Aflac-built BenExtend-Voluntary features commonly-used benefits from accident, hospital indemnity and critical illness plans to help better protect employees against out-of-pocket costs due to injuries and illnesses. BenExtend-Voluntary is a simple way employers can provide employees with multiple benefit options that strike a balance between their coverage needs and budgets.

Features and Plan Provisions (specific provisions descriptions may vary by state)	
<b>Benefit Amounts</b>	See benefit schedule for available options
<b>Coverage</b>	Non-Occupational
<b>Covered Insureds</b>	Available for all family members Spouse- and Child-only coverage is not available
<b>Guaranteed-Issue</b>	The BenExtend product is always offered on a guaranteed-issue basis
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Limitation</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	2 Years
<b>Portability/Continuation</b>	2019 Portability
<b>Eligibility</b>	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

## Plan Benefits

(Descriptions of specific benefits may vary by state)

Hospital Indemnity Benefits - Mid	Employee	Spouse	Child
<b>Hospital Admission</b> (per confinement) - per covered sickness or accident per calendar year for each insured, within six months of the accident Maximum number of admissions per covered accident or covered sickness: 1	\$500	\$500	\$500
<b>Hospital Confinement</b> (per day) - within 6 months of the accident			
Days 1-4	\$150	\$150	\$150
Days 5-10	\$100	\$100	\$100
Days 11-31	\$75	\$75	\$75
Maximum days of confinement per covered accident or covered sickness: 31			

Accident Benefits - Mid	Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident	\$100	\$100	\$100
<b>Ambulance</b> - once per day, within 90 days of the accident	\$250	\$250	\$250
<b>Major Diagnostic Testing</b> - within six months of the accident Maximum number of diagnostic test per covered accident or covered sickness: 1	\$300	\$300	\$300
<b>Lacerations</b> - within 7 days of the accident Once per accident.	\$100	\$100	\$100

**Fractures** - once per covered accident, within 90 days of the accident

Fractures Benefit Schedule	Employee	Spouse	Child
	Hip/Thigh	\$2,000	\$2,000
Vertebrae/Sternum	\$1,800	\$1,800	\$1,800
Pelvis	\$1,600	\$1,600	\$1,600
Skull (Depressed)	\$1,500	\$1,500	\$1,500
Leg	\$1,200	\$1,200	\$1,200
Forearm/Hand/Wrist	\$1,000	\$1,000	\$1,000
Foot/Ankle/Kneecap	\$1,000	\$1,000	\$1,000
Shoulder Blade/Collar Bone	\$800	\$800	\$800
Lower Jaw	\$800	\$800	\$800
Skull (Simple)	\$700	\$700	\$700
Upper Arm/Upper Jaw	\$700	\$700	\$700
Facial Bones (except teeth)	\$600	\$600	\$600
Vertebral Processes/Sacrum	\$400	\$400	\$400
Coccyx/Rib/Finger/Toe	\$160	\$160	\$160

**Appliances** - within six months of the accident

Maximum number of appliances per covered accident: No Maximum

Cane	\$30	\$30	\$30
Ankle Brace	\$30	\$30	\$30
Walking Boot	\$75	\$75	\$75
Walker	\$75	\$75	\$75
Crutches	\$75	\$75	\$75
Leg Brace	\$75	\$75	\$75
Cervical Collar	\$75	\$75	\$75
Wheelchair	\$300	\$300	\$300
Knee Scooter	\$300	\$300	\$300
Body Jacket	\$300	\$300	\$300
Back Brace	\$300	\$300	\$300

**Critical Illness Benefits**

<b>Benefit Amount</b>	<b>\$5000</b>
<b>Covered Critical Illnesses and Additional Benefits</b>	<b>Percent of Face Amount/Benefit</b>
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Surgery	25%
Coronary Artery Bypass Surgery	25%
Skin Cancer, once per calendar year	\$250

**Health Screening Benefit**

**Benefit Amount**

<b>Health Screening Benefit</b>	<b>\$50</b>
Payable once per calendar year per insured	

*Please request a sample policy for full benefit provisions and descriptions.*

## Benefit and Premium Rates

### Semimonthly Premiums

Coverage	Premium
Employee	\$14.14
Employee & Spouse	\$27.81
Employee & Child(ren)	\$20.77
Family	\$34.44

\*The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Benefits Summary

*(Benefit provisions vary by situs state)*

### Hospital Indemnity Benefits

#### Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment. This benefit is not payable for Hospital 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.

#### Hospital Confinement

Payable in the amount shown for each day that an insured is confined to a hospital as an inpatient as a result of a covered accidental injury or covered sickness. 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. This benefit is not payable for confinement to an observation unit or a rehabilitation facility. This benefit is not payable for emergency room treatment or outpatient surgery or outpatient treatment.

### Accident Benefits

#### Initial Treatment

Payable for initial treatment received under the care of a doctor for a covered accidental injury. This benefit is not payable for treatment via telemedicine services.

#### Ambulance

Payable when an insured received transportation by a professional ambulance service due to a covered accident.

#### Major Diagnostic Testing

Payable when one of the following exams is performed in a hospital, doctor's office, medical diagnostic imaging center, or an ambulatory surgical center due to a covered accident injury:

- Computerized Tomography (CT scan)
- Magnetic Resonance Imaging (MRI)
- Computerized Axial Tomography (CAT)
- Electroencephalography (EEG)

#### Lacerations

Payable when an insured receives a laceration in a covered accident and is repaired with stitches by a doctor.

#### Fractures

Payable when an insured fractures a bone and is treated by a doctor. For multiple fractures (more than one bone fractured 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.

#### Appliances

Payable when a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

### Critical Illness Benefits

*Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.*

#### Initial Diagnosis+

We will pay up to 100% of the face amount upon diagnosis of a covered critical illness.

#### Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

#### Reoccurrence+

Once benefits have been paid for a covered critical illness, we will pay benefits for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

**+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.**

**Benefits will be based on the face amount in effect on the critical illness date of diagnosis.**

### Health Screening Benefit

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 each insured.

## LIMITATIONS AND EXCLUSIONS

All state references in the limitations and exclusions refer to situs state.

### Hospital Indemnity Benefits 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 (except in Illinois).
  - 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 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 Colorado, Missouri, and Vermont: committing or attempting to commit suicide, while sane.
  - In Minnesota, Michigan, and Montana: this exclusion does not apply.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
  - In Colorado: injuring or attempting to injure oneself intentionally, while sane.
  - In Missouri: Injuring or attempting to injure oneself intentionally and is not an obvious suicide attempt.
  - In Michigan and Montana: 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.
- **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 and Ohio: voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Georgia, 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 South Dakota: this exclusion does not apply.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity.
  - In California: participating in any organized sport in a professional capacity.
- **Custodial Care** – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
  - In Arizona and South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Alabama, Alaska, California, Minnesota, and Washington D.C.: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Montana: this exclusion does not apply.
- **Elective Abortion** – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.  
In Tennessee: an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed, or if the pregnancy was the result of rape or incest, or if the fetus is nonviable.
- **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.
  - In California: 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 when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.
    - Reconstructive surgery, when the service is related to or follows mastectomy or lymph node dissection. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.

## Accident Benefits Exclusions

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 (except in Illinois).
- 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 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 Colorado, Missouri, and Vermont: committing or attempting to commit suicide, while sane.
  - In Illinois, Minnesota, Michigan, and Montana: 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.
  - 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 Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane.
  - In Missouri: Injuring or attempting to injure oneself intentionally and is not an obvious suicide attempt.
  - In Michigan and Montana: 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.
- **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, Georgia, Nebraska, Ohio, 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 South Dakota: this exclusion does not apply.
  - In South Dakota: Voluntarily committing a felony.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
  - In California: 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 and Massachusetts: having cosmetic surgery, other elective procedures, or having 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,

For 24 hour accident coverage, the following exclusions do not apply:

- An injury arising from any employment.
- An injury or sickness covered by Worker’s Compensation.
  - In Kansas: An injury or sickness related to the employee’s job to the extent the employee is covered or is required to be covered by the Workers’ Compensation law. If the employee enters into a settlement giving up his right to recover future medical benefits under the Workers’ Compensation law, the policy will not pay benefits that would have been payable in absence of that settlement.
  - 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. In South Dakota: An injury or sickness paid by Worker’s Compensation.

\*“Contributed to” language does not apply in Illinois. 138

## Critical Illness Benefits Limitations and Exclusions

### 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.

In California:

- 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

### Exclusions:

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
  - In Alaska and Tennessee: injuring or attempting to injure oneself intentionally.
  - In Colorado, Missouri, and Vermont: injuring or attempting to injure oneself intentionally, while sane.
  - In Michigan and Montana: this exclusion does not apply.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
  - In Colorado: committing or attempting to commit suicide, while sane.
  - In Illinois, Michigan, Minnesota, and Montana: this exclusion does not apply.
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job.
  - In Arizona: participating or attempting to commit a felony, or engaged in an illegal occupation.
  - In California: Illegal Occupation – committing or attempting to commit a felony, or being engaged in an illegal occupation
  - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation.
  - In Georgia and South Dakota: this exclusion does not apply.
  - In Illinois, Nebraska, and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Ohio: participating or attempting to participate in a felony, or working at an illegal job.
  - In Utah: voluntarily participating in an illegal activity or voluntarily working at an illegal job.
  - In South Dakota: Voluntarily committing a felony at the time of the loss.
  - In Georgia: Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job.

- **Participation** (In Utah: Voluntary Participation) in Aggressive Conflict of any kind, including:
  - War (declared or undeclared) or military conflicts.
    - In Florida and North Carolina: War (declared or undeclared) or military conflicts. War does not include acts of terrorism.- Insurrection or riot.
  - Civil commotion or civil state of belligerence.
    - In California: Participation in Aggressive Conflict of any kind, including:
      - War (declared or undeclared) or military conflicts
      - Insurrection or riot
    - In Michigan: This exclusion does not apply.
- **Illegal substance abuse** (In Georgia, Michigan, and South Dakota: this exclusion does not apply.), which includes the following:
  - Abuse of legally-obtained prescription medication.
    - In Alabama: The use of any prescription drug or medication not taken as prescribed by a doctor.
    - In Louisiana: Illegal intoxication.
  - Illegal use of non-prescription drugs.
    - In Alabama: The use of non-prescription drugs not taken as directed.
    - In Louisiana: Being under the influence of narcotics unless administered on the advice of a doctor.
    - In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
    - In Georgia: Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the loss occurred.)
    - In California: Intoxicants and controlled substances – loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician
    - In Massachusetts a third bullet is added that reads - Services provided for alcohol and drug detoxification

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, may be payable only while coverage is in force.

\* Ambiguous language (i.e. "any of the following," "of any kind, including," "which includes the following") does not apply in Florida.

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

*Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina*

# Allstate Benefits Proposal

Presented to:  
**James Madison University**

Presented by:  
**Pierce Insurance Agency**

Effective date:  
**1/1/2021**







premiums – Semi-Monthly

PLAN DESIGN	EE	EE + SP	EE + CH	F
3 Units Hospital Benefits, 3 Units Radiation & Chemotherapy Benefits, 3 Units Surgery Benefits, 1 Unit Miscellaneous Benefits, 3 Units Wellness Benefit, 3 Units Cancer Initial Diagnosis.	\$12.02	\$18.60	\$16.95	\$23.53

In addition to cancer, benefits (unless noted specifically for cancer) are also payable for: Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

Rates reflect 999 eligible employees for coverage. These rates are not for use with a group that has 1,000 or more eligible employees.

V.2020.09.30 FA Proposal Creation Date: 10/14/2020

This Quote Expires on 10/14/2021

Eligible Lives: 999

Plan design and rates indicate which of the following items are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

We pay the following benefits for the necessary services and products for a covered cancer or a specified disease. Treatment must be received in the United States or its territories.

#### HOSPITAL AND RELATED BENEFITS

- A. **Continuous Hospital Confinement** - If a covered person is admitted to and confined as an inpatient in a hospital, we pay the amount shown per day for each day.
- B. **Government or Charity Hospital** - In lieu of all other benefits in the policy (except the Waiver of Premium benefit), we pay the amount shown per day for each day a covered person is confined to: 1.) a hospital operated by or for the U.S. Government (including the Veteran's Administration); or 2.) a hospital that does not charge for the services it provides (charity).
- C. **Private Duty Nursing Services** - While a covered person is an inpatient receiving treatment, we pay the amount shown per day if such covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24 hour period. These services must be required and authorized by the attending physician and must be provided by
- D. **Extended Care Facility** - We pay the amount shown per day for each day a covered person is confined in an extended care facility. Confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. This benefit is limited to the number of days of the previous continuous hospital
- E. **At Home Nursing** - While a covered person is receiving treatment, we pay the amount shown per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician. This benefit is limited to the number of days of the previous continuous hospital confinement.
- F. **Hospice Care** - When a covered person is: 1. determined by a physician to be terminally ill; and 2. expected to live 6 months or less; we pay one of the following two benefits for hospice care:
  - 1. **Freestanding Hospice Care Center**. We pay the amount shown per day for confinement in a licensed freestanding hospice care center. The covered person must be diagnosed by a physician as terminally ill and the attending physician must approve the confinement. This benefit is payable only if a covered person is admitted to a freestanding hospice care center. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or
  - 2. **Hospice Care Team**. We pay the amount shown per visit, limited to one visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. This benefit is payable only if: the covered person has been diagnosed as terminally ill; and the attending physician has approved such services. We do not pay for: food services or meals other than dietary counseling; or services related to well-baby care; or services provided by volunteers; or support for the family after the death of the covered person.

#### RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

- G. **Radiation/Chemotherapy for Cancer** - We pay the actual cost, up to the limit stated, for radiation therapy and chemotherapy received by a covered person. This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12 month period explained above.
- H. **Blood, Plasma and Platelets** - We pay the actual cost, up to the limit stated, for: 1. Blood, plasma and platelets (including transfusions and administration charges); and 2. Processing and procurement costs; and 3. Cross-matching. This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. We do not pay for blood replaced by donors. We do not pay for immunoglobulins.
- I. **Hematological Drugs** - We pay the actual cost up to the amount shown for drugs intended to boost cell lines such as white blood cell counts, red blood cell counts and platelets. This benefit is paid only when the Radiation/Chemotherapy benefit
- J. **Medical Imaging** - We pay the actual cost once per calendar year, up to the amount shown, if a covered person receives an initial diagnosis or follow-up evaluation based upon one of the following medical imaging exams: CT scan; Magnetic Resonance Imaging (MRI) scan; bone scan; thyroid scan; Multiple Gated Acquisition (MUGA) scan; Positron Emission Tomography (PET) scan; transrectal ultrasound; or abdominal ultrasound. This benefit is limited to 1 payment per calendar

#### SURGERY AND RELATED BENEFITS

- K. **Surgery** - We pay the actual charges, up to the amount shown for the specific procedure per unit of coverage when surgery is performed on a covered person: 1. for the purpose of treating a diagnosed cancer or specified disease; or 2. for the purpose of diagnosing cancer or specified disease and that surgery results in a diagnosis of cancer or specified disease; or 3. that is the first surgery performed subsequent to a diagnosis of cancer or specified disease that is performed for the purpose of verifying the complete removal of the cancer or specified disease. Two or more procedures performed at the same time through one incision or entry point are considered one operation; we pay the amount for the procedure with the greatest benefit. Payment will never exceed the maximum per unit of coverage. Surgery performed on an outpatient basis is paid at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in the policy.
- L. **Anesthesia** - We pay 25% of the amount paid for the Surgery Benefit (benefit K.) for anesthesia received.

- M. **Bone Marrow or Stem Cell Transplant** - We pay the amounts shown for the following types of bone marrow or stem cell transplants performed on a covered person:
  1. A transplant which is other than non-autologous.
  2. A transplant which is non-autologous for the treatment of cancer or specified disease other than Leukemia.
  3. A transplant which is non-autologous for the treatment of Leukemia.
 This benefit is payable only once per covered person per calendar year.
- N. **Ambulatory Surgical Center** - We pay the amount shown for the use of an ambulatory surgical center for a surgical procedure covered under the Surgery Benefit (benefit K.) that is performed at an ambulatory surgical center.
- O. **Second Opinion** - If surgery or treatment is recommended by a physician and the covered person chooses to obtain the opinion of a second physician, we pay the amount shown. This second opinion must be: rendered prior to surgery or treatment being performed; and obtained from a physician not in practice with the physician rendering the original recommendation.

#### MISCELLANEOUS BENEFITS

- P. **Inpatient Drugs and Medicine** - We pay the amount shown per day, for charges made by the hospital for drugs and medicine while hospital confined, for each day of continuous hospital confinement. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy benefit (benefit G.) or the Anti-Nausea benefit (benefit AA.).
- Q. **Physician's Attendance** - We pay the amount shown for a visit by a physician while a covered person is receiving treatment during hospital confinement. This benefit is limited to one visit by one physician per day of hospital confinement. A visit means personal attendance by the physician. Admission to the hospital as an inpatient is required.
- R. **Ambulance** - We pay the amount shown per continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined.
- S. **Non-Local Transportation** - We pay the following benefit for transportation to receive treatment at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally: 1.) actual cost of round trip coach fare on a common carrier; or 2.) the amount shown, up to 700 miles, for round trip personal vehicle transportation. We do not pay for: transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office or clinic; or for services other than actual treatment. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility.
- T. **Outpatient Lodging** - We pay a daily lodging benefit when a covered person receives radiation or chemotherapy treatment (benefit G.) on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. The benefit is for a single room in a motel, hotel, or other accommodations acceptable to us, for the amount shown per day during treatment. This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the
- U. **Family Member Lodging and Transportation** - We pay the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment:
  1. Lodging - The actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to the amount shown per day. This benefit is limited to 60 days for each period of continuous hospital confinement; and
  2. Transportation - The actual cost of round trip coach fare on a common carrier or a personal vehicle allowance of the amount shown per mile, up to 700 miles per continuous hospital confinement. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. We do not pay the Family Member Transportation benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation benefit (benefit S.), when the family member lives in the same city or town as the covered person.
- V. **Physical or Speech Therapy** - We pay the amount shown per day, for physical or speech therapy for restoration of normal body function.
- W. **New or Experimental Treatment** - We pay actual charges, up to the amount shown, for new or experimental treatment for cancer or specified disease when: 1. the treatment is judged necessary by the attending physician; and 2. no other generally accepted treatment produces superior results in the opinion of the attending physician. This benefit is limited to the amount shown per 12 month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in the policy.
- X. **Prosthesis** - We pay actual charges up to the amount shown for prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation. This benefit is limited to the amount shown per covered person, per
- Y. **Hair Prosthesis** - We pay the amount shown every 2 years for a wig or hairpiece if the covered person experiences hair loss.
- Z. **Nonsurgical External Breast Prosthesis** - We pay the actual cost up to the amount shown for the initial, nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy that is paid for under the policy.
- AA. **Anti-Nausea Benefit** - We pay the actual cost, up to the amount shown per calendar year for anti-nausea medication prescribed for a covered person by a physician. We will not pay this benefit for medication administered while the covered
- BB. **Waiver of Premium** - If, while this coverage is in force, the insured employee or member becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, we pay premiums due after such 90 days for 145 as long as the insured employee or member remains disabled.

### ADDITIONAL BENEFITS

PSA Testing/Digital Rectal Examinations. For covered persons age 50 and over and for covered persons age 40 and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society, we pay the amount shown for one PSA test per calendar year and for one digital rectal examination per calendar year. PSA testing means the analysis of a blood sample to determine the level of prostate specific antigen.

**Other Wellness** - We pay this benefit if a covered person has a wellness test performed. We pay the amount shown per calendar year per covered person for any one of the wellness tests. Each covered person is covered for no more than the amount shown per calendar year. We pay this benefit regardless of the result of the test. There is no limit as to the number of years we pay for wellness tests. The eligible wellness tests are: Biopsy for skin cancer; Blood test for triglycerides; Bone marrow testing; CA15-3 (cancer antigen 15-3- blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); CEA (carcinoembryonic antigen - blood test for colon cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for Myeloma); Stress test on bike or

### OPTIONAL ADDITIONAL BENEFITS

**Cancer Initial Diagnosis** - We pay a one-time benefit of the amount shown when a covered person is diagnosed for the first time in their life as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. The benefit is payable only once per covered person.

#### Specifications

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Family members eligible for coverage are the employee's spouse or domestic partner and eligible children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or the employee's death. Domestic partner coverage ends when the domestic partnership ends or the employee's death.

Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; or they are no longer eligible.

#### Portability Privilege

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for portability coverage. This means the covered person may continue the same benefits he or she had under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

#### Pre-Existing Condition, Exceptions and Limitations

We do not pay any benefit due to or caused by a pre-existing condition during the 12 month period beginning on the date that person became a covered person. A Pre-Existing Condition is a disease or physical condition for which medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. A Pre-Existing Condition can exist even though a diagnosis has not yet been made. We do not pay for any loss except for losses due directly from cancer or a specified disease. We do not pay for any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. For those benefits for which we pay actual charges up to a specified maximum amount (benefits K., W., and X.), if specific charges are not obtainable as proof of loss, we will pay 50% of the applicable maximum for the benefits payable.

The Radiation/Chemotherapy for Cancer benefit does not pay for: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning consultation; management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory test; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.

#### Intensive Care Exceptions and Limitations

This material is valid as long as information remains current. Group Voluntary Cancer benefits provided by policy form GVCP3, or state variations thereof. Cancer Initial Diagnosis Progressive Benefit (Progressive First Occurrence) Rider, if included, provided by GPCPR1, or state variations thereof.



Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to the public.





# TeleGuard® claims submission

## One call and no forms

Guardian® works smarter to keep claims submission simple for your clients. We offer claims services that allow employers to focus on their business, and employees to focus on recovery and getting back to work.

### TeleGuard advantages

- Innovative TeleGuard pre-authorization cards conveniently provide employees with everything they need to know in order to phone in a claim, while also allowing us to obtain medical certification quickly from physicians.
- Employees make just one call to our toll-free, in-house telephonic intake unit.
- Specially-trained TeleGuard specialists collect all information from employees over the phone, and get answers we need to help expedite claims review and determination. Employees always speak with a knowledgeable Guardian claims representative — not a representative from an outsourced customer service center.
- No claim forms to complete. No mail delays. Just fast, easy claim filing and accurate claims decisions.

### Claims are processed within 7 days or less<sup>1</sup>

Day 1	Day 2-3	Day 4-5	Day 6-7
<ul style="list-style-type: none"> <li>• Claim intake is done by Disability Intake Unit</li> <li>• Claim is reviewed by dedicated Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach to Employer to verify eligibility</li> <li>• Outreach to Nurse for medical information and treatment plan</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfy elimination period</li> </ul>	<ul style="list-style-type: none"> <li>• Claim is reviewed by Guardian and decision made</li> </ul>

### Nurse outreach is made within 2 business days

The ABC Company  
G#999999

**Instructions**

To expedite your Short Term Disability claim filing process, please call to initiate your claim as soon as your disability begins. We can be reached at 1 888 262 5670, Monday through Friday between the hours of 8:00a.m–8:00p.m (EST). Please be prepared to provide the following information:

1. Your full name, address, phone number and social security number
2. Your employer contact name and phone number
3. Your physician’s name, address, phone number and fax number
4. If you have not already done so, please sign the authorization portion of this card (on the reverse side) and provide a copy to your physician to be retained in your patient file.

Important: Prior to initiating your claim, please inform your physicians that a Guardian representative will be contacting their office by phone, to obtain medical information concerning your claim.

The ABC Company  
G#999999

**Authorization**

In order to determine if Short Term Disability benefits are payable, Guardian requires your authorization for the release of medical information pertaining to your claim. Please authorize the release of this information by signing below and ask your physician(s) to retain a photo-copy of this card. You should also advise your physician that a Guardian representative will be calling shortly to obtain the needed information. Please retain your original card, in the event that it is needed in the future.

I authorize my physician and/or medical provider to disclose to Guardian any information regarding my diagnosis, treatment, disability status and medical history.

Employee / Patient Signature
Date

## Contact your Guardian Group sales representative for more information.

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

2020-93136 (01-22)

**For agent/broker use only. Not for use with the general public.**

<sup>1</sup> Based on average turnaround time with Guardian Short Term Disability Claims Department. Guardian’s Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form No. GP-1-STD-07-1.0 and No. GP-1-STD-15-1.0 et al. GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America © Copyright 2020 The Guardian Life Insurance Company of America.





## PROPOSAL FOR

### James Madison University

#### RATES SHOWN ARE VALID FROM:

February 1, 2021 - March 15, 2021

Sales Representative: Jarvis Davenport

Telephone: (800) 846-9256

SIC Code: 8221 State & Zip: VA 22807

Created: November 3, 2020

## PLAN DESIGN

We offer comprehensive benefits plans that can be customized to the needs of employers. To help you evaluate the plans, we have provided detailed benefits summaries within this package.

## RATES

Rates and premiums presented are based on the employee data submitted in your request for a proposal. Final rates and premiums are based on the plans selected and the information provided on the enrollment forms.

## BROAD RANGE OF PRODUCTS

We offer a variety of flexible, cost-effective employee benefits plans that can help employers meet the needs of employees and their families and manage costs at the same time. Our benefits plans include Dental, Disability, Life, Vision, Critical Illness, and many more.

## WHY GUARDIAN?

- **Guardian's Pandemic Support Program\*** – Helps your clients manage costs. As part of the program, you can assist your clients with fully-insured Guardian dental and vision plans in making a choice between a one-month premium credit or an extended rate guarantee through March 2021. Speak to your Sales Representative about the options available for dental ASO planholders.
- **Enrollment Support** – Dedicated professionals help ensure smooth plan implementation
- **Multi-Product Discounts** – Combine plans to meet customer needs and help save money
- **Convenient Access to Service** – One phone number and one secure website
- **Streamlined Billing** – All plans billed on one invoice
- **Experience & Knowledge** – Over 50 years group benefits experience with exemplary credit ratings

***Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.***

\*Availability of financial assistance and dental benefit enhancements may vary by state. Note that plans situated in Alaska, Colorado, Massachusetts, New York, New Jersey, Washington are excluded. In addition, California Knox-Keene plans are also excluded. Customers in an existing rate guarantee will receive the premium credit option. Rate guarantees are not available for groups in Kentucky, Rhode Island, New Mexico and with less than 51 lives in Florida. Program availability may vary between any PPO and DHMO options on your dental benefit plan.

## Short Term Disability

## RATES Per \$10 of Weekly Indemnity

Plan #1			
Census	<50	50-59	60+
3882	\$0.785	\$0.785	\$1.055
<b>Rate Guarantee</b>	2 Years		
<b>Rates</b>	Rates listed are for Issue Age and will not increase due to an insured aging.		

## BENEFITS

All Eligible Employees	
<b>Contribution/Participation</b>	Voluntary
<b>Benefits Begin Accident/Sickness</b>	1st day/15th day
<b>Duration of Benefits</b>	13 weeks
<b>Definition of Disability</b>	Own Job
<b>Weekly Benefit</b>	\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,100, \$1,200 not to exceed 60% of weekly earnings
<b>Interruption of Elimination Period</b>	Unlimited, no set number of days
<b>Return to Work</b>	Zero Day Residual
<b>Maximum Partial Disability Earnings</b>	80% Indexed
<b>Partial Disability Calculation</b>	Greater of direct reduction or proportionate loss
<b>Integration Method</b>	None
<b>Salary Continuation /Association IDI</b>	No Offset
<b>Minimum Weekly Benefit</b>	Flat \$25
<b>Pre-Existing Condition</b>	3/12 with 2 week limitation, Continuity of Coverage.
<b>Earnings Definition</b>	Standard, excluding bonus & commission
<b>Telephonic Claims</b>	TeleGuard Included
<b>Coverage Type</b>	Non-occupational
<b>Portability</b>	Allows the employee to take the coverage with them if employment has ended. The portable certificate of coverage ends at age 70
<b>Rehabilitation Services</b>	110% benefit amount, mandatory participation, Includes Dependent care expense
<b>Specified Injury</b>	Pays benefit for a guaranteed number of weeks based on specified injury
<b>Worksite Modification</b>	\$2,500
<b>Annual Re-Enrollment</b>	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

## PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison.<sup>1</sup> For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- **Experienced and Innovative Disability Service Team:** Our services help disabled employees return to maximum potential by having a dedicated claims analyst work closely with the employer, disabled employee and physicians to encourage and support successful outcomes. For additional details, see our disability page: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employers/products-and-coverage/disability>
- **TeleGuard call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

<sup>1</sup>Financial information concerning The Guardian Life Insurance Company of America as of December 31, 2018 on a statutory basis: Admitted Assets = \$58.5 Billion; Liabilities = \$51.3 Billion (including \$44.3 Billion of Reserves); and Surplus = \$7.2 Billion.

## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- STD rate is only valid for STD only coverage.
- Maternity is covered as any other illness.
- #88048 (Exp 11/21)

**Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

## Short Term Disability

## RATES Per \$10 of Weekly Indemnity

Plan #2			
Census	<50	50-59	60+
3882	\$1.110	\$1.250	\$1.500
<b>Rate Guarantee</b>	2 Years		
<b>Rates</b>	Rates listed are for Issue Age and will not increase due to an insured aging.		

## BENEFITS

All Eligible Employees	
<b>Contribution/Participation</b>	Voluntary
<b>Benefits Begin Accident/Sickness</b>	1st day/15th day
<b>Duration of Benefits</b>	26 weeks
<b>Definition of Disability</b>	Own Job
<b>Weekly Benefit</b>	\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,100, \$1,200 not to exceed 60% of weekly earnings
<b>Interruption of Elimination Period</b>	Unlimited, no set number of days
<b>Return to Work</b>	Zero Day Residual
<b>Maximum Partial Disability Earnings</b>	80% Indexed
<b>Partial Disability Calculation</b>	Greater of direct reduction or proportionate loss
<b>Integration Method</b>	None
<b>Salary Continuation /Association IDI</b>	No Offset
<b>Minimum Weekly Benefit</b>	Flat \$25
<b>Pre-Existing Condition</b>	3/12 with 2 week limitation, Continuity of Coverage.
<b>Earnings Definition</b>	Standard, excluding bonus & commission
<b>Telephonic Claims</b>	TeleGuard Included
<b>Coverage Type</b>	Non-occupational
<b>Portability</b>	Allows the employee to take the coverage with them if employment has ended. The portable certificate of coverage ends at age 70
<b>Rehabilitation Services</b>	110% benefit amount, mandatory participation, Includes Dependent care expense
<b>Specified Injury</b>	Pays benefit for a guaranteed number of weeks based on specified injury
<b>Worksite Modification</b>	\$2,500
<b>Annual Re-Enrollment</b>	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

## PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison.<sup>1</sup> For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
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- **TeleGuard call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

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## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

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- #88048 (Exp 11/21)

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## Short Term Disability

## RATES Per \$10 of Weekly Indemnity

Plan #3			
Census	<50	50-59	60+
3882	\$1.230	\$1.400	\$1.700
<b>Rate Guarantee</b>	2 Years		
<b>Rates</b>	Rates listed are for Issue Age and will not increase due to an insured aging.		

## BENEFITS

All Eligible Employees	
<b>Contribution/Participation</b>	Voluntary
<b>Benefits Begin Accident/Sickness</b>	1st day/15th day
<b>Duration of Benefits</b>	52 weeks
<b>Definition of Disability</b>	Own Job
<b>Weekly Benefit</b>	\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,100, \$1,200 not to exceed 60% of weekly earnings
<b>Interruption of Elimination Period</b>	Unlimited, no set number of days
<b>Return to Work</b>	Zero Day Residual
<b>Maximum Partial Disability Earnings</b>	80% Indexed
<b>Partial Disability Calculation</b>	Greater of direct reduction or proportionate loss
<b>Integration Method</b>	None
<b>Salary Continuation /Association IDI</b>	No Offset
<b>Minimum Weekly Benefit</b>	Flat \$25
<b>Pre-Existing Condition</b>	3/12 with 2 week limitation, Continuity of Coverage.
<b>Earnings Definition</b>	Standard, excluding bonus & commission
<b>Telephonic Claims</b>	TeleGuard Included
<b>Coverage Type</b>	Non-occupational
<b>Portability</b>	Allows the employee to take the coverage with them if employment has ended. The portable certificate of coverage ends at age 70
<b>Rehabilitation Services</b>	110% benefit amount, mandatory participation, Includes Dependent care expense
<b>Specified Injury</b>	Pays benefit for a guaranteed number of weeks based on specified injury
<b>Worksite Modification</b>	\$2,500
<b>Annual Re-Enrollment</b>	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

## PLAN HIGHLIGHTS

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## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- **Benefit Administration Program:** As requested by you, your premium has been increased to include funding that covers a 3.00% of premium payment to the benefits administration service provider ("service provider") you have independently contracted to, among other things, provide an enhanced electronic benefits enrollment experience for your members. Reference the Benefit Administration Program Disclosure Page below for important information concerning authorizations OR payment of your selected benefits administration service provider.
- **Tax Services:** Guardian prepares quarterly & annual tax reports. Policyholder is required to prepare and file W-2 using the Policyholder tax ID number. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.
- STD rate is only valid for STD only coverage.
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- #88048 (Exp 11/21)

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## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption
- We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- During the exclusion/limitation period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition exclusion /limitation period. Please refer to the plan details for specific time periods. Contract # GP-1-STD-15-1.0 et al. (Disability 2016)
- In order to be eligible for coverage; employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer in a country or region approved by Guardian.
- This policy provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department.
- Evidence of Insurability is required for all late enrollees.

Guardian Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.



## PROPOSAL FOR

### James Madison University

#### RATES SHOWN ARE VALID FROM:

February 1, 2021 - March 15, 2021

Sales Representative: Jarvis Davenport

Telephone: (800) 846-9256

SIC Code: 8221 State & Zip: VA 22807

Created: November 3, 2020

## PLAN DESIGN

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- **Experience & Knowledge** – Over 50 years group benefits experience with exemplary credit ratings

***Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.***

\*Availability of financial assistance and dental benefit enhancements may vary by state. Note that plans situated in Alaska, Colorado, Massachusetts, New York, New Jersey, Washington are excluded. In addition, California Knox-Keene plans are also excluded. Customers in an existing rate guarantee will receive the premium credit option. Rate guarantees are not available for groups in Kentucky, Rhode Island, New Mexico and with less than 51 lives in Florida. Program availability may vary between any PPO and DHMO options on your dental benefit plan.

## Short Term Disability

## RATES Per \$10 of Weekly Indemnity

Plan #1			
Census	<50	50-59	60+
3882	\$0.740	\$0.820	\$1.160
<b>Rate Guarantee</b>	2 Years		
<b>Rates</b>	Rates listed are for Issue Age and will not increase due to an insured aging.		

## BENEFITS

All Eligible Employees	
<b>Contribution/Participation</b>	Voluntary
<b>Benefits Begin Accident/Sickness</b>	15th day/15th day
<b>Duration of Benefits</b>	13 weeks
<b>Definition of Disability</b>	Own Job
<b>Weekly Benefit</b>	\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,100, \$1,200 not to exceed 60% of weekly earnings
<b>Interruption of Elimination Period</b>	Unlimited, no set number of days
<b>Return to Work</b>	Zero Day Residual
<b>Maximum Partial Disability Earnings</b>	80% Indexed
<b>Partial Disability Calculation</b>	Greater of direct reduction or proportionate loss
<b>Integration Method</b>	None
<b>Salary Continuation /Association IDI</b>	No Offset
<b>Minimum Weekly Benefit</b>	Flat \$25
<b>Pre-Existing Condition</b>	3/12 with 2 week limitation, Continuity of Coverage.
<b>Earnings Definition</b>	Standard, excluding bonus & commission
<b>Telephonic Claims</b>	TeleGuard Included
<b>Coverage Type</b>	Non-occupational
<b>Portability</b>	Allows the employee to take the coverage with them if employment has ended. The portable certificate of coverage ends at age 70
<b>Rehabilitation Services</b>	110% benefit amount, mandatory participation, Includes Dependent care expense
<b>Specified Injury</b>	Pays benefit for a guaranteed number of weeks based on specified injury
<b>Worksite Modification</b>	\$2,500
<b>Annual Re-Enrollment</b>	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

## PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison.<sup>1</sup> For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- **Experienced and Innovative Disability Service Team:** Our services help disabled employees return to maximum potential by having a dedicated claims analyst work closely with the employer, disabled employee and physicians to encourage and support successful outcomes. For additional details, see our disability page: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employers/products-and-coverage/disability>
- **TeleGuard call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

<sup>1</sup>Financial information concerning The Guardian Life Insurance Company of America as of December 31, 2018 on a statutory basis: Admitted Assets = \$58.5 Billion; Liabilities = \$51.3 Billion (including \$44.3 Billion of Reserves); and Surplus = \$7.2 Billion.

## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- STD rate is only valid for STD only coverage.
- Maternity is covered as any other illness.
- #88048 (Exp 11/21)

**Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

## Short Term Disability

## RATES Per \$10 of Weekly Indemnity

Plan #2			
Census	<50	50-59	60+
3882	\$1.020	\$1.120	\$1.470
<b>Rate Guarantee</b>	2 Years		
<b>Rates</b>	Rates listed are for Issue Age and will not increase due to an insured aging.		

## BENEFITS

All Eligible Employees	
<b>Contribution/Participation</b>	Voluntary
<b>Benefits Begin Accident/Sickness</b>	15th day/15th day
<b>Duration of Benefits</b>	26 weeks
<b>Definition of Disability</b>	Own Job
<b>Weekly Benefit</b>	\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,100, \$1,200 not to exceed 60% of weekly earnings
<b>Interruption of Elimination Period</b>	Unlimited, no set number of days
<b>Return to Work</b>	Zero Day Residual
<b>Maximum Partial Disability Earnings</b>	80% Indexed
<b>Partial Disability Calculation</b>	Greater of direct reduction or proportionate loss
<b>Integration Method</b>	None
<b>Salary Continuation /Association IDI</b>	No Offset
<b>Minimum Weekly Benefit</b>	Flat \$25
<b>Pre-Existing Condition</b>	3/12 with 2 week limitation, Continuity of Coverage.
<b>Earnings Definition</b>	Standard, excluding bonus & commission
<b>Telephonic Claims</b>	TeleGuard Included
<b>Coverage Type</b>	Non-occupational
<b>Portability</b>	Allows the employee to take the coverage with them if employment has ended. The portable certificate of coverage ends at age 70
<b>Rehabilitation Services</b>	110% benefit amount, mandatory participation, Includes Dependent care expense
<b>Specified Injury</b>	Pays benefit for a guaranteed number of weeks based on specified injury
<b>Worksite Modification</b>	\$2,500
<b>Annual Re-Enrollment</b>	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

## PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison.<sup>1</sup> For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- **Experienced and Innovative Disability Service Team:** Our services help disabled employees return to maximum potential by having a dedicated claims analyst work closely with the employer, disabled employee and physicians to encourage and support successful outcomes. For additional details, see our disability page: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employers/products-and-coverage/disability>
- **TeleGuard call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

<sup>1</sup>Financial information concerning The Guardian Life Insurance Company of America as of December 31, 2018 on a statutory basis: Admitted Assets = \$58.5 Billion; Liabilities = \$51.3 Billion (including \$44.3 Billion of Reserves); and Surplus = \$7.2 Billion.

## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- STD rate is only valid for STD only coverage.
- Maternity is covered as any other illness.
- #88048 (Exp 11/21)

**Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

## Short Term Disability

## RATES Per \$10 of Weekly Indemnity

Plan #3			
Census	<50	50-59	60+
3882	\$1.120	\$1.310	\$1.630
<b>Rate Guarantee</b>	2 Years		
<b>Rates</b>	Rates listed are for Issue Age and will not increase due to an insured aging.		

## BENEFITS

All Eligible Employees	
<b>Contribution/Participation</b>	Voluntary
<b>Benefits Begin Accident/Sickness</b>	15th day/15th day
<b>Duration of Benefits</b>	52 weeks
<b>Definition of Disability</b>	Own Job
<b>Weekly Benefit</b>	\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,100, \$1,200 not to exceed 60% of weekly earnings
<b>Interruption of Elimination Period</b>	Unlimited, no set number of days
<b>Return to Work</b>	Zero Day Residual
<b>Maximum Partial Disability Earnings</b>	80% Indexed
<b>Partial Disability Calculation</b>	Greater of direct reduction or proportionate loss
<b>Integration Method</b>	None
<b>Salary Continuation /Association IDI</b>	No Offset
<b>Minimum Weekly Benefit</b>	Flat \$25
<b>Pre-Existing Condition</b>	3/12 with 2 week limitation, Continuity of Coverage.
<b>Earnings Definition</b>	Standard, excluding bonus & commission
<b>Telephonic Claims</b>	TeleGuard Included
<b>Coverage Type</b>	Non-occupational
<b>Portability</b>	Allows the employee to take the coverage with them if employment has ended. The portable certificate of coverage ends at age 70
<b>Rehabilitation Services</b>	110% benefit amount, mandatory participation, Includes Dependent care expense
<b>Specified Injury</b>	Pays benefit for a guaranteed number of weeks based on specified injury
<b>Worksite Modification</b>	\$2,500
<b>Annual Re-Enrollment</b>	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

## PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison.<sup>1</sup> For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- **Experienced and Innovative Disability Service Team:** Our services help disabled employees return to maximum potential by having a dedicated claims analyst work closely with the employer, disabled employee and physicians to encourage and support successful outcomes. For additional details, see our disability page: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employers/products-and-coverage/disability>
- **TeleGuard call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

<sup>1</sup>Financial information concerning The Guardian Life Insurance Company of America as of December 31, 2018 on a statutory basis: Admitted Assets = \$58.5 Billion; Liabilities = \$51.3 Billion (including \$44.3 Billion of Reserves); and Surplus = \$7.2 Billion.

## Short Term Disability

## IMPORTANT NOTES

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- STD rate is only valid for STD only coverage.
- Maternity is covered as any other illness.
- #88048 (Exp 11/21)

**Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption
- We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- During the exclusion/limitation period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition exclusion /limitation period. Please refer to the plan details for specific time periods. Contract # GP-1-STD-15-1.0 et al. (Disability 2016)
- In order to be eligible for coverage; employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer in a country or region approved by Guardian.
- This policy provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department.
- Evidence of Insurability is required for all late enrollees.

Guardian Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

# Short-Term Disability Insurance

## Aflac isn't health insurance. It's cash paid directly to your employees if they're sick or hurt

Illnesses or injuries that keep your employees from working not only hurts your company's productivity, they also can make it difficult for employees to pay their bills. That's where you can help. By making Aflac's Short-Term Disability coverage available to your workers, you help provide them with a source of income that can allow them to focus on getting better, instead of on their finances. Employees with short-term disability insurance receive a cash benefit for every day they're disabled.<sup>1</sup> Best of all, you can provide them with coverage at no direct cost to your business.

### In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days.<sup>2</sup>
- **Cash benefits** — paid directly to your employees to use as they see fit.<sup>3</sup>
- **Portability** — employees can take the plan with them wherever they go.



#### FACT NO. 1

1 IN 4

20-year-olds can expect to be out of work for at least a year due to a disabling condition before reaching retirement age.<sup>4</sup>

#### FACT NO. 2

AT LEAST 51 MILLION

people in the U.S. are without disability coverage other than the basic amount available through Social Security.<sup>4</sup>

# A convenient plan to help your employees cover short-term expenses

Aflac Short-Term Disability helps protect your employees' incomes in the event of a covered injury or illness. It provides coverage options that allow employees to choose the plans that are right for them, based on their individual financial needs and incomes.

This information refers to benefit ranges for policy series A57600 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage, benefits, and/or premiums may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Short-Term Disability benefits <sup>5</sup>																					
BENEFIT	DESCRIPTION																				
<b>GUARANTEED-ISSUE OPTIONS<sup>6</sup></b>	<ul style="list-style-type: none"> <li>• Monthly benefit amounts up to \$4,000 (subject to income requirements)</li> <li>• Benefit periods: 3 or 6 months</li> </ul>																				
<b>TOTAL DISABILITY BENEFIT PERIODS</b>	3, 6, 12, 18 or 24 months																				
<b>ELIMINATION PERIODS</b>	<table border="0"> <tr> <td colspan="2">Injury/Sickness</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• 0/7 days</td> <td>• 0/14 days</td> <td>• 7/7 days</td> <td colspan="2">• 7/14 days</td> </tr> <tr> <td>• 14/14 days</td> <td>• 0/30 days</td> <td>• 30/30 days</td> <td colspan="2">• 60/60 days</td> </tr> <tr> <td>• 90/90 days</td> <td>• 180/180 days</td> <td></td> <td colspan="2"></td> </tr> </table>	Injury/Sickness					• 0/7 days	• 0/14 days	• 7/7 days	• 7/14 days		• 14/14 days	• 0/30 days	• 30/30 days	• 60/60 days		• 90/90 days	• 180/180 days			
Injury/Sickness																					
• 0/7 days	• 0/14 days	• 7/7 days	• 7/14 days																		
• 14/14 days	• 0/30 days	• 30/30 days	• 60/60 days																		
• 90/90 days	• 180/180 days																				
<b>MINIMUM INCOME AND HOURS REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Minimum annual income requirement: \$9,000</li> <li>• Minimum weekly hours requirement: 19 hours</li> </ul>																				
<b>MONTHLY BENEFIT AMOUNTS</b>	\$500-\$6,000 (subject to income requirements)																				
<b>PARTIAL DISABILITY BENEFIT PERIOD</b>	3 months																				
<b>WAIVER OF PREMIUM BENEFIT</b>	<ul style="list-style-type: none"> <li>• Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as the insured is disabled, up to the applicable benefit period shown in the policy schedule.</li> <li>• Not available with a three-month total disability period.</li> </ul>																				
<b>PORTABLE</b>	Policyholders can take coverage with them if they change jobs or retire.																				
<b>TOTAL AND PARTIAL DISABILITY BENEFITS</b>	Pays for either a total or partial disability. Even if the insured is able to work, partial disability benefits may be available to compensate for lost income.																				
<b>GUARANTEED RENEWABLE</b>	Guaranteed renewable to age 75																				
Available riders																					
• On-the-job injury	• Additional units of disability benefit	• Aflac Plus	• Aflac Value Rider																		

<sup>1</sup>Benefit subject to benefit period and elimination period.

<sup>2</sup>Aflac processes most properly documented claims in four days. Payment generally disbursed the following day. Aflac Individual Company Statistic, 2018.

<sup>3</sup>Unless otherwise assigned.

<sup>4</sup>Council for Disability Awareness. "The crisis of disability coverage in America." Accessed Nov. 1, 2018. [http://disabilitycanhappen.org/public\\_html/wp-content/uploads/2018/04/The-CDA-RealityCheckup-Media-Kit.pdf](http://disabilitycanhappen.org/public_html/wp-content/uploads/2018/04/The-CDA-RealityCheckup-Media-Kit.pdf)

<sup>5</sup>This is a brief product overview only. Policies and benefits vary by state and may not be available in some states. The policies have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Benefits and/or premiums are determined by state and plan level selected. Refer to your policy for complete details, limitations and exclusions.

<sup>6</sup>Subject to certain conditions.

In Arkansas, Policies A57600AR and A57600LBAR. In Idaho, Policy A57600IDR. In Oklahoma, Policies A57600OK and A57600LBOK. In Oregon, Policies A57600OR and A57600LBOR. In Pennsylvania, Policies A57600PA and A57600LBPA. In Texas, Policies A57600TX and A57600LBTX. In Virginia, Policies A57600VA and A57600LBVA.

Coverage is underwritten by American Family Life Assurance Company of Columbus. WWHQ | 1932 Wynnton Road | Columbus, GA 31999

PROPOSAL FOR:

**JAMES MADISON UNIVERSITY**

**LEGAL PLAN BENEFIT**



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**CORPORATE OFFICE**  
2877 Guardian Lane, Ste. 101  
Virginia Beach, VA 23452

October 12, 2020

Terri Jo Ballou  
Benefit Analyst  
Pierce Insurance Agency, Inc.  
3766 South Main Street  
Farmville, NC 27828

Dear Teri,

I am pleased to have the opportunity to present the Legal Resources Group Legal Benefit to **James Madison University**. We are the only locally based legal insurance company that offers this unique benefit. While being a Virginia-based company is an advantage in and of itself, there are several other key benefits that distinguish our legal plan:

1. Extensive Provider Network– We are the only company that contracts with well-established, full-service law firms. We select and interview every firm. All of our attorneys (including the most senior partners) are committed to providing services to our Members. We carefully monitor the performance of the firms, and provide our exclusive white-glove service nationwide with one of the largest attorney networks in the country.
2. Comprehensive Plan Design – Legal Resources provides more services covered at 100% than any other legal plan. That means more savings for the employees. We not only provide a larger number of services, but more importantly, services the average employee is most likely to need. Therefore, when an employee utilizes the plan, there is a greater possibility that their need will be fully covered. We have fewer exclusions and limitations on the services covered by our plan than any other company in the industry.
3. Personal Customer Service – Our customer service is, by design, superior to any of our competitors. When employees have questions, they will speak with certified paralegals who will not only explain the nuances of the plan, but will interface with the participating law firms. Clients receive assistance from a local service team assigned directly to them for plan implementation and ongoing management when needed for the member.
4. Periodic Seminars – Legal Resources offers a variety of seminars for employees. Topics include Legal Wellness, Identity Protection, and Attorney Seminars. Seminars are open to ALL employees regardless of enrollment status.

Legal Resources has spent 30 years building a stellar reputation in the benefits industry. We utilize state of the art technology in the enrollment and billing process, and interface with a wide variety of third party administrators and benefit administration systems. Legal Resources' average client participation levels are between 15-20%, much higher than the industry average.

Sincerely,  
JJ Garafolo  
Executive Vice President

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# 1

## LEGAL PLAN OVERVIEW

### A. COVERED SERVICES

 <p><b>FAMILY LAW</b></p>	<p>Adoptions</p> <p>Child custody and Visitation</p> <p>Child support</p> <p>Divorce/Annulment/Separation</p>	<p>Domestic violence/Restraining order</p> <p>Guardianship/Conservatorship</p> <p>Marriage and Partnerships</p> <p>Mediation and Arbitration</p>	<p>Name change</p> <p>Paternity</p> <p>Prenuptial agreements</p> <p>Protective orders/Peace orders</p>
 <p><b>WILLS &amp; ESTATE MATTERS</b></p>	<p>Advance Medical Directives</p> <p>Contingent trust for minor children</p> <p>Durable power of attorney</p> <p>Estate advice/Probate</p>	<p>Financial power of attorney</p> <p>Living will</p> <p>Document review</p> <p>Medical power of attorney</p>	<p>Periodic updates</p> <p>Trusts</p> <p>Private annuity trust</p> <p>Will revisions/Codicils</p>
 <p><b>REAL ESTATE MATTERS</b></p>	<p>Boundary/Title disputes</p> <p>Breach of contract</p> <p>Building codes/Variances</p> <p>Commercial real estate buy/sell</p> <p>Condo/Homeowner Association matters</p> <p>Contract/Lease agreements</p>	<p>Deed preparation</p> <p>Foreclosure</p> <p>Landlord disputes</p> <p>Loan modification</p> <p>Mortgages</p> <p>Neighbor disputes/Easements</p>	<p>Property taxes</p> <p>Real estate transactions</p> <p>Refinance</p> <p>Residential real estate buy/sell</p> <p>Security deposit disputes</p> <p>Tenant disputes</p>
 <p><b>TRAFFIC VIOLATIONS</b></p>	<p>Driver's license suspension</p> <p>DUI</p>	<p>Reckless driving</p> <p>Speeding</p>	<p>Traffic infractions &amp; misdemeanors</p> <p>Traffic tickets</p>
 <p><b>CRIMINAL MATTERS</b></p>	<p>Bond hearings</p> <p>Drug charges</p> <p>Expungements</p>	<p>Failure to appear</p> <p>Felonies</p> <p>Misdemeanors</p>	<p>Probation violation</p> <p>Sexual assault</p> <p>Juvenile criminal matters</p>
 <p><b>CIVIL LAW</b></p>	<p>Civil action as defendant</p> <p>Civil action as plaintiff</p> <p>Civil administrative proceedings</p>	<p>Collection of judgments</p> <p>Insurance disputes</p> <p>Libel and slander</p>	<p>Medical malpractice</p> <p>Personal injury/Property damage</p> <p>Zoning disputes</p>
 <p><b>ELDER LAW</b></p>	<p>Abuse and neglect</p> <p>Medicaid</p> <p>Estate advice</p>	<p>Housing and care</p> <p>Veteran's pension benefits</p> <p>Power of attorney for member</p>	<p>Life Planning</p> <p>Guardianships</p> <p>Power of attorney for Members' parents</p>
 <p><b>CONSUMER LAW</b></p>	<p>Bankruptcy</p> <p>Billing disputes</p> <p>Collection agency harassment</p>	<p>Credit protection</p> <p>Insurance</p> <p>Power of attorney</p>	<p>Retail defects</p> <p>Business/Commercial law</p> <p>Warranty disputes</p>
 <p><b>ADDITIONAL COVERAGE</b></p>	<p>Advice and consultation</p> <p>Affidavits</p> <p>Contract review</p> <p>Deportation</p> <p>Federal court representation</p>	<p>Identity theft services</p> <p>Immigration/Naturalization</p> <p>Medicare and Medicaid</p> <p>Patent/Trademark/Copyright</p> <p>Preparation &amp; review of legal documents</p>	<p>School board disputes</p> <p>Small business matters</p> <p>Social security/Disability</p> <p>Tax law issues</p> <p>US Citizenship/Green Cards/Visas</p>

# 1

## LEGAL PLAN OVERVIEW

LEGAL NEED	COVERAGE
<b>GENERAL CONSULTATION AND REVIEW</b>	
Unlimited phone consultation	Fully Covered
Unlimited in-office consultation	Fully Covered
<b>COURTROOM REPRESENTATION</b>	
Includes legal representation in General District Court. No limits on number of attorney hours.	Fully Covered
<b>FAMILY LAW</b>	
Divorce, uncontested	Fully Covered
Prenuptial agreement	Fully Covered
Separation agreement	Fully Covered
Bill of complaint	Fully Covered
Annulment	Fully Covered
Property Settlement Agreement	Fully Covered
Adoption, uncontested	Fully Covered
Name change	Fully Covered
<b>WILLS AND ESTATE PLANNING</b>	
Will Preparation and Related Documents	Fully Covered
Periodic review and revision of will for Primary Member and spouse.	Fully Covered
Advanced Medical Directives	Fully Covered
Medical Durable Powers of Attorney	Fully Covered
Living Wills	Fully Covered
Codicils	Fully Covered
Contingent trust for minor children	Fully Covered
Unlimited Estate advice as beneficiary	Fully Covered
Unlimited Estate advice as administrator	Fully Covered
Unlimited Estate advice as executor	Fully Covered
<b>PREPARATION AND REVIEW OF LEGAL DOCUMENTS</b>	
Specific Power of Attorney	Fully Covered
General Power of Attorney	Fully Covered
Financial Power of Attorney	Fully Covered
Elderly Parent Power of Attorney	Fully Covered
Bill of Sale	Fully Covered
Affidavits	Fully Covered
Cease and Desist Letter	Fully Covered
Demand Letter	Fully Covered
Promissary Note	Fully Covered
Non-disclosure agreement	Fully Covered

# 1

## LEGAL PLAN OVERVIEW

LEGAL NEED	COVERAGE
<b>DEFENSE OF MOTOR VEHICLE VIOLATIONS</b>	
Representation before District Court for traffic offenses when Member possesses a valid driver's license at the time of the offense. No limits on usage. No waiting periods.	Fully Covered
Speeding tickets	Fully Covered
Reckless Driving	Fully Covered
Driving Under the Influence (DUI) , First offense	Fully Covered
Driving While Intoxicated (DWI) , First offense	Fully Covered
Controlled substance traffic offenses	Fully Covered
<b>REAL ESTATE</b>	
Purchase of primary residence	Fully Covered
Selling of primary residence	Fully Covered
Refinancing of primary residence	Fully Covered
Deed Preparation	Fully Covered
Quit Claim Deeds	Fully Covered
Deeds of transfer	Fully Covered
Closing of construction loan for primary residence	Fully Covered
<b>LANDLORD MATTERS</b>	
Unlimited initial advice and consultation	Fully Covered
Preparation of a "five-day pay or quit" letter	Fully Covered
Advice for filing a Motion for Judgement	Fully Covered
<b>TENANT MATTERS</b>	
Security deposit dispute and recovery	Fully Covered
Review of lease or rental agreement	Fully Covered
Lease termination	Fully Covered
Eviction defense	Fully Covered
Interruption of utilities	Fully Covered
Fair Housing Discrimination violations	Fully Covered
Habitability	Fully Covered
<b>FINANCIAL MATTERS AND CREDIT PROBLEM RESOLUTION, INCLUDING DEBT COLLECTION</b>	
Representation in District Court against a manufacturer, distributor, service agency or retailer for defects in any merchandise.	Fully Covered
Courtroom representation for recovery on any warranty or guarantee whether implied or expressly given in connection with the sale of any merchandise, article or service.	Fully Covered
Consultation, advice, and preparation of clarification letter(s) relating to billing disputes and collection agency harassment.	Fully Covered
Debt Collection harrasment	Fully Covered
Debt Collection Defense	Fully Covered

# 1

## LEGAL PLAN OVERVIEW

LEGAL NEED	COVERAGE
<b>WARRANTY DISPUTES</b>	
Includes representation on any action which may be brought in the District Court on a warranty or guarantee in connection with the sale of any merchandise, article or service.	Fully Covered
<b>INSURANCE MATTERS</b>	
Representation for any claim against insurer by reason of failure to provide benefits as contracted. Includes: Accident and Health, Life Annuity, Fire, Automobile and Homeowners.	Fully Covered
<b>CIVIL PROCEEDINGS</b>	
Includes representation as a plaintiff or defendant in a civil action filed in District Court.	Fully Covered
<b>ADMINISTRATIVE PROCEEDINGS (EXCEPT PROCEEDINGS BETWEEN THE EMPLOYEE AND EMPLOYER)</b>	
Includes consultation and representation at the initial hearing of civil administrative proceedings, by or against any local government commission or local government board, such as zoning or property disputes.	Fully Covered
<b>DEFENSE IN CRIMINAL PROCEEDINGS</b>	
Courtroom representation and defense of misdemeanors. No usage limitations or hourly caps.	Fully Covered
<b>DEFENSE OF JUVENILES</b>	
Representation of Primary Member's minor dependent children in misdemeanor proceedings in District Court, Juvenile and Domestic Relations Court, or Family Court.	Fully Covered
<b>PRE-EXISTING LEGAL MATTERS</b>	
Coverage includes initial advice and consultation and a 25% attorney fee discount on any pre-existing legal matter. No limits on prior attorney representation in connection with legal matter.	Initial Consultation, then 25% Discount on attorney's hourly rate
<b>ADDITIONAL COVERAGE</b>	
<b>EXPANDED COVERAGE BENEFIT</b>	
Applies to any legal matter that is not fully covered, with the exception of any legal matter involving the Plan Sponsor (employer). Can include but is not limited to; immigration, tax matters, small business, bankruptcy, felonies, etc.	Initial Consultation, then 25% Discount on attorney's hourly rate
<b>IDENTITY THEFT ASSISTANCE (INCLUDED)</b>	
<b>ID THEFT PREVENTION EDUCATION</b>	
Seminars , educational materials , and legal updates provided by Certified Identity Theft Risk Management Specialists (CITRMS®). Open to all Employees.	Included
<b>ID THEFT CONSULTATION</b>	
Unlimited advice and consultation including preparation of letters relating to billing disputes and collection agency harassment.	Fully Covered
<b>CIVIL ACTION DEFENSE REPRESENTATION</b>	
Includes representation as a defendant in the District Court for ID Theft related issues.	Fully Covered
<b>CIVIL ACTION PLAINTIFF REPRESENTATION</b>	
Includes representation as a plaintiff in the General District Court in an Identity Theft matter.	Fully Covered

# APPENDIX

## NOT ALL GROUP LEGAL PLANS ARE CREATED EQUAL **THE DIFFERENCE IS IN THE DETAILS**



With over 70% of American families experiencing a legal need each year, it's no surprise that group legal plans have been identified by BenefitsPro as one of seven voluntary products to watch.

### THE QUESTIONS TO ASK » THE ANSWERS YOU NEED



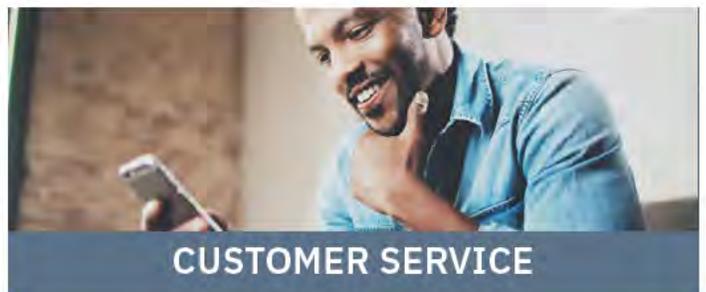
- Q What legal services do you cover?  
*Many plans include rarely used services but skimp or place limits on basic coverage.*
- A **We have more fully covered services than other legal plans and we cover pre-existing legal matters.**
- Q Are there caps on coverage, usage limitations or fine print exclusions?
- A **There are no waiting periods, usage limits, deductibles or co-payments.**



- Q Can employees choose the attorney they want to work with and use that attorney for future legal matters?
- A **Yes, we encourage long-lasting, client-attorney relationships, similar to the relationships many have with their primary doctors.**
- Q How are attorneys compensated?
- A **Our attorneys receive a percentage of the membership fee every month, whether an employee uses the plan or not.**



- Q Who are the attorneys on the network?
- A **Our network consists of highly rated law firms with mandatory senior partner participation. We have one of the largest attorney networks in the country.**
- Q How experienced are your plan attorneys?
- A **On average, our attorneys have been in practice for 15+ years.**



- Q Are member calls routed through a call center?
- A **NO, our Member Services Department is staffed by certified paralegals, not call center employees.**
- Q Will an account manager be available to hold in-person enrollment meetings?
- A **YES, we offer multiple enrollment meetings and valuable legal seminars for all employees.**

# APPENDIX

## THE LEGAL RESOURCES PLAN TRULY DELIVERS

	PLAN DETAIL	LEGAL RESOURCES	OTHER LEGAL PLANS
FOR EMPLOYEES	Law Firm Selection	<ul style="list-style-type: none"> <li>✓ Personally chosen by member during enrollment</li> <li>✓ Completed online or by calling Member Services</li> <li>✓ Member may change law firms at any time</li> </ul>	<ul style="list-style-type: none"> <li>✗ Member calls 800 number and speaks with call center employee, who looks up member in database, selects a law firm and provides a case number and contact information</li> </ul>
	Attorney/Client Relationship	<ul style="list-style-type: none"> <li>✓ Member works with selected full-service law firm for all his/her legal needs</li> <li>✓ Member develops a strong relationship and has continuity with plan attorney and staff members</li> </ul>	<ul style="list-style-type: none"> <li>✗ Member works with different law firm every time the plan is used</li> <li>✗ No continuity or attorney/client relationship developed</li> </ul>
	Law Firm Network Quality	<ul style="list-style-type: none"> <li>✓ Participating law firms are thoroughly vetted and must meet established quality standards</li> <li>✓ Senior partners agree to participate and serve members</li> <li>✓ Firms sign exclusive retainer agreements with Legal Resources</li> <li>✓ Regular assessments ensure high-quality customer service</li> </ul>	<ul style="list-style-type: none"> <li>✗ No tenure or senior partner participation requirements</li> <li>✗ No exclusivity with other legal plans</li> </ul>
	Customer Service Staff	<ul style="list-style-type: none"> <li>✓ 100% staffed by certified paralegals</li> </ul>	<ul style="list-style-type: none"> <li>✗ Call center employee</li> <li>✗ May not have legal experience</li> </ul>
	Most Common Legal Matters	<ul style="list-style-type: none"> <li>✓ 100% covered, no usage limitations</li> </ul>	<ul style="list-style-type: none"> <li>✗ Covered but with <b>many limitations</b></li> </ul>
	Pre-existing Legal Matters	<ul style="list-style-type: none"> <li>✓ 25% savings on attorney fees</li> </ul>	<ul style="list-style-type: none"> <li>✗ No coverage</li> </ul>
FOR EMPLOYERS	Account Management/Support Staff	<ul style="list-style-type: none"> <li>✓ Dedicated account management team is assigned to every employer group</li> <li>✓ Conveniently located within a three-hour drive</li> </ul>	<ul style="list-style-type: none"> <li>✗ May have account manager or sales agent, but agent likely does not travel to hold enrollment meetings</li> </ul>
	Enrollment Process	<ul style="list-style-type: none"> <li>✓ Customized to fit standard employer practices and integrate with other benefits</li> <li>✓ Convenient online, intranet or paper enrollment</li> </ul>	<ul style="list-style-type: none"> <li>✗ Varies</li> </ul>
	Additional Services Offered	<ul style="list-style-type: none"> <li>✓ Free seminars provided to all employees</li> </ul>	<ul style="list-style-type: none"> <li>✗ None</li> </ul>

This comparison is for illustrative purposes only and was prepared based on information available to the public. It is intended to provide a general overview of plan coverage; only a plan contract can give actual terms, coverage, conditions and exclusions. Please consult a plan contract or summary of services for complete descriptions. Due to regulatory requirements, benefits and rates may vary by state.

..... PUT THE LEGAL RESOURCES PLAN TO WORK FOR YOU .....

**Request a proposal today | 800.728.5768**

We look forward to serving you and your employees.

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

Nationwide  
800.728.5768

Virginia Beach, VA  
757.498.1220

Richmond, VA  
804.897.1700

Bethesda, MD  
301.654.9490

**LEGAL RESOURCES**

Relax... you're covered.

# APPENDIX



**LEGAL RESOURCES**

QUALITY.  
VALUE.  
SERVICE.  
PEACE OF MIND.

**James Madison University  
ONLY \$18.00 PER MONTH!  
(OR \$9.00 PER PAY PERIOD)**

As a member, you are covered for expected and unexpected legal needs, including real estate closings, will preparation, traffic matters, divorce and much more. Most attorneys charge between \$200-400 per hour, but as a Legal Resources member, you and your family are covered for \$18.00 per month.

## LEGAL SUPPORT THROUGHOUT YOUR LIFE

					
AGE	20s	30s	40s	50s	60s
LEGAL LIFE EVENTS	 Renting an apartment	 Getting married	 Teenage drivers	 Estate planning	 Revision or review of will
	 Traffic violations	 Buying a home	 Home refinance	 Family issues	 Advance medical directive
	 Courtroom representation	 Preparing a will	 Power of attorney for parents	 Landlord disputes	 Estate advice
	 Auto purchase agreement	 Power of attorney for spouse	 Elder Law advice	 Insurance claims	 Home sale or purchase
	 Advice and consultation	 Contractor disputes	 Property disputes	 HOA hearings	 Warranty disputes

## HOW THE PLAN WORKS

- 1 Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at Legal Resources.com to find a firm near you. If you need to transfer to another Plan Law Firm, call Member Services.
- 2 Certified paralegals in our Member Services Department provide you with dedicated, ongoing support and assist you with any coverage or attorney-related concerns.



**PAY NO ATTORNEY FEES** FOR THE MOST COMMONLY USED LEGAL SERVICES

# HOW MUCH WILL YOU SAVE?

With the average attorney charging \$200-400 per hour, Legal Resources can help you and your family avoid anticipated and unanticipated attorney fees – saving not only money, but valuable time as well.

COMMONLY USED LEGAL SERVICES	WHAT NON-MEMBERS PAY	WHAT MEMBERS PAY
Legal advice and consultation	\$200-400 per hour	<b>\$0</b>
Will preparation	\$500-750 per person	
Purchase, sale or refinance of primary residence	\$400-700	
Traffic court representation <i>(including 1<sup>st</sup> offense DUI)</i>	\$750-1,500	
Uncontested divorce representation	\$1,250-2,000	
Tenant dispute with landlord	\$200-400 per hour	
Uncontested domestic adoption <i>(including name change)</i>	\$1,000-1,500	
Review of a financial contract or lease	\$200-400 per hour	
District court representation in a civil action	\$200-400 per hour	
Defense of child in juvenile court <i>(misdemeanor)</i>	\$875-1,500	

## FEATURING PARENT COVERAGE



**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.



# IDENTITY THEFT PROTECTION

## James Madison University

Individual Plan: \$8.00/month Family Plan: \$16.00/month

### PLAN DETAILS

**GOLD**  
TRUSTED VALUE

ADVANCED COVERAGE AT A COMPETITIVE PRICE

#### MONITOR AND ALERT

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	

#### 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	

### EASY TO ENROLL

1. Enroll along with other benefits through your employer.
2. Receive member confirmation email with instructions on how to activate your online profile.
3. Follow instructions to activate your online profile and access your Identity Protection Dashboard.

# APPENDIX



## Legal Resources' Legal Plan & Identity Theft Protection Plan



	LEGAL RESOURCES' LEGAL PLAN	
	PLAN TYPE	SEMI-MONTHLY RATE
	LEGAL PLAN	<b>\$9.00</b>

**Who is Covered:** Employee, spouse, and dependent children up to the age of 26 and living at home or a full time student.

	IDENTITY THEFT PROTECTION PLAN (IDP)	
	PLAN TYPE	SEMI-MONTHLY RATE (Individual/Family)
	GOLD IDP PLAN	<b>\$4.00/\$8.00</b>

**Who is Covered:** Individual Plan: Employee only. Family Plan: Employee, spouse and unlimited dependent children up to age 25.

	LEGAL RESOURCES' LEGAL AND IDENTITY THEFT PROTECTION	
	PLAN TYPE	SEMI-MONTHLY RATE (Individual/Family)
	LEGAL PLAN & GOLD IDP PLAN	<b>\$13.00/\$17.00</b>

Please visit [LegalResources.com](http://LegalResources.com) for more information or call Member Services at 800.728.5768. Relax... you're covered.®



# My Pet Protection<sup>®</sup> from Nationwide<sup>®</sup>

Now with options to meet every budget.

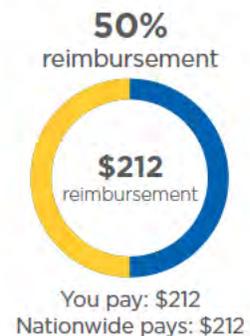
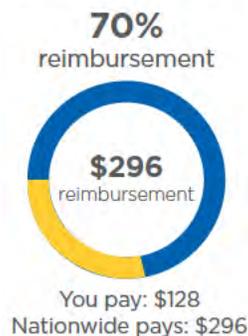
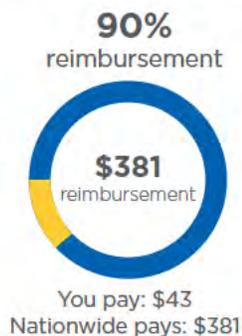


## Our popular My Pet Protection pet insurance plans now feature more choices and more flexibility

- ✓ Get **cash back** on eligible vet bills  
Choose from three levels of reimbursement:  
90%, 70% or 50%\*
- ✓ Available **exclusively for employees**  
These plans aren't available to the general public
- ✓ **Same price for pets of all ages**  
Your rate won't go up because your pet had a birthday
- ✓ Use **any vet**, anywhere  
No networks, no pre-approvals
- ✓ Optional **wellness coverage** available  
Includes spay/neuter, dental cleaning,  
exams, vaccinations and more

## Choose the reimbursement level that fits your needs

Problems such as upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is **\$424**. Here's how My Pet Protection would cover the bill.\*



Examples reflect reimbursement after \$250 annual deductible has been fulfilled.

## Get more—enjoy these extras when you protect your pet with a Nationwide pet insurance policy

**vet helpline<sup>®</sup>**

Unlimited, 24/7 access to a veterinary professional (\$150 value).



Multiple-pet discounts available.†



Mobile claims submission with the free VitusVet app.



Fast, convenient electronic claim payments.



Access to our award-winning magazine, *The Companion*.



Discounts on hand-picked pet products and services.

Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.petsnationwide.com)



# Choose the level of coverage that fits your needs

Get 90%, 70% or 50% reimbursement on these vet bills and more.\*



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.\*

## How to use your pet insurance plan

1



Visit any vet, anywhere.

2



Submit claim.

3



Get reimbursed.

Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.PetsNationwide.com)

To enroll your bird, rabbit, reptile or other exotic pet, call 877-738-7874.

\*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states. \*Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an AM Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an AM Best A+ rated company (2018). Agency of Record: DVM Insurance Agency, Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5915

19GRMPP907050

Up to  
**15%**  
discount with  
multiple  
pets<sup>†</sup>



# Avian & Exotic Plan

**Affordable pet healthcare coverage for your bird or exotic pet.** With a low **\$50** per-incident deductible, this plan reimburses you for medical treatments and surgeries for accidents, illnesses and diseases, including cancer.



## The Nationwide Avian & Exotic Pet Plan provides coverage for:

Group 1: <b>\$6.65/mo.</b>	Group 2: <b>\$9.50/mo.</b>	Group 3: <b>\$12.35/mo.</b>	Group 4: <b>\$15.68/mo.</b>
<ul style="list-style-type: none"> <li>Amphibians</li> <li>Chameleons</li> <li>Geckos</li> <li>Gerbils</li> <li>Guinea Pigs</li> <li>Hamsters</li> <li>Hedgehogs</li> <li>Lizards</li> <li>Mice</li> <li>Rats</li> <li>Small Birds&lt;50g</li> </ul>	<ul style="list-style-type: none"> <li>Chinchillas</li> <li>Ferrets</li> <li>Iguanas</li> <li>Opossums</li> <li>Rabbits</li> <li>Snakes (except extra large)</li> <li>Sugar Gliders</li> <li>Tortoises</li> <li>Turtles</li> <li>Medium Birds 50g-300g</li> </ul>	<ul style="list-style-type: none"> <li>Large Birds 301g-10kg</li> </ul>	<ul style="list-style-type: none"> <li>Goats</li> <li>Potbellied Pigs</li> <li>Snakes (extra large, e.g. Boa Constrictors, Pythons, Anacondas)</li> <li>Extra Large Birds&gt;10kg</li> </ul>



For more information or to enroll, call **877-738-7874**



# Additional member benefits



## The Companion

Pet education newsletter with exclusive policyholder discounts



## Pet tags and ID cards

Easy access to important pet insurance policy information



## Digital cards

Sent for pet birthdays and other life events



## Infographics

Get all the pet facts in fun and infographics



## Pet Health Zone

Online articles on pet health and safety for everyone

**vet**helpline®

24/7 pet help

Call, email or online chat with a live veterinary professional



# Travelers Auto and Home Insurance Program

For James Madison University Employees

---

Employee Benefits

## Program Overview



### Employer Benefits

- \$0 cost to add the program
- Little to no administration
- Easy implementation
- Premiums are 100% employee funded
- Helps improve employee satisfaction
- Travelers assumes all marketing and ongoing communication costs
- Policy issuance, renewal and service functions handled to Travelers



### Employee Benefits

- Special program savings on auto, home, condo and renters insurance
- Multiple, money-saving discounts
- Coverage options to meet members' individual needs
- Convenient payment plans, including payroll deduction, EFT and credit card payments
- No-obligation quotes online and from licensed insurance representatives
- 24/7/365 phone and online claim reporting
- 24/7/365 phone and online customer service



## Program Advantages

- Special savings not available to the general public
- Competitive rates
- Money-saving discounts
- Wide range of insurance products and customized coverages
- Phone and online quotes
- Year-round quoting and policy issuance
- Superior claim service
- 24/7/365 customer support
- Prepare and prevent tips and tools



## Money-Saving Discounts



### Auto Insurance

- Employee Discount
- Payroll Deduction
- Safe Driver
- Multi-Car
- Multi-Policy
- Early Quote
- New Car
- Good Student
- Continuous Insurance
- Hybrid/Electric Vehicle
- IntelliDrive
- Student Away as School
- Good Student



### Home Insurance

- Employee Discount
- Multi-Policy
- Loss Free
- Protective Devices
- Green Home
- Home Buyer



### Condo Insurance

- Employee Discount
- Multi-Policy
- Loss Free
- Protective Devices
- Green Home
- Home Buyer



### Renters Insurance

- Employee Discount
- Multi-Policy
- Loss Free
- Protective Devices



## Additional Insurance Products



**Umbrella Insurance**



**Boat/Yacht Insurance**



**Landlord Insurance**



**Valuable Items Insurance**



**Travel Insurance**



## We're Here for Your Employees

Free, no-obligation quotes from licensed insurance representatives

- Monday-Friday, 8am to 11pm, ET
- Saturday, 8:30am to 6:30pm, ET
- Sunday, 8:30am to 6:00pm, ET

Online quotes via co-branded website

Policy Service: 800.842.5075

Visit: [mytravelers.com](https://mytravelers.com)

Report a Claim: 800.252.4633

Visit: [travelers.com/claims](https://travelers.com/claims)



## Testimonials

***“I just moved my auto and home policies to Travelers and saved \$521 annually. The customer service experience was excellent!”***

- Marcy S.

***“Travelers is an excellent partner in addressing and understanding the specific needs of CAP COM Federal Credit Union and our members. Travelers offers our members great rates with a savings advantage, but what really sets them apart is their service!”*** - Willis R.

***“My husband and I wanted to relay how happy we are with the experience we had with your company regarding our recent auto claim. Today marks the ninth day since the accident. Not only have we been able to replace the vehicle that was lost, but the finance company has already been paid and we received our loss check. We never expected this to be so painless and easy.”***

- Connie L.



## Claim Capabilities and Service

- 12,000+ claim employees committed to exceptional service
- State-of-the-art Claim University training facility offers a variety of teaching methods - traditional and online classrooms, hands-on experience in auto and property labs and through digital media - to help our Claim professionals be the best in the business
- Dedicated Catastrophe Response Team with more than 300 professionals and a National Catastrophe Center that coordinate response activities
- 94% of claims are closed within 30 days
- 80% of reported claims paid within a week of inspection
- Coordinate emergency housing for families and pets
- Arrange water mitigation assistance
- Claim professionals strategically located in cities and towns across the country
- Our fleet of custom-built Mobile Claim Offices is equipped with technology for customers to report a claim, obtain payments on the spot, and use our generator-driven charging stations to power smart devices

### Catastrophe Response Highlights



Our custom-built Mobile Claim Offices travel about **25,000** miles per year



**94%** of claims are resolved within **30 days\***



**30,000+** of our employees are available to help in the event of a catastrophe

\* Based on Personal and Business Insurance catastrophe claim data, 2018



## Employee Communications

- Together we'll work with you to develop a comprehensive communication strategy to boost program awareness and participation

### Sample Plan

Marketing Campaigns				
	2021			
	Q1	Q2	Q3	Q4
Home Mailing (Quarterly)				
Email (Quarterly)				
Co-Branded Web Portal (Ongoing)				
Collateral -Flyers -Brochures -Benefit Booklet Content -Newsletter Articles				

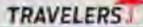


# Marketing Communication Samples

## Direct Mail



Sample A. Sample  
123 Any Street  
Any Town, USA 00000-0000



**PRIORITY EXPRESS SAVINGS MAIL**

**Auto [and Home] Insurance Program**

Employee: Sample A. Sample  
Group: XYZ Company  
Reply by: XX/XX/XXXX  
Call Toll Free: 1-888-695-4640

Dear Sample A. Sample,

As an employee of [XYZ company], you [existing/could be missing out on/new-now have access to] saving hundreds of dollars on auto [and home] insurance. By arrangement with Travelers, you can take advantage of special savings through a program that is not available to the general public.

In fact, drivers who switch are reporting savings that average **\$604\* on auto insurance today** to see how much you can save on the coverage you need through this program.

**DISCOUNTS AND VALUE-ADDED OPTIONS TO HELP YOU GET MORE COVERAGE FOR LESS.**

It starts with a discount just for being an employee of [XYZ Company]. Then your licensed Travelers insurance representative will help you find additional auto discounts that can save you up to:

<input checked="" type="checkbox"/> 25%/MA-16% for safe drivers	<input checked="" type="checkbox"/> 15% for having continuous insurance
<input checked="" type="checkbox"/> 15%/TX&OK-7% for multiple policies	<input checked="" type="checkbox"/> 10%/MA-5% for how far in advance you shop

For auto insurance:

<input checked="" type="checkbox"/> 10% for new cars	<input checked="" type="checkbox"/> 8% for insuring multiple vehicles
<input checked="" type="checkbox"/> 8% for good students	<input checked="" type="checkbox"/> 7% for students away at school
<input checked="" type="checkbox"/> 5% for home ownership	<input checked="" type="checkbox"/> 4% for paying via (Electronic Funds Transfer (EFT)/payroll deduction)

As you can see, your savings can really add up. Plus, you can choose from valuable packages that bundle key coverages to help meet your needs and budget. For example, you can add the *Responsible Driver Plan™* that can help you avoid a rate increase following a first accident or minor violation for any driver on your policy. And unlike some insurers, Travelers allows you to purchase this option up front – even if you've already had an accident. Just call Travelers today. You can switch at any time and may be entitled to a refund from your current carrier on any unearned premium.

Be sure to mention you're [an XYZ Company] employee when you call **1-888-695-4640** to get your special savings.

Sincerely,

*Jan Zimmerman*

First & Last Name: Jan Zimmerman  
Title: Vice President  
XYZ Company: Travelers

**P.S. (No Payroll=You could get mom and pay less as [an XYZ company] employee (Payroll=Save time and money by choosing the payroll deduction payment option with no down payment or service fees.) Call for your free, no-obligation quote today.**

**Travelers Policyholders Say It Best**

*"My husband and I wanted to relay how happy we are with the experience we had with your company regarding our recent auto claim. The communication and speed with which this has all been processed, especially during a holiday period, is truly amazing to us. Today marks the ninth day since the accident.*

*Not only have we been able to replace the vehicle that was lost, but the finance company has already been paid and we received our loss check. Thank you for your excellent service. We never expected to have this be so painless and easy."* – Corrie L.

*"We would like to thank you very much for the polite and professional service. We are very happy to be new customers of Travelers for auto and renters insurance."* – Paul M.

*"I just wanted to let you know that every one of my questions was answered and my representative was very helpful and patient with me. I am looking forward to many years with Travelers."* – Rebecca W.

**Travelers Insurance Program Benefits**

- Average Auto Savings: **\$604\***
- Several Money-Saving Discounts
- Coverage Package Options
- 24/7 Claim Reporting
- [Easy Payment Options/Convenient Payroll Deduction]

Find out how you can benefit from this program. Call a licensed Travelers insurance representative.

**1-800-000-0000**

\*Average savings is based on new auto policyholders countrywide who reported savings to Travelers through the Affinity marketing distribution channel in 2019. Individual savings may vary. Savings are not guaranteed.

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates, One Tower Square, Hartford, CT 06183. In TX, Auto insurance is offered by Travelers Texas USA, Inc. and underwritten by Consumers County Mutual Insurance Company (CCM). CCM is not a Travelers company. Coverages, discounts, special program rates or savings, billing options, and other features are subject to availability and individual eligibility. Not all features available in all states. In FL, Motorists Insurance is not currently offered for new business.

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**ACCESS CARD ENCLOSED**



# Marketing Communication Samples

## Direct Mail



Sample A: Sample  
123 Any Street  
Any Town, USA 1234-5678





**GET A FREE,  
NO-OBLIGATION  
QUOTE TODAY!**

**Call: 000.000.0000**  
**Visit: [travelers.com/xyz](#)**

Dear Sample Sample,

As *an employee/a pre-selected member/a member of XYZ*, you have access to discounts on auto, home, condo and renters insurance\* not available to the general public through the Travelers Auto and Home Insurance Program. Plus, competitive rates are available for boat, umbrella, and other personal insurance.

\*Many participate in this program because it offers money-saving discounts on great coverage to members. In fact, those who switch save an average of **\$604** on auto insurance and **\$398** on home a year.\*\*

To find out what your savings might be, please call <000.000.0000> or visit <[travelers.com/xyz](#)>. There's no obligation and you don't have to wait until your current policy expires to switch.

Through the program, you could get better coverage at a better rate. Here are just a few advantages:

- ▶ **<Employee/member> discounts not available to the general public**
- ▶ **Additional discounts, such as multi-policy, safe driver and good student**
- ▶ **Convenient <payroll deduction with no required down payment or service charges/automatic electronic funds transfer (EFT) from your <bank account/XYZ account>. Plus, you could get <a payroll deduction/an EFT> discount.**

Remember, we think you deserve a better value and exceptional service as <a/an XYZ employee/member>. Take advantage of your <employee/member> discounts today <existing accounts>even if you loved into the program before. We look forward to talking to you soon.

Sincerely,

*Jan Zimmerman*

First & Last Name: Jan Zimmerman  
Title: Vice President  
Account Name: Travelers



**What you who switched has to say:**  
"I just moved my auto and home policies to Travelers and saved \$271 annually. The customer service experience was excellent."  
—John J. L.

Call <000.000.0000> | Visit <URL>

**You can choose to stop receiving "prescreened" offers of insurance from this and other companies by calling toll-free 1-888-567-8688. See **PRESCREEN & OPT-OUT NOTICE** on other side for more information about prescreened offers.**



**\$604\*\***  
Average savings  
of drivers who  
switched



**\$398\*\***  
Average savings  
of homeowners  
who switched

**Get your free quote with special savings for <XYZ employees/members> today!**

**Call Travelers toll-free at 000.000.0000 or visit <URL>**

8 a.m. to 11 p.m. Mon. - Fri. 8:30 a.m. to 6:50 p.m. Sat. 8:30 a.m. to 6 p.m. Sun., ET

**<PRESCREEN & OPT-OUT NOTICE:** This "prescreened" offer of insurance is based on information in your consumer report indicating that you meet certain criteria for insurability. This offer is subject to your continuing to meet these criteria, and to your qualifying for insurance according to our underwriting guidelines. You have the right to prohibit information contained in your files with any consumer reporting agency from being used in connection with any credit or insurance transaction that you did not initiate. You may exercise this right by calling TransUnion toll-free at 1-888-567-8688; or visiting the website at [www.optoutprescreen.com](#); or writing to TransUnion Opt-Out Request, PO Box 505, Woodlyn, PA 19094-0505.

\*Home, condo and renters insurance is not currently offered for new business in Florida.  
\*\*Average savings based on new auto and home policyholders who reported savings to Travelers through the Affinity marketing distribution program in 2019. Individual savings may vary. Savings are not guaranteed.

Insurance is underwritten by The Travelers Indemnity Company or one of its members (alliance partners). One Tower Square, Hartford, CT 06183. Auto insurance is offered by Travelers Texas MGA, Inc. and underwritten by Consumers County Mutual Insurance Company (CCM) or one of its Travelers Company. Coverage, discounts, special broker rates or savings, billing options, and other features are subject to availability and individual eligibility. Not all features available in all areas.

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# Marketing Communication Samples

## Email

Get your [XYZ employee] quote today. If you are having trouble viewing this email, click [here](#).

**TRAVELERS** | xYz



**Average Auto Savings: \$604\***

**GET YOUR QUOTE**

### See How Much You Can Save On AUTO AND HOME INSURANCE

As a/an [employee] of [xyz], you could save on auto[, home and renters] insurance with Travelers. Here are just a few advantages:

-  **Special savings** on auto, home, condo and renters insurance
-  **Money-saving discounts**, like multi-policy
-  **24/7 claim reporting** and customer service
-  **Flexible repair options**, such as access to convenient mobile glass providers

It's quick and easy to see if you can get better coverage at a better rate with the Travelers Auto and Home Insurance Program for [xyz employees].

**GET YOUR QUOTE**

Or call [888.695.4640](tel:888.695.4640) to speak to a licensed insurance representative.

**You can get more than savings**



*"My husband and I wanted to relay how happy we are with the experience we had with Travelers regarding our recent claim. Today marks the ninth day since the accident. Not only have we been able to replace the vehicle that was lost, but the finance company has already been paid and we received our loss check. We never expected to have this be so painless and easy."*

— Connie L.

\*Average savings is based on new auto policyholders countrywide who reported savings to Travelers through the affinity marketing channel in 2019. Individual savings may vary. Savings not guaranteed.

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# Employee Communication Samples Collateral



TRAVELERS | XYZ COMPANY

## Auto and Home Insurance Program

9 REASONS TO GET COVERED WITH TRAVELERS

### Special Savings

You have access to Auto, home, condo and renters insurance through a special program from Travelers for XYZ employees.

### Money-Saving Discounts

The Travelers program offers discounts for safe driving, new car, owning a home, insuring multiple vehicles, good students, hybrid and having continuous insurance.\*

### One-Stop Shopping

From auto, home, renters and condo protection to loss, high-value items, special events and umbrella coverage, the Travelers Auto and Home Insurance Program offers a host of coverage solutions to meet your personal insurance needs.

### Convenient Payment Options

Pay by mail, by phone, online or by electronic funds transfer (EFT) from your checking or savings account. Or, choose our most popular payment option – payroll deduction – with no down payment or service fees. You can even get a payroll deduction discount\*\* for choosing the convenient payment option.

### Exceptional Customer Service

If you have questions about your coverage or need to make a change to your policy, you can get fast, friendly customer service from the Travelers Customer Care Team, 24 hours a day, 7 days a week.

### 24/7 Claim Reporting

You can insure an fast, efficient claim handling. Claim reporting is available around the clock, and we work hard to get you back on the road or in your home.

### Convenient Mobile Auto Glass Repair Options

Covered glass claims can usually be repaired at your home or work, and Travelers typically waives your comprehensive deductible if the glass damage can be repaired without replacement.\*\*

### Excellent Repair Options

You always have the right to choose where your vehicle will be repaired. Travelers has a network of thousands of body repair shops that have prompt, quality repairs that are guaranteed for as long as you own your vehicle.\*\*

### A+ Rating by A.M. Best

Travelers is a highly rated insurance organization. It receives among the highest ratings possible from the industry's leading rating companies, including A+ (Superior) from A.M. Best.\*\*

Get your quote today. Call 000.000.0000 or click here.



TRAVELERS

## Travelers Auto and Home Insurance Program for <XYZ Employees>

FREQUENTLY ASKED QUESTIONS

### Q. What are the benefits of the Travelers Auto and Home Insurance Program?

A. Through the program, you have access to special savings on auto, home and renters insurance. This savings is not available to the general public and could save you hundreds of dollars.

### Q. Do I have to wait for my current policies to expire to participate?

A. No, you can switch at any time and may be entitled to a refund from your current carrier on any unearned premium. Plus, you could get an early quote discount of up to 10% on auto insurance when you switch to Travelers before your current coverage expires.

### Coverage

#### Q. What coverages are available through this program?

A. Travelers can meet an array of your personal insurance needs. You can personalize your coverage to suit your needs by adding coverage options and packages that can include accident and minor violation forgiveness, roadside assistance, new car replacement, auto loan/lease gap coverage, and identity fraud expense reimbursements, and additional replacement cost for your home. Plus, you can save up to 10% on your auto when you have other policies with Travelers.

#### Q. How do I determine what coverage is right for me?

A. Licensed insurance representatives can help you review your insurance needs so you can make an informed decision on the coverage that's right for you. They can help you get discounts and credits you deserve, and offer ways to lower your premiums.

### Premium Payments

#### Q. What payment options are available through the Travelers Auto and Home Insurance Program?

A. Travelers makes several convenient payment options available to you. From automatic payroll deduction and electronic funds transfer from your checking or savings account to recurring credit card, bill by mail, pay by phone or online, you simply select the payment option that works best for you.

There's even a multi-policy billing option to help you consolidate your bills. Plus, when you choose to pay your auto premiums through payroll deduction there are no down payments or service charges. You could receive a payroll deduction discount, too.

Get a free, no-obligation quote today!  
Call <0.000.000.0000> or visit <travelers.com/xyz>

## Travelers Auto and Home Insurance Program

Starting on <Date>, you could save money on great coverage for your car, home, condo or renters insurance from Travelers.

Call Travelers: 000.000.0000  
Visit: [travelers.com/xyzcompany](http://travelers.com/xyzcompany)

Here are just a few benefits and features:

- Special savings on auto, home, condo and renters insurance
- Money-saving discounts, including multi-policy
- Wide-array of personal insurance coverage options and packages
- 24/7/365 claim reporting and customer service – online or by phone
- Free, no-obligation quotes from licensed insurance representatives or online

With over 160 years of experience along with high ratings from the industry's leading rating companies, you can rely on Travelers to meet your insurance needs today and at the time when you need it most.

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# TRAVELERS AUTO AND HOME INSURANCE PROGRAM

## Co-Branded Website

### Exclusive Savings for XYZ Employees

You can get the coverage you need with a savings advantage that is not available to the general public on auto, home and renters insurance from Travelers. Plus, we offer additional money-saving discounts and convenient payment options, like insuring credit card payments and Electronic Funds Transfer (EFT).

See if you can get better coverage at a better price. Get a quote online or call to speak with a licensed insurance representative today.

#### Choose What's Right for You

Life has its moments. Here's helpful content and tips to help enjoy them.



**Distracted Driving: Sharey's Unfinished Story** [Video]

We learned Sharey by bringing Mr. Unfinished Story to life through engaging audio, so all here from Sharey's where and please don't drive distracted.



**3-Second Rule for Safe Following Distance**

We'll present clear and concise tips on driving the distance between your car and others on the road.



**5 Steps to Create a Home Inventory Checklist**

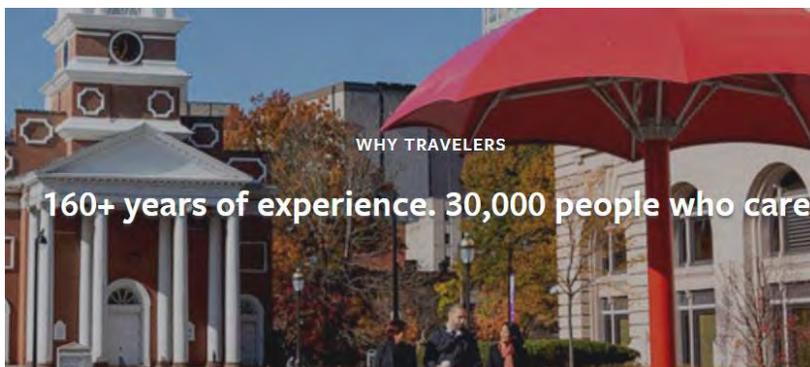
Create a home inventory checklist to keep track of your important possessions in order to help quickly recover for expensive and losses.

Chat now



## Why Travelers

- Travelers issued the first automobile insurance policy in 1897
- Over 50 years of experience working with Affinity group accounts
- A++ (Superior) rating by A.M. Best Co.\*
- Total assets of approximately \$110 billion as of December 31, 2019
- Total revenue of \$31 billion in 2019
- **Shareholder' equity of \$25 billion**
- Highly ranked on the Fortune 500 list of largest U.S. Companies
- Over 7.9 million personal insurance policies in force
- 2020 Military Friendly® Company
- Best overall home insurance company for 2020 by *Money* magazine



\*A.M. Best rating of A++ applies to certain insurance subsidiaries of The Travelers Companies, Inc. that are included in The Travelers Insurance Companies pool; other subsidiaries are separately rated. For a listing of companies rated by A.M. Best and other rating services visit [travelers.com](http://travelers.com). Rating listed herein are as of November 5, 2019, are used with permission, and are subject to changes by the rating services. For the latest A.M. Best rating, access [ambest.com](http://ambest.com).



# THANK YOU

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This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

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Sample A. Sample  
123 Any Street  
Any Town, USA 00000-0000

**Auto and Home Insurance Program**

Employee: **Sample A. Sample**  
Group: **James Madison University**  
Reply by: **XX/XX/2021**  
Call Toll Free: **1-888-695-4640**

Dear Sample A. Sample,

As an employee of James Madison University, you now have access to saving hundreds of dollars on auto and home insurance. By arrangement with Travelers, you can take advantage of special savings through a program that is not available to the general public.

In fact, drivers who switch are reporting savings that average **\$604\* on auto insurance**. Call **1-888-695-4640 today** to see how much you can save on the coverage you need through this program.

**DISCOUNTS AND VALUE-ADDED OPTIONS TO HELP YOU GET MORE COVERAGE FOR LESS.**

It starts with a discount just for being an employee of James Madison University. Then your licensed Travelers insurance representative will help you find additional auto discounts that can save you up to:

- 23% for safe drivers
- 15% for having continuous insurance
- 13% for multiple policies
- 10% for how far in advance you shop for auto insurance
- 10% for new cars
- 8% for insuring multiple vehicles
- 8% for good students
- 7% for students away at school
- 5% for home ownership
- 4% for paying via Electronic Funds Transfer (EFT)

As you can see, your savings can really add up. Plus, you can choose from valuable packages that bundle key coverages to help meet your needs and budget. For example, you can add the *Responsible Driver Plan<sup>SM</sup>* that can help you avoid a rate increase following a first accident or minor violation for any driver on your policy. And unlike some insurers, Travelers allows you to purchase this option up front – even if you’ve already had an accident. Just call Travelers today. You can switch at any time and may be entitled to a refund from your current carrier on any unearned premium.

Be sure to mention you’re a James Madison University employee when you call **1-888-695-4640** to get your special savings.

Sincerely,

*Ian Zimmerman*

First & Last Name  
Title  
James Madison University

Ian Zimmerman  
Vice President  
Travelers

**P.S.** You could get more and pay less as a James Madison University employee. Call for your free, no-obligation quote today.

## Travelers Policyholders Say It Best

*“My husband and I wanted to relay how happy we are with the experience we had with your company regarding our recent auto claim. The communication and speed with which this has all been processed, especially during a holiday period, is truly amazing to us. Today marks the ninth day since the accident.*

*Not only have we been able to replace the vehicle that was lost, but the finance company has already been paid and we received our loss check. Thank you for your excellent service. We never expected to have this be so painless and easy.” – Connie L.*

*“We would like to thank you very much for the polite and professional service. We are very happy to be new customers of Travelers for auto and renters insurance.” – Paul M.*

*“I just wanted to let you know that every one of my questions was answered and my representative was very helpful and patient with me. I am looking forward to many years with Travelers.” – Rebecca W.*

### Travelers Insurance Program Benefits

- Average Auto Savings: **\$604\***
- Several Money-Saving Discounts
- Coverage Package Options
- 24/7 Claim Reporting
- Easy Payment Options

Find out how you can benefit from this program.  
Call a licensed Travelers insurance representative.

**1-888-695-4640**

\*Average savings is based on new auto policyholders countrywide who reported savings to Travelers through the Affinity marketing distribution channel in 2019. Individual savings may vary. Savings are not guaranteed.

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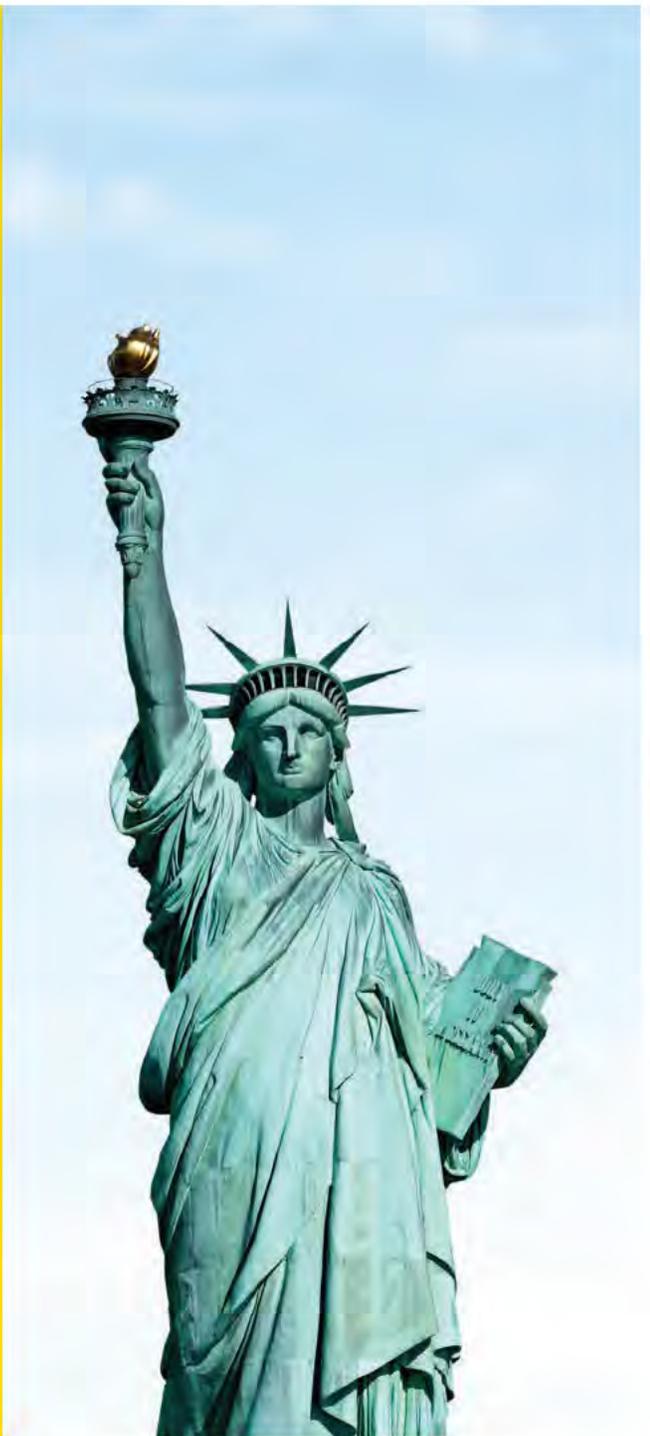






# Voluntary auto & homeowners insurance program

Prepared for James Madison  
University



Submitted by: Paul Hackley

Liberty Mutual Insurance Company  
175 Berkeley Street, Boston, MA 02116

Email: [Paul.Hackley@Libertymutual.com](mailto:Paul.Hackley@Libertymutual.com)

Tel: 401-824-1116

October 29, 2020



October 29, 2020

Lonnie Pierce  
James Madison University  
3766 South Main Street  
Farmville, NC 27828

RE: Liberty Mutual Voluntary Home & Auto Insurance

On behalf of Liberty Mutual Insurance, we would like to thank you for the opportunity to present our qualifications for being a voluntary benefit partner of James Madison University . I am delighted to send you the enclosed proposal for consideration.

We are excited about the opportunity to work together to build a mutually beneficial program for James Madison University while helping their employees live safer lives. Specifically, I would like to highlight what we offer in our group program:

- Special savings and a range of products: We are pleased to offer a special group discount of up to 10% on auto and up to 5% on homeowners insurance to all James Madison University employees. Liberty Mutual offers a range of insurance products, including standard auto, homeowners, renters and condo owners, powersports (watercraft, motorcycle, off-road vehicles, motor homes, and classic cars), and accident and critical illness.
- Multichannel distribution: Our insurance products are distributed through more than 2,200 licensed sales agents in more than 250 offices, three direct response centers, and online.
- Dedicated account management: Liberty Mutual Insurance is committed to personalized account management with an experienced account management team of more than 75 individuals located throughout the country.

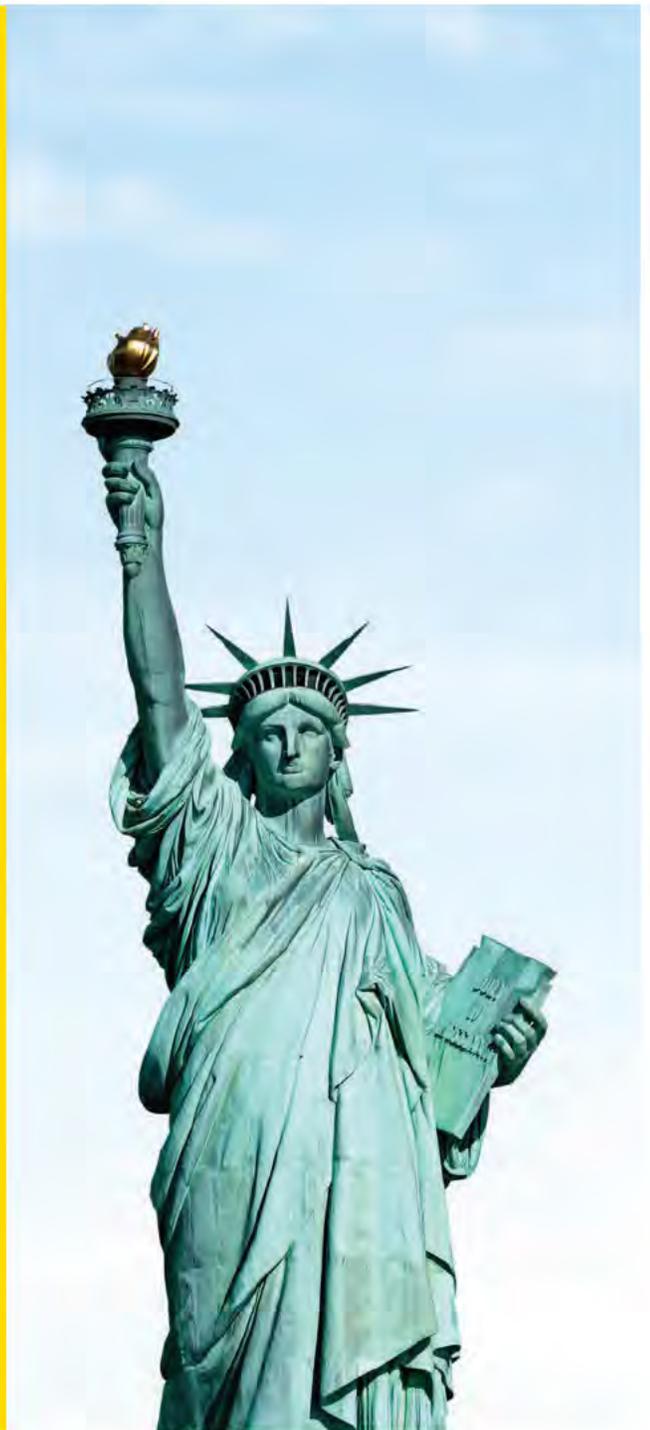
We work collaboratively with our partners to ensure their needs are met and to evolve and customize every program to achieve maximum success. At the same time, we take full responsibility for delivering nearly every aspect of the program to minimize the administrative burden.

Again, we are thrilled to be considered as the new partner for James Madison University , and we look forward to presenting our vision and capabilities.

Sincerely,  
Paul Hackley

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# Executive Summary



We've been in the business of helping people preserve and protect what they earn, build, own, and cherish for more than 100 years. As a leading provider of auto and home voluntary benefits, we operate in all 50 states and are among the Fortune 100 largest U.S. corporations.

We're committed to delivering a best-in-class partnership and to helping you enhance your current comprehensive benefits program by offering all employees additional voluntary benefits. We are honored to present our qualifications for being your voluntary benefits partner.

Liberty Mutual works with over 8,500 employer groups to build successful partnerships that provide special savings, benefits, and, most importantly, satisfied employees. Our employer groups range from fewer than 100 employees to our largest group with 445,000 employees. We have fully customized programs to fit the needs of employer groups as small as 50 employees.

We aim to provide convenience and excellent service to your employees through our unmatched multichannel distribution capabilities, which include call centers, online, and local offices across all 50 states. We understand the importance of engaging with our clients in person as often as possible and being a part of the communities that make up your employee population. This is why we initiate campaigns, provide on-site representation and quoting, and sponsor various local events and activities year-round.

**Liberty Mutual partners with more than 16,000 organizations and companies to offer auto and home voluntary benefits.**

### What your employees will receive

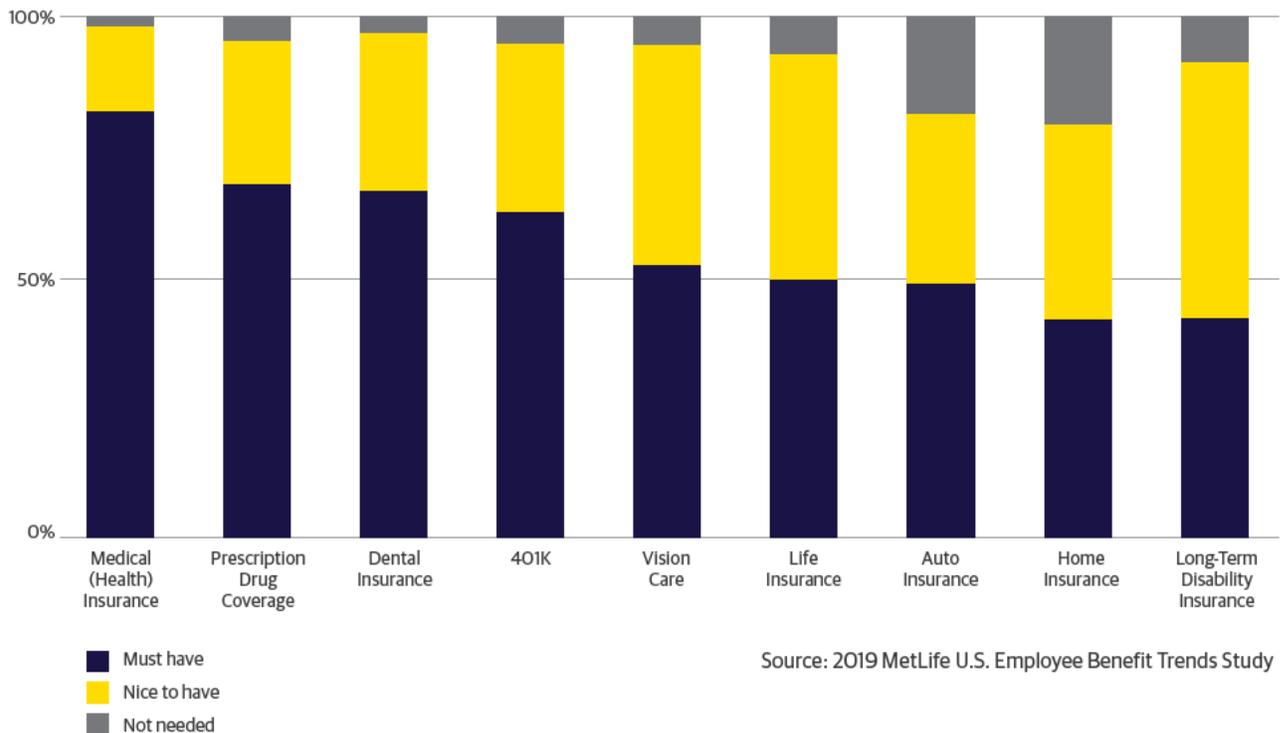
- Comprehensive auto and home insurance coverage at competitive rates
- Special group savings and discounts
- Exemplary customer service
- 24-hour claims and emergency home repair services
- Policies tailored to your employees' needs

### What you can expect from Liberty Mutual

- No administrative burden or additional costs
- No minimum participation rates
- Responsive, personal service from our account management team
- Flexible design to accommodate your payroll systems for payroll deduction
- Customized communications, materials, and value-added educational seminars

### Benefits employees want

Liberty Mutual provides a variety of benefits declared as must-haves by employees themselves.



## Moving forward with Liberty Mutual

Since 1912, Liberty Mutual Insurance has committed to providing targeted, competitively priced insurance products and services to our customers. Our delivery on this commitment is the reason we're the third-largest property and casualty insurer in the United States.<sup>1</sup>

You can count on Liberty Mutual to supply the tools and services for meeting your objectives. We would be honored to work with you, and believe that our client-focused account management team, distribution capabilities, and valuable savings will provide your employees with unparalleled home, auto, and voluntary benefits options.

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<sup>1</sup>Source: Based on 2017 direct written premium data as reported by the National Association of Insurance Commissioners.

## Company overview and qualifications

Liberty Mutual Group, founded in Boston in 1912, is a diversified global insurer and one of the largest multiline property and casualty insurers in North America.

As of December 31, 2018, Liberty Mutual Group had \$41.6 billion in revenues and \$126 billion in assets.

Liberty Mutual ranked 75th<sup>1</sup> on the 2019 Fortune 500 list of the largest corporations in the U.S., and is highly rated as follows:

- A (Excellent) by AM Best Company<sup>2</sup>
- A2 (Good) by Moody's<sup>3</sup>
- A (Strong) by Standard & Poor's<sup>4</sup>

We offer a range of insurance products and services, including personal automobile, homeowners, workers' compensation, commercial multiple peril, commercial automobile, general liability, global specialty, group disability, assumed reinsurance, fire, and surety. Liberty Mutual Group ([www.libertymutualgroup.com](http://www.libertymutualgroup.com)) employs over 50,000 people in more than 900 offices throughout the world.

Liberty Mutual began its affinity marketing program in 1970, and in 49 years it has become the most sponsored group and affinity program in the industry. Liberty Mutual's programs provide valuable discounts and benefits while allowing ease of purchase through local offices, on-site sales representatives, by phone, or online.

The program can be offered in all 50 states to employees, spouses, and adult children in the household.

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<sup>1</sup>Liberty Mutual Group is ranked 75th on the Fortune 100 list of largest corporations in the U.S. based on 2018 revenue.

<sup>2</sup>A.M. Best Rating Services, 2019.

<sup>3</sup>Moody's Investors Service, Inc., 2019.

<sup>4</sup>Standard & Poor's, 2019.

# Liberty Mutual Auto and Homeowners Insurance

## Program benefits

Partnering with Liberty Mutual Insurance shows your employees they belong to a company that has their best interests in mind. With our more than 100-year heritage as a responsible insurer, Liberty Mutual has the expertise to deliver what your employees need most: peace of mind.

Deliver what your employees are looking for: special savings, benefits, and products from Liberty Mutual Insurance. And, you can provide these valuable benefits at no cost to your organization, while your employees receive competitive rates and outstanding customer and claims service.

By partnering with us, you can ensure your employees and their families get quality coverage, expert advice, and caring service tailored to their specific situation.

- **Comprehensive Products Portfolio:** We offer a range of insurance protection in all 50 states and the District of Columbia, including auto, home, condo, renters, motorcycle, and excess personal liability protection.
- **Deep Value:** Liberty Mutual Insurance offers your employees peace of mind at a special rate. And, they could save even more with our Multi-Car<sup>1</sup> and Multi-Policy<sup>1</sup> discounts, as well as a variety of discounts for life's important events.
- **Consultative Approach:** Based on initial and subsequent coverage reviews, we tailor policies that suit your employees exactly where they are in life so they get the protection they need at every milestone along the way.
- **Educator Endorsement<sup>2</sup>:** The educator endorsement is available on auto policies and offers special coverage for teachers—at no additional cost. Coverage includes:
  - Waived deductible for any covered collision loss that occurs to a teacher's vehicle while traveling on school business
  - Personal property coverage that covers up to \$2,500 worth of personal or school-owned materials that are stolen or damaged while in a teacher's vehicle

The educator endorsement is currently available in 44 states (not available in AK, FL, GA, NC, NY, TN, TX).

<sup>1</sup>Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.

<sup>2</sup>Not available in all states, and may vary by state. Policy provisions apply.

## Program features

Liberty Mutual Insurance offers protection that lets your employees live their lives and concentrate on what matters most. We believe your employees deserve more than just basic coverage; that's why we provide additional benefits, including:

### Auto Insurance Benefits

- Accident Forgiveness<sup>1</sup>
- New Car Replacement<sup>TM2</sup>
- Multi-Policy Discount<sup>3</sup>
- Lifetime Repair Guarantee<sup>4</sup>
- Liberty Mutual Deductible Fund<sup>5</sup>
- Unlimited Rental Coverage<sup>6</sup>
- 24-Hour Roadside Assistance<sup>7</sup>
- Better Car Replacement<sup>TM2</sup>
- Car Windshield Repairs
- 12-Month Rate Guarantee<sup>9</sup>

### Home Insurance Benefits

- Loss Forgiveness<sup>9</sup>
- Personal Property Replacement Cost Coverage<sup>10</sup>
- 24-Hour Emergency Repair Service
- 12-Month Rate Guarantee<sup>8</sup>
- Multi-Policy Discount<sup>3</sup>
- Personal Liability Protection/Umbrella

### Your employees also have access to a wide (or extensive) array of insurance product offerings

- Landlord, Condo, Renters, Umbrella, Watercraft, Motorcycle, Off Road Vehicles, Classic & Antique Cars, Motorhomes

In addition to personal automobile and homeowners Insurance, Liberty Mutual Insurance will make our full line of personal insurance products and services available to your employees, including seasonal and rental properties, floater, motor homes, recreational vehicles, scheduled personal property, and identity fraud expense coverage.

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The descriptions of coverages and programs are necessarily brief and are subject to policy provisions, limitations, and exclusions that can only be expressed in the policy itself. Coverages and programs vary by state and are not available in all states.

<sup>1</sup>ACCIDENT FORGIVENESS NOT AVAILABLE IN CA. Terms and conditions apply.

<sup>2</sup>Optional coverage in some states; availability varies by state. Eligibility rules apply.

<sup>3</sup>Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.

<sup>4</sup>The property damage must be covered by your policy, and repairs completed by a Guaranteed Repair Network Vendor. Guaranteed Repair Network not available in Rhode Island or Massachusetts. In Massachusetts we offer you our Superior Service Program (SSP), which is similar to the Guaranteed Repair Network, however the estimate is completed by a Liberty Mutual appraiser. For more information, speak with your Liberty Mutual Claims Representative.

<sup>5</sup>Optional feature. Applicable to collision coverage only. Subject to terms and conditions. Availability varies by state.

<sup>6</sup>Daily limits apply. In New York, customers are not required to use a Liberty Mutual-approved facility.

<sup>7</sup>Coverage is provided on the optional Towing & Labor Coverage endorsement. May vary by state. Applies to mechanical breakdowns and disablements only, and may be subject to limits.

<sup>8</sup>Your rate is guaranteed for one full year from your effective date. Rate guarantee may not apply if there is a midterm change in underwriting risk that impacts policy premium.

<sup>9</sup>Subject to eligibility requirements. Benefits and eligibility requirements may vary by state.

<sup>10</sup>Optional coverage. Subject to a deductible. May vary by state.

## Program support

Liberty Mutual Insurance is committed to providing personalized account management with an experienced account management team of more than 75 people located throughout the country. The individuals on this team work closely with our partners, focusing on serving your needs.

From the day you partner with us, we assign an account team to take care of program setup and administration. Your dedicated relationship manager will lead the team and act as your go-to person, working with you to develop an innovative and comprehensive communications plan that best integrates with your existing communications tools and provide progress reports on your program's success.

We ensure that our team understands the goals, objectives, and culture of your organization so that our relationship will be as strong in year 10 as it is in year one. Your success is our success!

## Program benefits

- Single point of contact for all service-related and marketing questions
- Customized communications plan to drive awareness, engagement, and enrollment
- Recommendations for best practices and lessons learned
- Periodic reports on program and identifying new opportunities
- On-site support for seminars and other employee gatherings

## Product pricing

Each Liberty Mutual policy is individually underwritten. We provide the best rates, with all applicable discounts of 1% to 35%, to each employee based on their personal and vehicle information gathered at the point of sale. With our 12-month policies, rates are locked in for a full year.

Discounts vary by state<sup>1</sup> and may include the following:

Auto discounts	
Affinity/Group Affiliation	New Move
Accident Prevention	New Teen Driver
Anti-Lock Brakes	New-to-Liberty
Anti-Theft Device	Newly Independent
Early Shopper	Paid-in-Full
Electronic Funds Transfer	Paperless Discount
Hybrid Vehicle	Payroll Deduction
Good Student	Passive Restraints
Military	RightTrack <sup>®</sup> Discount <sup>2</sup>
Multi-Car	Student Away-at-School
Multi-Policy	Vehicle Safety Discount

Home discounts	
Affinity/Group Affiliation	New/Renovated
Early Shopper	Payroll Deduction
Insured to Value	Protective Device
Military	Recent Home Buyer
New Roof	Seasonal Secondary Home Credit

With the Liberty Mutual Insurance Auto and Home Insurance Program, your employees will be automatically entitled to receive a group discount of up to 10% on automobile and up to 5% on homeowners insurance in most states.

<sup>1</sup>Discounts and savings are available where state laws and regulations allow, and may vary by state. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify. Not available in Texas. Texas residents should ask a sales representative about Liberty Mutual Advantage.

<sup>2</sup>The RightTrack<sup>®</sup> discount applies only to the base coverages on the participating vehicle, which may include Bodily Injury, Property Damage, Comprehensive, Collision, Personal Injury Protection (PIP) or Medical Payments, Uninsured Motorist, and Underinsured Motorist (subject to state availability). Initial discount may vary by state and is replaced with a final discount upon completion of a review period. Not available in all states.

**Average auto savings<sup>1</sup>**

We constantly analyze our competitors and study how competitive we are in the market, both in total and for individual rating classes. These savings are based on customers' affiliation with a group partner.

National average	\$509

Prior Carrier	Average Savings	% Average Savings
Allstate	\$691	35%
GEICO	\$721	29%
State Farm	\$538	28%

**Average home savings<sup>1</sup>**

National average	\$494
Combined average auto and home savings	\$782

<sup>1</sup>Average savings based on countrywide survey of new customers from 8/1/16 to 8/1/17 who reported savings from prior premiums when they switched to Liberty Mutual. Carrier-specific figures reflect average savings for customers who switched to Liberty Mutual from the listed carriers. Individual premiums and savings will vary. Savings comparison does not apply in MA.

## Payroll deduction<sup>1</sup>

Payroll deduction is a popular, convenient option that benefits both you and your employees. Employees will save time and money by switching to payroll deduction because payments are automatic and there are no monthly fees. And by providing this valuable service, your company will see participation rates increase.

### Benefits for employers

Flexible design to accommodate your payroll systems

Dedicated billing support

Billing applications that support multiple pay calendars

Easy determination of deduction amounts

Choice of electronic or paper billing exchange

Securely transmitted data

### Benefits for employees

Convenience of automatic payments

No installment fees

Additional savings—up to 7.5% of premiums

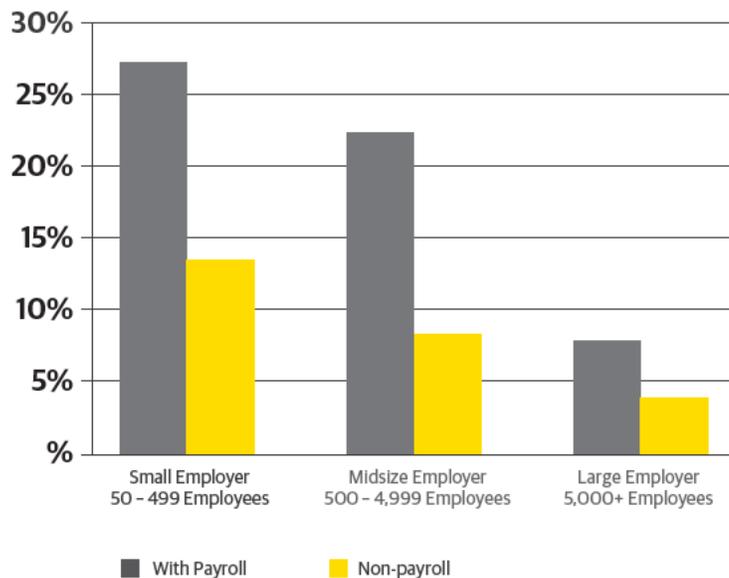
No need to remember to make payments

No checks to write—reduced carbon footprint

No down payment needed

Multiple policies can be on one deduction

### Participation Rate



The convenience and savings associated with payroll deduction leads to increased participation in our auto and home benefits program. In turn, this employee engagement could translate into increased employee satisfaction and loyalty.

<sup>1</sup>Affinity employer groups of 100+ members only.

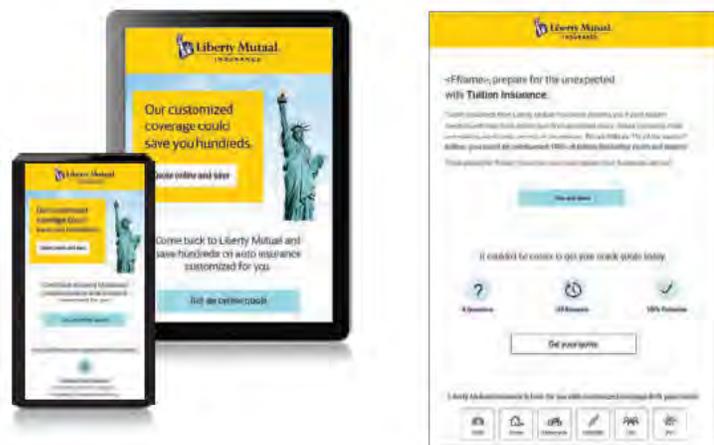
## Marketing & communications

The Liberty Mutual team will work with you to establish an effective communication plan that will meet the needs of your employees.

Evaluate	Incorporate	Reiterate
<p>We will evaluate your current communications strategies and how you communicate other voluntary benefits.</p> <p>We will integrate our product marketing pieces into your existing communications channels.</p> <p>For some companies this means a heavy focus on e-marketing, while others rely on our unique on-site events to communicate the auto and home benefits.</p>	<p>The next step will be incorporating the various products into one comprehensive marketing plan.</p> <p>Because each product involves a different set of purchasing habits, we will implement our marketing strategies at times when your employees are most likely to consider buying from us.</p>	<p>Liberty Mutual will then follow up with you on a periodic basis to find out what's working, and make adjustments along the way.</p> <p>This review process involves an activity report showing participation, and past and future marketing initiatives, to help in the discussion.</p>

## Sample marketing material

### Email Marketing



Posters/Handouts



Flyers



Banner Ads



## Sales and customer service

Liberty Mutual is proud to be one of the few companies to offer **multiple distribution channels** for sales. Your employees can receive personalized quotes from trained professionals in one of our local sales offices, access us online and via mobile devices, or call our direct response center toll-free. Our licensed insurance professionals can review your employees' needs, explain the coverage available, and help them make cost and coverage comparisons. And, those who decide to sign up for the program can enroll right over the phone or online. We recognize that consumers choose who they buy insurance from, and we take a consultative approach so there is no sales pressure.

*Our distribution strategies include:*

### **1. Personal, face-to-face enrollment and service**

In addition to the call centers and online access, Liberty Mutual employs over 2,200 sales representatives in more than 250 offices throughout the country. Our multiple enrollment options means that more of your employees will take advantage of our great benefits.

Our representatives can meet with the employee at work or in our offices, or do business by fax or phone. This is particularly important because of the time demands faced by working families today. This is also important for employees who may not be the personal insurance decision maker in the household. Our representatives can work with the spouse, partner, or other family members at a time convenient for everyone.

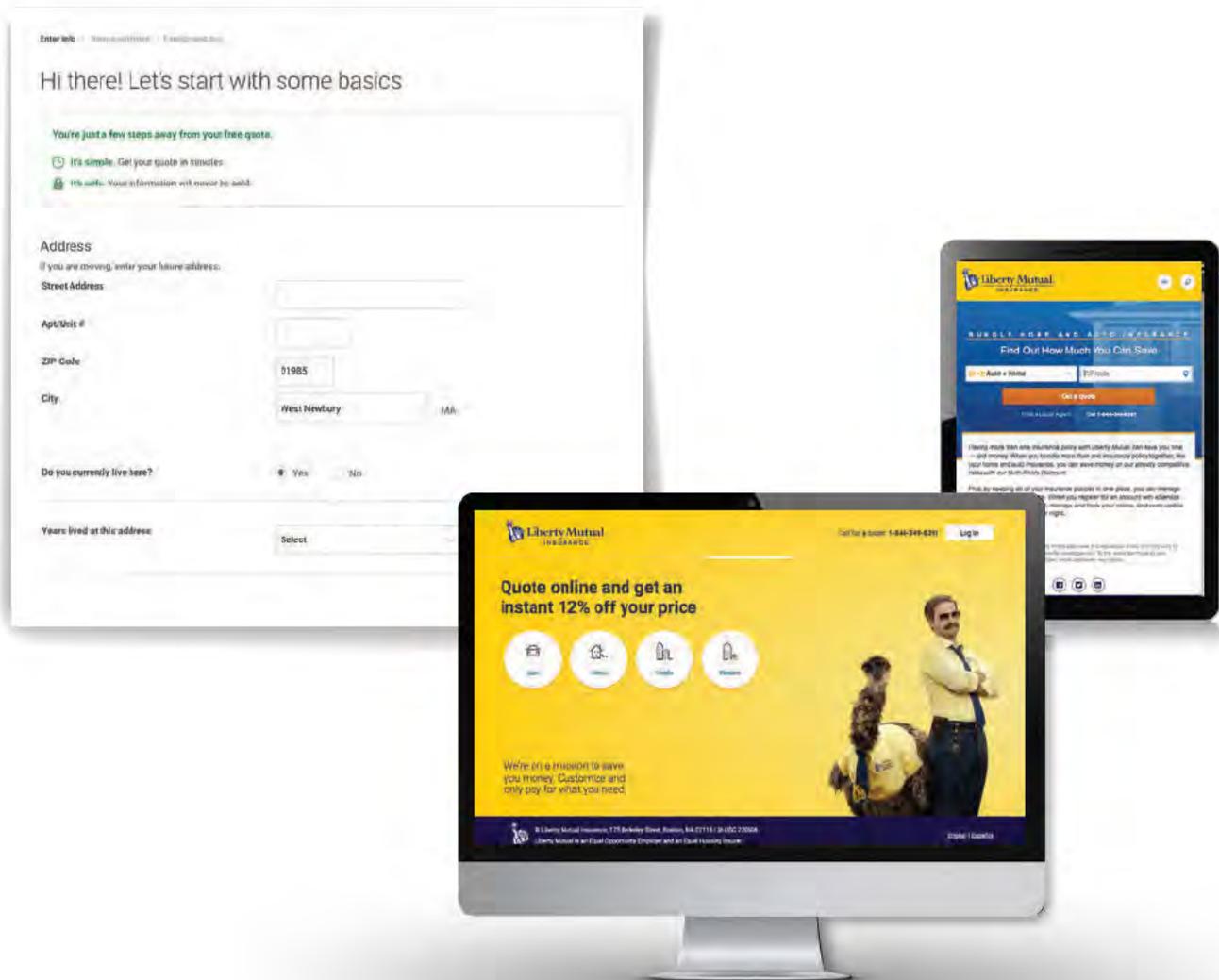
### **2. Call centers—toll-free enrollment**

Liberty Mutual has state-of-the-art call centers in Plano, TX; Orlando, FL; and Phoenix, AZ, to service your employees. Our call centers are open for new business over 100 hours a week. We also operate four customer service centers with extended hours to service our customers seven days a week.

All Sales and Service Insurance Advisors are licensed and have their own 800 number for callback questions or information. While all information is available electronically to other insurance advisors, we have found that many customers prefer to speak to the same person on callback.

### 3. Inter/Intranet & mobile option

Our online quoting functionality for auto and home is fully integrated with our offline channels in call centers or local offices. This means that any of our representatives would be able to quickly access information provided by the employee, and provide expertise and fulfill customer expectations. In most states we are also able to bind coverage directly online. If selected, Liberty Mutual can create a co-branded page. From this page employees will be able to receive quotes and bind online, file claims, obtain safety information, and make changes to their policies. They will also have the option to contact a local rep right from the co-branded site.



**Our customer service team**

Liberty Mutual has dedicated service representatives in six Customer Response Centers around the country. Our centers are open 363 days per year (closed Thanksgiving and Christmas Day), for 16 hours per day, with the exception of Sunday at 10 hours per day. Customer Service Representatives are licensed insurance agents and handle service requests such as adding or deleting a vehicle or driver, providing quotes, answering billing inquiries, and much more.

**eService**

Once an employee becomes a customer, they will be able to manage many aspects of their Liberty Mutual policies online by creating an account on our eService platform.

Employees can:

- Pay bills by credit card or by checking or savings account withdrawal
- Set up payments to be deducted automatically from a checking or savings account (Electronic Funds Transfer), or by using a credit card
- Go paperless and view billing and policy documents online
- Report and track claims
- Sign documents electronically
- Add or remove a vehicle or driver
- Adjust the withdrawal date of an automatic payment
- Change contact information
- And more

Policy information is secure and protected; we've taken the proper steps to ensure that all of the policy information viewed online is presented in a safe online environment. Our servers leverage the latest technology and operational best practices to prevent your employees' personal information from being compromised.

## Implementation

Our goal is to make implementation as seamless as possible for our partners. If selected as the auto and homeowners insurance partner for a new client, we would develop a program implementation timeline based on whether payroll deduction is elected.

Setup of a program can be accomplished in a week's time and only requires a phone call with the partner.

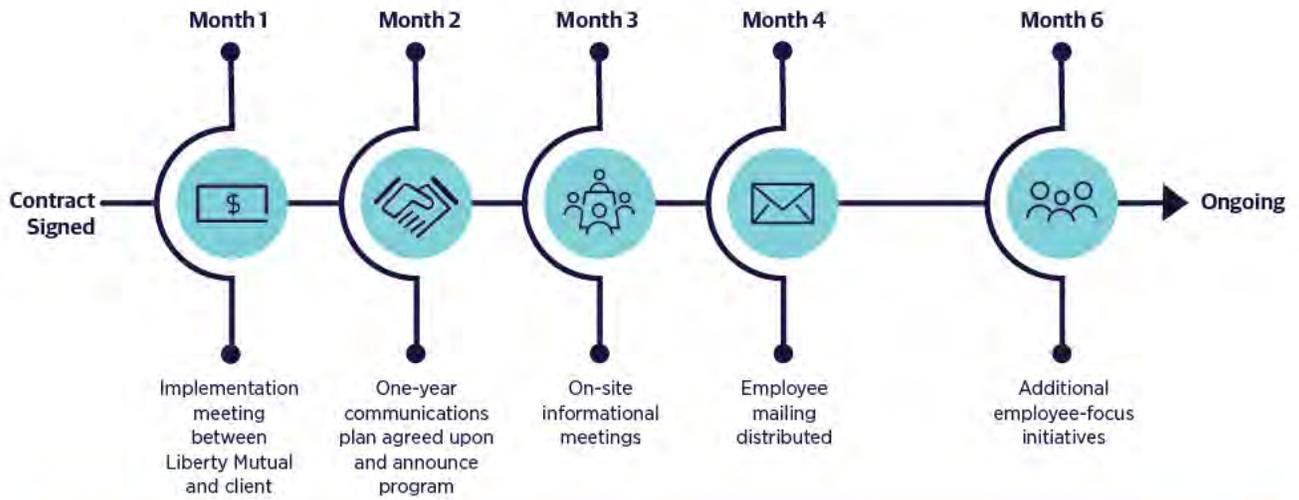
### Payroll deduction—Paper bill

1. Program contract executed
2. Payroll call scheduled. Includes:
  - a. Members of employer's HR or Payroll team
  - b. Liberty Mutual Affinity Services Payroll team
3. During this call, information about the program is exchanged, including:
  - a. Employee pay calendars
  - b. Schedule for issuing payroll bills
  - c. Employee identification format
  - d. Exchange of resource contact information
4. Upon completion of the call, Liberty Mutual will establish a billing profile and start the payroll service.
5. First bill is issued
6. Liberty Mutual contacts employer to confirm receipt of bill and clarifies any questions
7. Employer executes deductions
8. Employer notes deductions on paper bill and returns documented copy to Liberty Mutual
  - a. Payment accompanies bill via paper check, or funds are wired to Liberty Mutual's bank
9. Liberty Mutual receives remittance and payment, and reconciles payments at policy level
10. Billing cycle continues based on established schedule
  - a. Annual review of schedule ensures updates to pay dates and holiday concerns

Additional conversations would be held to discuss building a marketing plan, obtaining client logos for communications materials, obtaining client mail file for employee mailings, and coordinating other announcements and kickoff events.

Liberty Mutual also utilizes a simple electronic payroll deduction program that can be implemented within 90 days.

## Payroll deduction - Electronic billing<sup>1</sup>



Timing	Program announced
<b>Month 1</b>	Meeting between Liberty Mutual and client to discuss implementation of program, build marketing plan, and review any particular ideas or concerns from all parties. Obtain client logos for communications materials. Schedule and complete payroll implementation meeting. If payroll deduction is elected, start requirements definition and begin systems coding.
<b>Months 1 &amp; 2</b>	Reach agreement on comprehensive marketing and communications schedule for one year. Sample of announcement materials presented for client review. Obtain client mail file for employee mailing. Obtain list of client locations to coordinate program kickoff events.
<b>Month 2</b>	Announce program via email, on-sites, newsletters, intranet, posters, fliers, etc. Payroll file exchange testing.
<b>Months 2 &amp; 3</b>	Informational meetings facilitated on mutually agreed-upon dates and client locations. Program marketing materials clearly display contact information for calling Liberty Mutual directly for questions and enrollment. Payroll project signoff and move to production.
<b>Month 4</b>	Employee mailings distributed.

<sup>1</sup>Minimum of 250 employees required for electronic payroll billing



A company dedicated to continual innovation, we are excited about our proposed partnership. Thank you for allowing us an opportunity to provide your employees with our voluntary auto and homeowners insurance. We look forward to sharing in your mission and supplying your employees with the quality products and services they deserve.



**IV. STATEMENT OF NEEDS**

- Provide contact information for a minimum of three (3) current clients of similar size as JMU where your firm administers supplemental health insurance policies. Specify the type of benefit plan(s) administered, plan(s) effective date, and number of employees covered.

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**Pierce Insurance Agency, Inc. REFERENCES**

Company Name	[REDACTED]		
Address	[REDACTED]		
Contact Name	[REDACTED]	[REDACTED]	[REDACTED]
Contact Phone	[REDACTED]	[REDACTED]	[REDACTED]
Contract Date / Eligible Lives	[REDACTED]		
Description of Services:	[REDACTED]		

Company Name	[REDACTED]		
Address	[REDACTED]		
Contact Name	[REDACTED]	Title	[REDACTED]
Contact Phone	[REDACTED]	E-Mail	[REDACTED]
Contract Date / Eligible Lives	[REDACTED]		
Description of Services:	[REDACTED]		

Company Name	[REDACTED]		
Address	[REDACTED]		
Contact Name	[REDACTED]	Title	[REDACTED]
Contact Phone	[REDACTED]	E-Mail	[REDACTED]
Contract Date / Eligible Lives	[REDACTED]		
Description of Services:	[REDACTED]		

Company Name	[REDACTED]		
Address	[REDACTED]		
Contact Name	[REDACTED]	Title	[REDACTED]
Contact Phone	[REDACTED]	E-Mail	[REDACTED]
Contract Date / Eligible Lives	[REDACTED]		
Description of Services:	[REDACTED]		

Company Name	[REDACTED]		
Address	[REDACTED]		
Contact Name	[REDACTED]	Title	[REDACTED]
Contact Phone	[REDACTED]	E-Mail	[REDACTED]
Contract Date / Eligible Lives	[REDACTED]		
Description of Services:	[REDACTED]		

**CONFIDENTIAL**





October 9, 2020

To: Insurance Committee

From: Susan Barkalow *sb*  
Director of Human Resources, Edgewcombe Community College

Re: Pierce Insurance  
3766 South Main Street  
PO Box 727  
Farmville, NC 27828

Dear Insurance Committee:

Pierce insurance has been our supplemental insurance broker for over 10 years. Throughout the years, Pierce Insurance has consistently provided us with best in class products and services. Pierce Insurance representatives are great to work with and always answer questions in a timely manner. Their handling of open enrollment is always a smooth process. I recommend Pierce Insurance for your insurance needs.

If you have any questions, you may reach me at 252 618-6502.



May 16, 2018

To Whom It May Concern:

Pierce Insurance Agency has provided services to Johnston Community since 2013. Initially, they provided us with an Employer Paid Life Insurance and voluntary benefits such as Life, Disability, Accident and Hearth & Stroke insurance. In addition, enrollment support was provided for NCFlex. In September 2017, Pierce Insurance Agency became our exclusive insurance broker providing all of our supplemental benefits such as the Flexible Spending Account, Dental, Vision, Disability, Accident, Critical Illness, Term and Universal Life insurance.

When Pierce Insurance Agency became our exclusive insurance broker last year, they offered group education sessions to our employees to inform them of the new products and services and provided one-on-one meetings with benefits counselors during the open enrollment period. Effective January 2018, Pierce Insurance added the option of online enrollment for new employees which has been a great success.

We have a wonderful rapport with Velma Greenlee, as well as Elizabeth Barber and Terri Jo Ballou. If assistance is needed, either can be counted on for a fast resolution.

I have no hesitation to recommend Pierce Insurance Agency.

Sincerely,

A handwritten signature in black ink that reads "Silke Hasselberg". The signature is written in a cursive, flowing style.

Silke Hasselberg  
Benefits & Compensation Specialist



**Human Resources**  
One Park Center Court, Suite A  
Manassas Park, VA 20111-2395  
703-335-8850  
703-361-4583 - Fax

Re: Pierce Insurance Agency

To Whom It May Concern:

Manassas Park City Schools recently awarded Pierce Insurance Agency an exclusive benefits broker contract providing supplemental benefits, electronic enrollment process and a customizable website summarizing services offered.

Pierce Insurance Agency was incredibly informative and helpful during the implementation process. Even with the expedited award to enrollment period, Pierce Insurance Agency ensured the process was smooth and deadlines were achieved. We had the honor of working closely with Bob Driver and Terri Jo both of whom were reliable and very responsive.

Bob Driver, Michael Gibson and Carson Pierce attended our on-site open enrollment to meet one-on-one with over 450 employees (100% of our employees participated in these meetings). They provided educational information on the services offered and we received an immense amount of positive feedback from our staff directly about how pleased they were to be able to sit and meet with a benefit counselor.

Pierce Insurance Agency has exceeded all expectations and Manassas Park City Schools would highly recommend their services.

Kind Regards,

A handwritten signature in black ink, appearing to read "M. Tiller", with a long horizontal flourish extending to the right.

Madison Tiller  
HR Generalist  
Manassas Park City Schools  
(703)335-8850

#### IV. STATEMENT OF NEEDS

3. Describe in detail the enrollment process. Include open enrollment period(s) if applicable.

**Proudly, Pierce Insurance proficiently conducts enrollment in its totality.**

Tenured enrollers are contracted to work exclusively with Pierce Insurance. They are equipped to assist employees efficiently, reducing response time. We have found employees appreciate working with enrollers they are familiar with, forming a trusting relationship. In most cases, each year the same enrollers will be available to James Madison University.

- **One-to-One enrollment meetings**
  - On-site enrollment conducted at convenient locations
  - Personalized explanation of benefits available
  - Personal questions answered in a private setting
- **Fully staffed licensed call center for customer care and benefit enrollment**
  - In-house customer call center trained specifically on your benefit programs
  - We do not outsource to an external call center
  - Licensed account representatives to assist with enrollment
  - Pierce Insurance has provided call center enrollment to our Government clients for over 15 years.
  - Our process exceeds all DOI requirements. Last year we answered over 50,000 calls through our state-of-the-art enrollment center.



#### Virtual Enrollment Assistance

**Due to COVID-19 Pierce Insurance has introduced enhanced enrollment options.**

- ✓ **Group informational web meetings**
- ✓ **Virtual face to face meetings**

Pierce Insurance is flexible on the delivery preference of program information to your employees. We draw on an array of proven methods to meet your needs such as individual and group meetings, web-based, video, printed materials, and in-house call center.



# Virtual Benefits Fair

**Host benefits fairs online. Fun and interactive for employees, easy to set up for you.**

- ✓ **72%** average completion rate
- ✓ Over **96%** of the respondents learned something new
- ✓ Overall participation as high as **85%**

[Click Here to try it](#)



## How does it work?

### Participate on Mobile or Computer

Employees receive a link via email or text inviting them to visit the Virtual Benefits Fair.

### See Benefits Overview

They view an employer branded web page that display all the “booths” or carriers who are participating in the fair.

### Fast & Fun

Each booth has a custom graphic or video, brief explanation of the benefits, and links to flyers or websites.

### Get Open Enrollment Information

Add plan information to help employees make the best decisions for their family and instruct them on how to enroll.

### Award Prizes

Employees can earn prizes from each booth, and be entered for a drawing for overall attendance.

### Engage Dependents

Employees can invite their spouse or domestic partner so everyone can learn.

### Provide 1-on-1 Attention

If an employee has questions, they can sign up for “Vendor Office Hours”.

### Open Anytime

Employees can visit the fair on their own schedule. Your Virtual Benefits Fair can run for up to 60 days.

### **+** EASY SETUP

THE BENEFITS FAIR CAN BE SET UP AND CUSTOMIZED IN AS LITTLE AS 24 HOURS.

### **+** REDUCED COST

ELIMINATE TRAVEL AND PRINTING EXPENSES ASSOCIATED WITH IN-PERSON FAIRS.

### **+** INCREASE BENEFITS ENROLLMENT

SEE ANALYTICS ON WHO WENT TO THE FAIR, WHAT THEY WERE INTERESTED IN, AND WHO NEEDS TO FOLLOW-UP TO DRIVE ENROLLMENT.

#### IV. 3. (Continued)

**Customized Resources** for your employees to fully understand the value of their benefit program:

- ✓ Dedicated micro-site
- ✓ Benefit guides
- ✓ Educational videos
- ✓ Decision support tools

Our experienced enrollment counselors are trained specifically on your core programs and how the voluntary benefits compliment such programs.

#### **Streamline your workflow**

- ✓ Manageability
- ✓ Paperless enrollment
- ✓ Real time reporting
- ✓ Single source for data - accuracy
- ✓ Time saving

#### **Post Enrollment Support**

- It is our practice to conduct post-enrollment follow-up meetings
  - Assess and refine future strategies
  - Review post-enrollment feedback
- Licensed account representatives
  - Experienced in employee benefits
  - Empowered to resolve escalated claims and billing issues efficiently
  - Knowledgeably answers benefit questions
- Devoted customer service team

**Our enrollment counselors extend a caring and non-pressure atmosphere.**

# Nayya

is decision support software helping employees **choose and use** their benefits through data science and personalization



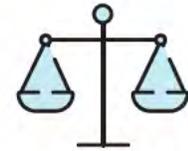
## Engage

employees with Edison, Nayya's AI powered benefit champion, answering questions like, "What is a HDHP?"



## Educate

employees on their personal risks and boost voluntary benefits participation by 10%-40%



## Elect

plans using data, helping employees feel confident during any virtual open enrollment



### 3.5 Billion Datapoints

and 110+ million rows of claims data cleaned and connected to personalize employee benefits



### \$1,300+ in Savings

on average per employee per year by guiding employees to cost-effective plans



### 82% Reduction

in Admin and HR-related benefits questions



### 3 Weeks to Go Live

guaranteed as we're partnered with all major medical and ancillary product providers

Partnered and backed by: **REBNY** **unum** **Guardian** **SYMETRA** **CAMERON VENTURES** **socialleverage**



IV. 3. (Continued)

The introduction of the COVID-19 virus has significantly impacted the way benefit information and tailored enrollment advice are delivered to employees.

**Our experience enabled us to adapt proficiently**

While COVID-19 presented a new challenge, Pierce Insurance swiftly transitioned from onsite enrollment to telephonic enrollment without interruption in services. Employees received the same personalized attention.

With so many of our clients concerned about their benefits, our call volume increased while our abandonment rate remained unaffected.

<b>In-House Enrollment Center Statistics</b>				
<b>Event</b>	<b>2012</b>	<b>2019</b>	<b>2020</b>	
			<b>1<sup>st</sup> QTR 2020</b>	<b>3/16 to 9/30</b>
<b>Number of Calls</b>	41,458	51,321	9,732	19,663
<b>Average Calls / Day</b>	181	224	114	142
<b>Average Wait Time</b>	19.7 Seconds	29 Seconds	26 Seconds	14.5 Seconds
<b>Abandonment Rate</b>	1.3%	2%	0.48% (less than ½ %)	0.3% (less than ½ %)

**Technology plays a vital role**

Today’s employees are tech savvy. Our multi-faceted approach delivers a clear concise communication and enrollment strategy. Rest assured we are dedicated to educating 100% of your workforce on their benefits. We create a customized enrollment communication program to cater to Gen Y, Gen X, younger Boomers, and older Boomers in an optimal way.

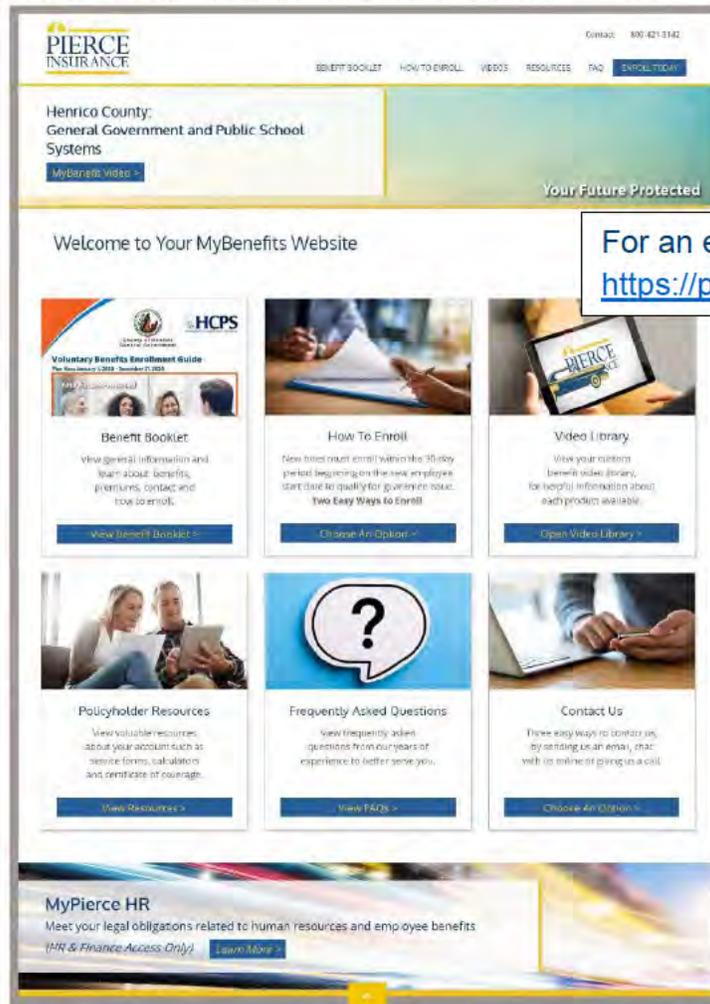
IV. 3. (Continued)

As electronic enrollment platforms were introduced into the employee benefits arena, Pierce Insurance systematically converted our enrollment procedures to paperless. Today, all our enrollments are conducted on our web-based system.

- Group educational meetings provide an overview of benefit options.
- In-person meetings provide employees the opportunity to discuss their options in a private setting.
- Our call center enrollment offers employees personalized attention.
- Online enrollment provides convenience for employees who appreciate the ability to enroll on their own schedule.

James Madison University will be equipped with a complete online enrollment and administrative platform. This platform will ensure a smooth and streamlined enrollment process for your employees.

We understand that engaging all employees requires a multifaceted approach that includes technology. To that need, we will provide you with a mobile friendly customized website. Your employees will have easy access to benefit information, instructional support, and enrollment through your personalized client website.



For an example, please visit:  
<https://pierceins.com/henrico>

#### IV. 3. (Continued)

##### Total Benefit Administration & Enrollment Platform:

- Responsive design allows employees to access from any device.
    - Desktop
    - Tablet
    - Mobile
  - Employee benefit statements available online.
    - Download
    - Print
    - Email to employees during enrollment
  - Benefit changes and updates are tracked and sent via EDI to the insurance carriers/vendors
  - Payroll deductions
    - Ability to manage multiple payroll frequencies
    - Employee will view rates in the system based on their payroll frequency
  - James Madison University determines the method payroll reports are delivered
    - Electronic Data Interface (EDI)
    - Automated reports
    - Manual reports
  - Handling of employee status changes are determined by James Madison University
    - Input manually
    - By file upload
    - Through EDI
  - Infrastructure and Security
    - HIPAA compliant data centers
    - Redundant and fault tolerant servers
    - Data encryption while in transit and at rest
    - Intrusion prevention
    - Fire walls
    - Encrypted back ups
    - Antivirus scanning
-

#### IV. STATEMENT OF NEEDS

##### 4. Describe cancellation policy for proposed plans.

Cancellations of insurance will flow through your dedicated account manager, Brenda Warren, ensuring they are handled efficiently and according to carrier, IRS, and the Universities' guidelines.

- Cancellation of pre-tax benefit programs are driven by IRS guidelines and qualifying events.
- Cancellation of post-tax programs are driven by the Universities' preferred practices.

During implementation, the benefit administration system will be programmed with qualifying events as well as the appropriate parameters ensuring that the Universities' cancellation practices are communicated through EDI to the carriers accurately. I.e. the University will determine whether a cancellation of coverage is effective the date of cancellation, the end of the month following the date of cancellation, or one of many alternatives available.

---

#### IV. STATEMENT OF NEEDS

##### 5. Describe the portability of the proposed plans in the event an employee chooses to keep the plan after terminating employment with the University or the University decides to discontinue this benefit to employees.

All plans being offered in our proposal are portable.

Portability of insurance plans will flow through your dedicated account manager, Brenda Warren, ensuring they are handled efficiently and according to the carrier's guidelines.

---

#### IV. STATEMENT OF NEEDS

6. Describe the procedure for timely and accurate processing of claims. Specify standard turnaround timeframe for all claims. Include a responsive toll-free number for claim assistance.

Our “One Call Solution” makes it easy for your employees to reach your dedicated account representative through our **toll-free line**, receiving the assistance they need. Pierce Insurance maintains business associate agreements giving us the ability to obtain claims information with the permission of the employee/claimant. Your account representative will intervene on behalf of the employee/claimant as needed, working quickly to resolve issues and answer questions. We hold the insurance carriers accountable making sure that claims are processed accurately and in a timely manner.

Aflac’s average claims turnaround time is 1-3 days. Claims may be filed online, by mail, fax, or e-mail. Direct deposit available for claim payments.

Allstate’s average claims turnaround time is 4 business days. Claims may be filed online, by mail, fax, or e-mail. Wellness benefits processed within 48 hours by filing through our “Express Claims Process”. Direct deposit available for claim payments.

Guardian’s average claims turnaround time is 7 days or less.

Our pragmatic approach to claims advocacy assures you that your employees will have the support they need when they need it most.

- Convenient “One Call Solution” **toll-free line** 800-421-3142
- By addressing most inquiries during the initial call, email, or chat, we immediately resolve the majority of claims and eligibility concerns. Questions that require additional research are answered within 24 hours or less.
- When an inquiry requires follow-up, we remain in touch with the client until all their questions and concerns are resolved.
- Outstanding items are reviewed daily until resolved.
- Our licensed account representatives are empowered to intercede and resolve escalating claims efficiently.
- We hold all carriers accountable for responding in a timely manner and expediting claims accurately.
- Easily access claims forms and benefit information on your customized website.

#### IV. STATEMENT OF NEEDS

7. Describe your plan for working with JMU Payroll for coordinating premium payments for employees that elect payroll deduction. Include information on the following:
  - a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts
  - b. Method & frequency that changes received by the vendor, such as retirements/terminations/name changes, etc. will be applied
  - c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU



Our founders, Wanda and Lonnie Pierce, were pioneers in instituting supplemental benefits on payroll deduction for the employees of North Carolina state government.

IV. 7. (Continued)

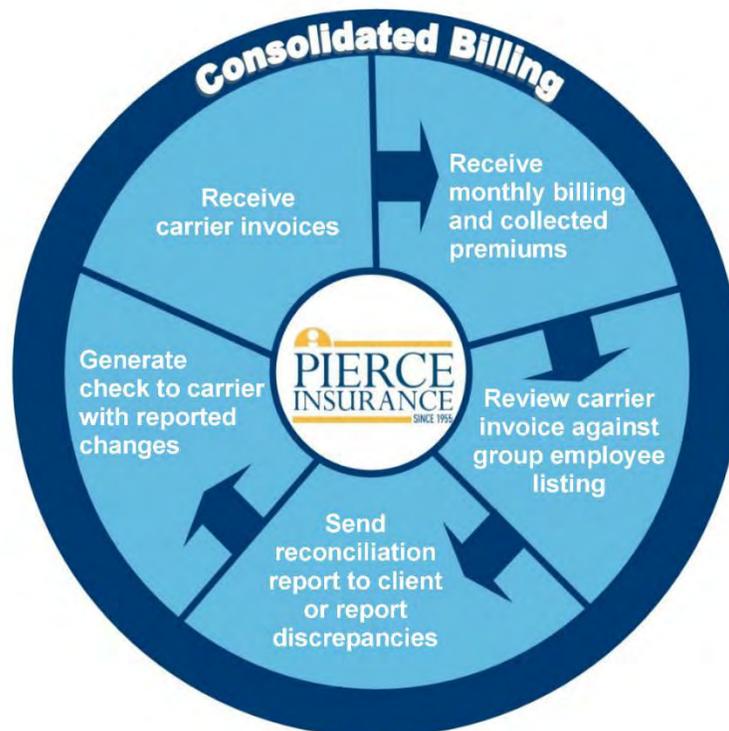
## Turn-key Solutions for Universities

Our consolidated billing will provide James Madison University with an efficient and accurate billing experience. Pierce Insurance will monitor discrepancies proactively. We audit billing for accuracy and the proper issuing of policies to ensure a smooth administrative process.

Streamlined Consolidated Billing Single source billing, regardless of number of carriers.

**Consolidated billing** streamlines the process for employers and HR departments.

- You will remit a payment using your payroll deduction report as your invoice and we will take full responsibility for billing reconciliation.
- Any discrepancies in the billing will be reviewed and corrected by your account representative.
- Your account representative will track these discrepancies and provide your HR team and the vendor with the discrepancy details that need to be addressed.



Auto, Home, and Pet Insurance billed separately.

#### IV. 7. (Continued)

- a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts

Payments sent to the TPA will be remitted to the carrier(s) along with the backup and discrepancy report within 5 to 7 business days of receiving remittance and back up (payroll deduction report).

Each vendor will post premium payments received to each individual account within 10 days of receiving remittance.

- b. Method & frequency that changes received by the vendor, such as retirements/terminations/name changes, etc. will be applied

The frequency and file transmission are determined during implementation and will be set up based on the needs of the University. We recommend EDI files be sent to the vendors weekly. Weekly EDI helps keep the billing up to date and eliminates the need to contact multiple carriers directly to report changes due to qualifying events and terminations

- c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU

Pierce Insurance negotiates long term rate guarantees with the vendors to help manage rate increases.

Managing the renewal process is essential to maintaining rate stability. We will request claims data and renewals 6 months in advance of renewal. If we anticipate a potential rate increase, we will begin negotiating rates and plans from multiple vendors. The University will be kept abreast of the process as we prepare and present our Renewal and Recommendation Report.

---

#### IV. STATEMENT OF NEEDS

8. State the name(s) and contact information for the representative(s) that will service JMU. Contact information shall include email, mobile number, and office number. Provide detail on the contact person's qualifications and experience.

#### **Terri Jo Ballou, Implementation Manager**

Terri attended Wayne Community College majoring in Management and Accounting. She has 26 years of experience in employee benefits. Terri's skill set and vast knowledge is vital to the agency. She compares and assesses the offers of perspective insurance carriers and prepares recommendation reports, proposals, and our responses to RFPs. She also manages the implementation of awarded contracts, ensuring every client, existing and new, is pleased with the products and services provided by the agency.

Terri oversees carrier selection and program implementation:

-  Manages implementation throughout entire enrollment
-  Remains engaged throughout the course of the contract
-  Ensures any procedural changes are implemented accurately and efficiently
-  Monitors and implements renewals
-  Oversees monthly protocols



Licenses: Life, Health, Long-term Care/Medicare Supplement and Property and Casualty

#### Contact Information

Office: 800-421-3142 ext. 206

Mobile: [REDACTED]

E-mail: [tjb@pierceins.com](mailto:tjb@pierceins.com)



IV. 8. (Continued)

**Bob Driver, LUTC, Key Account Manager,  
Onsite Enrollment Supervisor**

Bob has over 31 years of experience in employee benefits. His knowledge of employee benefit plans and enrollment experience makes him uniquely qualified to lead our sales team to provide the level of service expected by government agencies.



Bob is the agency's regional manager for clients in Virginia and the northernmost Coastal Plain of North Carolina:



**Oversight of your enrollment team** - Coordinate and execute your enrollment, designed to accommodate your workforce



**Strategic enrollment planning** - Works directly with HR and management developing your enrollment strategy

Licenses: Life, Health and Long-term Care/Medicare Supplement

**Contact Information**

Office: 800-421-3142 ext. 208

Mobile: [REDACTED]

E-mail: [bob.driver@pierceins.com](mailto:bob.driver@pierceins.com)



IV. 8. (Continued)

### Carson Pierce, Virtual Enrollment Supervisor

Carson earned her BS in Economics with special interest in Quantitative Economics and Econometrics from East Carolina University. Over the past 6 years, Carson has been involved in our call center, on-site enrollment, customer service, and benefit administration systems. She excels in the art of communication and data analytics. Confronted with COVID-19, Carson implemented a new virtual protocol for enrollment, communication, and marketing engagement. These implementations allowed us to utilize virtual enrollment options, while maintaining near perfect call center stats.

Carson administers virtual enrollment training to our agents, equipping them to provide safe measures for employers and employees during this pandemic.

-  Coordinates agents' schedules
-  Open enrollment scheduling
-  Monitors call quality daily

Licenses: Life, Health and Long-term Care/Medicare Supplement



#### Contact Information

Office: 800-421-3142 ext. 217 E-mail: [carson@pierceins.com](mailto:carson@pierceins.com)

---

### Brenda Warren, Account Manager

Brenda has 49 years of experience in employee benefits, 36 of those were in Human Resources with the North Carolina Public Schools Systems. Her specialized experience gives her insight into the needs of Human Resource departments and employees in the education sector. Her expertise in employee benefits and customer service delivers a skill set that exemplifies the agency's mission.

Brenda is a liaison between our clients and carriers:

-  Handles day to day customer service
-  Billing reconciliation and questions
-  Enrollment assistance
-  Claims resolution

Licenses: Life, Health and Long-term Care/Medicare Supplement



#### Contact Information

Office: 800-421-3142 ext. 219 E-mail: [brenda@pierceins.com](mailto:brenda@pierceins.com)

IV. 8. (Continued)

**Tim Simmons, Local Account Manager**

**Based out of Richmond, Virginia**

Tim earned his BA in Communications – Public Relations, Business Minor, Mississippi State University. He has over 24 years of experience in employee benefits. Tim is proficient with face-to-face, group meetings and remote call center enrollments.

Tim works with employer groups throughout numerous industries and locations, equipping him to competently service the various needs of our key accounts in Virginia.

Tim is the agency's local account manager providing onsite monthly service:



- Conducts monthly onsite one-to-one meetings
- Coordinates additional meetings as requested
- Enrollment support



Licenses: Life and Health insurance and Long-term Care certification - state of Virginia residence. Non-residence licenses in, SC, MN, MD, PA, NC, KY, TX, MI, IN, OH, AL.

**Contact Information**

Mobile: (804) 822-0122    E-mail: [TSimmons2008@gmail.com](mailto:TSimmons2008@gmail.com)

---

#### IV. STATEMENT OF NEEDS

9. Describe ability to provide regularly scheduled employee informational onsite visits at no cost to the University.

#### Continuous engagement is essential to the success of your benefit program

Pierce Insurance is a full-service benefit broker, we are committed to providing our clients with ongoing support throughout the course of our contract. Monthly onsite visits are an inherent part of our services. This is at **no cost** to the University.

#### Remaining engaged with Human Resources Team and Management

Post-enrollment follow-up meetings:

- Enrollment results to assess and refine future strategies
- Enrollment participation
- Feedback
- Survey to engage employees in the plan process
- Review new hire procedures

Annually review plan performance and benefit trends:

- Potential plan improvements
- Important changes that affect benefit trends
- Claims paid ratios
- Concerns, if any, regarding plan performance

#### Remaining engaged with employees throughout the contract

Continuous employee education is the cornerstone of a strong benefit program.

- Educate your employees, so they fully understand the benefits offered to them.
  - Conduct benefit orientation for all eligible new hires
  - Meet face to face with newly hired employees
  - Attend benefit fairs
  - Attend staff and management meetings
  - Conduct educational seminars regarding benefits

Bob Driver and Lonnie Pierce will coordinate all regularly scheduled educational meetings and any supplemental meetings requested. From enrollment through retirement, rest assured your Human Resources staff, and your employees will receive concierge services.



#### IV. STATEMENT OF NEEDS

10. Describe your firm's plan to market the proposed plans to JMU employees. Provide examples of brochures, applications, and other materials, including advertisements, that will be used in marketing.

### **Communication is the driving force for a successful voluntary benefit enrollment.**

To develop a marketing and communication strategy, we will learn how your employees best receive information and how you currently communicate with your employees. We provide various methods of communication such as home mailers, text notifications, videos, and utilization of social media.

Our marketing team will coordinate James Madison University's customized web site, email campaign and print collateral. Pierce Insurance produces high-quality and versatile marketing materials for your employees. Samples of our benefit booklet and trifold home mailer are included in the additional material section.

### **Our knowledge extended to your employees...**

- **Customized website for James Madison University**
  - Electronic benefit booklet
  - Scheduling link
  - Enrollment link
  - Learning tools (video library, FAQ library, benefit calculators)
  - Claim forms and service forms
  - Up-to-date announcements
  - Live chat
- **Cohesive marketing materials**
  - Benefit booklet
  - Educational flyers
  - Home mailers
  - Poster announcements
  - Tailored email campaign
- **Pre-enrollment and enrollment group meetings**
  - Small group educational sessions
  - Complete explanation of the benefit program with Q&A time
  - Conducted at locations convenient to the employees





**EMPOWERING EMPLOYERS  
STRENGTHENING EMPLOYEES**



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**ACCESS YOUR BENEFITS  
ANYTIME & ANYWHERE**

[pierceins.com/employername](http://pierceins.com/employername)

E-BENEFIT BOOKLET • HOW TO ENROLL  
VIDEO LIBRARY  
POLICYHOLDER RESOURCES  
FAQ • CONTACT

AVAILABLE **24/7** ONLINE  
DESKTOP • MOBILE • TABLET

**MYPIERCE HR**

Educational Resource for  
HR and Finance

HIPAA  
COBRA  
Compliance  
ACA & FMLA

Support Open Enrollment  
Support Wellness Initiative


Contact: 800-421-3142

BENEFIT BOOKLET
HOW TO ENROLL
VIDEOS
RESOURCES
FAQ

**NC Department Of Public Safety**

**Your Future Protected**

**Welcome to Your MyBenefits Website**

**OPEN ENROLLMENT ANNOUNCEMENT: Jan. 15 - Apr. 30**

Employees of Department of Public Safety will have an opportunity to review and enroll in Whole Life and Heart & Stroke with Wellness. Utilize the resources below to prepare for enrollment.

Preparing for Open Enrollment

[Watch Video >](#)



How To Prepare for Open Enrollment

MyBenefits Enrollment Guide



Benefit Booklet

View general information and learn about: benefits, premiums, contact and how to enroll.

[View Benefit Booklet >](#)



How To Enroll

Three Easy Ways to Enroll  
Meet with a Benefit Counselor;  
Locations will be Announced or  
Select an Option Below

[Choose An Option >](#)



Video Library

View your custom benefit video library, for helpful information about each product available.

[Open Video Library >](#)



Policyholder Resources

View valuable resources about your account such as service forms, calculators and certificate of coverage.

[View Resources >](#)



Frequently Asked Questions

View frequently asked questions from our years of experience to better serve you.

[View FAQs >](#)



Contact Us

Three easy ways to contact us, by sending us an email, chat with us online or giving us a call.

[Choose An Option >](#)

MyPierce HR

Meet your legal obligations related to human resources and employee benefits

(HR & Finance Access Only)

[Learn More >](#)

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Pierceins.com | 800-421-3142

3

**BENEFIT BOOKLETS**

- Custom zed benefit book ets
- Available online and print
- Customized benefit summary guide

**MyBenefits Enrollment Guide**

**POSTERS**

- Customized
- Highlight new benefit offerings
- Announce open enrollment meetings

# OPEN ENROLLMENT

**DON'T GET CAUGHT WITHOUT COVERAGE!**



**NEW & Guarantee Issue: Universal Life Insurance**  
**NEW & Guarantee Issue: Disability Insurance**

**You MUST see a Pierce Insurance representative  
to get a quote and enroll.**

**Date:** March 1-3, 2020

**Time:** 9:00AM - 5:00PM

**Location:** Building 1578, Room 202



**Learn More:**

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



**Protection for your income, family and future.**

**800-421-3142**



**Customized Solutions**

Our comprehensive review of benefits offerings identifies opportunities to enhance our clients' current benefits package.

**Portfolio-of-benefits**

- Core and voluntary
- Benefit technology
- MyPierce HR

**Funding options**

- Employee paid
- Employer paid
- Shared contribution

**Achieve your benefit goals**

- Cost reduction
- Satisfied employees
- Increase competitiveness

**Payment options**

- Payroll deduction
- Pension deduction
- Direct bill

**Negotiating Power**

Our customer base exceeds 500,000 in-force policies, giving us tremendous negotiating power.

- Strategic ground-breaking insurance plans and benefits technology
- Favorable underwriting, every employee has access to vital insurance protection
- Creative negotiation that fits the product and technology to your needs rather than fitting you to the product or technology

**Benefits Technology**

We provide online enrollment, real time reporting and automated electronic data interchange with payroll systems and vendors.

- Reduce administrative expenses and burden
- Branded and customized employee and HR portals

**BENEFIT FLYERS**

- Customized flyers available
- Highlight flyers to be distributed or emailed



North Carolina  
Total Retirement Plans



*John F. Schmidt, CPA*

North Carolina Retirement Systems Supplemental Benefits



**EMPOWERING EMPLOYERS  
STRENGTHENING EMPLOYEES**

**Protect and Retain your Employees**

In today's evolving benefits landscape, one thing has remained clear: Employees need and still want – financial protection. Pierce Insurance's diverse supplemental insurance options can ensure your workforce has access to the coverage they desire. And with a selection of employee-paid and employer-paid options, businesses of all sizes can afford to offer this valuable coverage.



**Benefit Descriptions**

**Identity Theft Protection by LifeLock**

The risk of identity theft is real. There is a new identity fraud victim every 2 seconds. Identity theft protection helps protect against damage to your finances, credit and reputation. Help protect yourself with best-in-class LifeLock identity theft protection.

**Dental by UnitedHealthcare**

There is a great deal of research that strongly links poor oral health to overall health problems. That is why it is so important to have a dental plan that covers preventive, basic and major services. Summary of plan benefits:

- No waiting period
- Diagnostic and Preventive Services are covered at 100% and no deductible
- \$25.00 deductible, per member per plan year applies to Basic Restorative and Major Services

**Vision by UnitedHealthcare**

Our eyes are really windows to our health. An eye exam can help identify not only eye and vision issues, but systemic disease. Exam, lenses, frame and contact lens coverage included.

- Exam: Once every 12 months
- Lenses: Once every 12 months
- Frame: Once every 24 months
- Contact Lenses: Once every 12 months (contacts in lieu of lenses and frame)

[FAQs front page >](#)

Toll Free: 855-627-3847 | email: [info@pierceins.com](mailto:info@pierceins.com) | website: [www.ncretiree.com](http://www.ncretiree.com)

**Our Solutions**



**Benefit Consulting**

Develop the appropriate plan designs for a sustainable benefits program



**Employee Advocacy**

Provide effective communication and personal support for your employees



**Benefits Technology**

Reduce your administrative burden with online enrollment and onboarding tools



**MyPierce HR**

Meet your legal obligations related to human resources and employee benefits



**Benefits Solutions**

- Income protection benefits
- Health & wellness benefits
- Financial planning benefits



**Program Implementation**

The most critical aspect of a successful benefit program

Dear,

You spoke, and we listened! Over the past few years, we have heard your requests for additional voluntary benefits. We are excited to share that Hanover County Government and Hanover County Public Schools employees and their families now have the opportunity to enroll in a new best-in-class voluntary benefits package.

- Accident**
- Hospital Indemnity**
- Life Insurance (with Long Long-term)**
- Critical Illness**
- Cancer**
- Legal Plan and Identity Theft Solutions**
- Short-term Disability (Schools and Library)**
- Pet**

During Open Enrollment, October 14<sup>th</sup>-November 15<sup>th</sup>, you may access your benefits booklet and schedule a 1 on 1 meeting with a Benefit Counselor. Visit: [www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty) or call 800-421-3142.

We remain committed to offering you the best and most affordable voluntary benefit selections.

Sincerely,



*Cecil R. Harris, Jr.*  
Cecil "Rhu" Harris, Jr.  
Hanover County Administrator



*Dr. Michael Gill*  
Dr. Michael Gill  
Hanover County Public Schools Superintendent

## POSTCARD AND DIRECT TO HOME MAILERS

- Customized
- Oversized postcard mailings

**MPCS**  
Massena Park City Schools  
Massena, NY

**TIME SENSITIVE**

**2020 VOLUNTARY BENEFITS ENROLLMENT**

Your Future Protected

**LEARN & ENROLL**  
[pierceins.com/mpark](http://pierceins.com/mpark)

administered by: **PIERCE INSURANCE**

PIERCE INSURANCE, N.C. PERM 1000

**TIME SENSITIVE**

**LEARN & ENROLL: [pierceins.com/mpark](http://pierceins.com/mpark)**

Vivian Pierce Flynn  
12000 Wyndham Lake Drive, Suite B  
Glen Allen, VA 23059

See inside for details...

North Carolina Total Retirement Plans

**Time is Almost Up  
DON'T MISS THE BOAT!**

**OPEN ENROLLMENT ENDS 12/1/2020**  
[www.ncretiree.com](http://www.ncretiree.com) 855-627-3847

**NEW! Guarantee Issue Critical Illness Insurance**

**E-MAIL CAMPAIGN**

- Customized and impactful email campaigns
- Analytics tracked to improve response rate



**North Carolina**  
Total Retirement Plans



*Dale R. Folwell, CPA*  
STATE TREASURER OF NORTH CAROLINA  
DALE R. FOLWELL, CPA

Congratulations on your retirement! As you are settling in to your post-employment life, I want to share with you some additional insurance options available to you. We have partnered with Pierce Insurance to bring you supplemental [Dental](#), [Vision](#) and [Identity Theft Protection](#). These are voluntary insurance plans available only to retirees like you. We encourage you to carefully review all of the materials from Pierce Insurance which outline the details of these products at [www.ncretiree.com](http://www.ncretiree.com).

**YOU MUST COMPLETE  
THE ENROLLMENT PROCESS  
WITHIN 60 DAYS OF YOUR FIRST  
RETIREMENT BENEFIT PAYMENT.**

**LEARN MORE**

[Dental  
Insurance](#)

[Identity Theft  
Protection](#)

[Vision  
Insurance](#)

**ENROLL 3 EASY WAYS**

[Enroll Online](#)

[855-627-3847](tel:855-627-3847)

[Download Form](#)



Dale R. Folwell, CPA  
North Carolina State Treasurer

**A Message from  
Treasurer Folwell**

[Click to Watch](#)

**VIDEO LIBRARY**

- Customized account videos
- Video learning library



Learn more about: Accident Insurance  PIERCE INSURANCE Accident Insurance	Learn more about: Cancer and Specified Disease Insurance  PIERCE INSURANCE Cancer and Specified Disease Insurance	Learn more about: Cancer Insurance  PIERCE INSURANCE Cancer Insurance
Learn more about: Critical Illness  PIERCE INSURANCE Critical Illness	Learn more about: Dental Insurance  PIERCE INSURANCE Dental Insurance	Learn more about: Disability Insurance  PIERCE INSURANCE Disability Insurance
Learn more about: Pierce Insurance  PIERCE INSURANCE Employer Video	Learn more about: Flexible Spending Accounts  PIERCE INSURANCE Flexible Spending Accounts	On average, we help to lower  GotZoom Student Loan Relief
Learn more about: Hospital Indemnity Insurance  PIERCE INSURANCE Hospital Indemnity Insurance	Learn more about: Identity Theft Protection  PIERCE INSURANCE Identity Theft Protection (Employer)	Learn more about: Identity Theft Protection  PIERCE INSURANCE Identity Theft Protection (Employees)
Learn more about: Life Insurance  PIERCE INSURANCE Life Insurance	<b>INNOVATION</b> Life Insurance with Money for Long Term Care  PIERCE INSURANCE LifeTime Benefit Term (Employer)	Learn more about: Life Insurance with Money for Long Term Care  PIERCE INSURANCE LifeTime Benefit Term - employee
There's a number one way to protect your loved ones... the right one. (It's not what you think you know.)  PIERCE INSURANCE Testimonial Video	Learn more about: Group Term Life Insurance  PIERCE INSURANCE Term Life Insurance	Learn more about: Vision Insurance  PIERCE INSURANCE Vision Insurance
 How To Prepare for Open Enrollment	 Why Schedule Your Enrollment Appointment In Person	



#### IV. STATEMENT OF NEEDS

11. Provide any other information that would be beneficial in the context of this Request for Proposal.

#### **We are a family organization and treat our clients like family...**

Pierce Insurance is a full-service broker that truly focuses on a collaborative partnership with our clients. We have the experience, knowledge, and positive history with our carriers to handle even the most complicated of plans; yet we are small enough to offer a personal touch. We really get to know our clients helping them identify and attain their benefit goals so they can offer their employees the best benefit package available. We will develop a well-rounded benefit program designed to retain top-performing employees as well as recruit the best and brightest candidates.

- **White glove service** from group set up to ongoing administration and concierge customer care.
- **Benefits That Benefit Children at no cost.** Donation on behalf of James Madison University employees to Children's Hospital of Richmond or a Children's Hospital of your choice.
- **In-House Call Center** - "One Call Solution" by experienced benefit counselors.
- **No interruptions in service:** Due to our existing infrastructure, **COVID-19** did not impact our service.
- **Extended** rate guarantees and **higher** guarantee issue limits than typically seen in the industry.



Pierce Insurance caters to groups ranging from 100 to over 300,000 eligible lives. Our total insured exceeds 500,000 policies with over \$150,000,000 of in-force premium, giving us exceptional buying power with the top worksite carriers.

Pierce Insurance builds relationships on a solid foundation of trust and a long history of committed service to our customers.

**Since 1955 customer service has been the nucleus of our business.  
The success of James Madison University's benefit program is our highest priority.**





## Inspiring Solutions

**Bringing together Industry leaders  
in their respective fields to provide “best in class”  
products, technology, and services through  
a consolidated and seamless process.**

Unparalleled  
Experience

Steadfast  
Determination

High  
Standards

Positive  
Reputation

Financial  
Stability





# Why Choose Pierce Insurance?

## Key Differentiators

Tailored Product Design

Cost Savings

“Best in Class” Plans

Higher Participation

Technology

Concierge Service

**Simplifying your job and providing cost savings  
for both employer and employee**



## V. PROPOSAL PREPARATION AND SUBMISSION

- B.3. A written narrative statement to include, but not be limited to, the expertise, qualifications, and experience of the firm and resumes of specific personnel to be assigned to perform the work.

### **65 years of experience specializing in employee benefit plans**

Proudly, Pierce Insurance is a family owned firm, founded in 1955 by Lonnie and Wanda Pierce. Lonnie and Wanda were pioneers in employee supplemental benefit plans, implementing the first supplemental benefits to North Carolina State Government. Our first client from 1955 is still with us today!

Located in Farmville, NC, their children, Lonnie and Patricia, have continued providing benefit plans and administration services to the Public Sector. 65 years later, 95% of our client base is in the public sector, servicing over 500,000 in force policies. Our employer group size ranges from 75 to 305,000 employees/retirees.

Pierce Insurance is recognized as a Historically Underutilized Business and has been awarded Top 50 Privately Held Businesses and Top Woman Owned Business in North Carolina.

### **We have replaced employers' frustrations with innovation**

Our mission is to bring together top industry leaders in their respective fields to provide best-in-class products, technology, and services through a consolidated and seamless process.

### **Simplifying the entire employee benefits administration lifecycle with innovative benefit solutions**

We focus on a collaborative partnership with our clients. We have the experience, knowledge, and long history with the top carriers. Our extensive history negotiating with insurance carriers gives us the ability to provide "best in class" programs at the most competitive cost.

For example, all our programs are offered on a guarantee issue basis, simplifying the enrollment process.

### **Time and Cost Solutions**

Simplifying your job and providing cost savings to James Madison University employers and employees.

### V. B. 3. (Continued)

#### **Competitive pricing on customized programs**

Pierce Insurance negotiates on your behalf to reduce cost and enhance benefits.

#### **Concierge Service – Impeccable customer care**

Separating Pierce Insurance from the pack. We work hard, so you don't have to! Sit back, relax, and let us take care of you.

We realize HR professionals have a challenging role with many moving parts. As your broker, you depend on us, especially in these challenging times brought on by COVID-19. We are here to help you thrive in your roles every day and offer the technologies that result in employer and employee satisfaction.

#### **Pierce Insurance provides ongoing support and training**

- ✓ Simplifying the implementation process
- ✓ Proactive and dependable customer service
- ✓ Continual client advocacy
- ✓ Dynamic communication strategy
- ✓ Flexible enrollment options
- ✓ Educational presentations and decision support tools
- ✓ Legal and compliance resources

#### **Multitude of benefit solutions that will strengthen your employee benefit package**

- ✓ One portal for all programs
- ✓ Professional, high-quality communication materials
- ✓ Advanced enrollment technology
- ✓ Consolidation of carriers and billing
- ✓ Electronic benefits administration
- ✓ Review market trends that identify the most recent programs
- ✓ Analysis, unbiased recommendations, reporting, and administrative guidance

#### **Our experience working with clients nearby**

- ✓ County of Henrico Government and Schools
- ✓ Hanover County Government and Schools
- ✓ Manassas Park City Schools
- ✓ Suffolk Public Schools
- ✓ All North Carolina state universities thru NC Flex

We help provide enrollment and communication services to NC Flex, which serves all state universities, all state departments, and participating community colleges and school systems in North Carolina

V. B. 3. (Continued)

**Team spirit and working together**

Enthusiasm drives our staff to work together to positively impact our clients. Our team cheers each other on, having your best interest at heart. How pleased our team members become when they come through for their clients. They relish feedback, wanting to be sure they are doing a good job for you.

**We love our jobs, it's time to meet our team!**



V. B. 3. (Continued)

## Leadership

### Lonnie T. Pierce, III, President, CEO

Lonnie earned his BA in Economics at East Carolina University. His entire career of 36 years has been dedicated to employee benefits. Lonnie has 30 years of experience in designing proprietary plans and implementing products for large employer groups.



Lonnie is responsible for our strategic business activities:

-  Business development
-  Strategic planning
-  Negotiating contracts
-  Designing and implementing products and services

Licenses: Life, Health and Long-term Care/Medicare Supplement

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### Patricia Pierce Combs, Vice President, CFO

Patricia attended East Carolina University and Atlantic Christian College majoring in Business Administration and Human Service. She has devoted over 41 years of her career to customer advocacy in employee benefits. She sets the standard for the agency. Under her direction, the administrative staff understands the commitment we make to our clients.



Patricia is responsible for the agency's operations:

-  Administration
-  Corporate finance & asset management
-  Customer advocacy
-  Network infrastructure

Licenses: Life, Health and Long-term Care/Medicare Supplement

V. B. 3. (Continued)

### Terri Jo Ballou, Benefit Analyst, Implementation Manager

Terri attended Wayne Community College majoring in Management and Accounting. She has 26 years of experience in employee benefits. Terri's skill set and vast knowledge is vital to the agency. She compares and assesses the offers of perspective insurance carriers and prepares recommendation reports, proposals, and our responses to RFPs. She also manages the implementation of awarded contracts, ensuring every client, existing and new, is pleased with the products and services our agency provides.

Terri oversees carrier selection and program implementation:

-  Manages implementation throughout entire enrollment
-  Remains engaged throughout the course of the contract
-  Ensures any procedural changes are implemented accurately and efficiently
-  Monitors and implements renewals
-  Oversees monthly protocols



Licenses: Life, Health, Long-term Care/Medicare Supplement and Property and Casualty

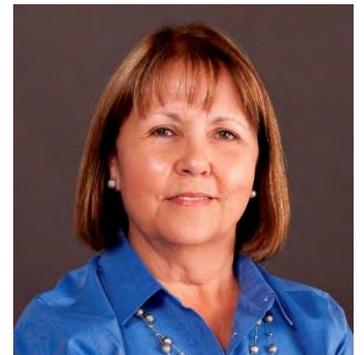
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### Brenda Warren, Account Manager

Brenda has 49 years of experience in employee benefits, 36 of those were in Human Resources with the North Carolina Public Schools Systems. Her specialized experience gives her insight into the needs of Human Resource departments and employees in the education sector. Her expertise in employee benefits and customer service delivers a skill set that exemplifies the agency's mission.

Brenda is a liaison between our clients and carriers:

-  Handles day to day customer service
-  Billing reconciliation and questions
-  Enrollment assistance
-  Claims resolution



Licenses: Life, Health and Long-term Care/Medicare Supplement

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V. B. 3. (Continued)

### Bob Driver, LUTC, Onsite Enrollment Supervisor

Bob has over 31 years of experience in employee benefits. His knowledge of employee benefit plans and enrollment experience makes him uniquely qualified to lead our sales team to provide the level of service expected by government agencies.

Bob is the agency's regional manager for clients in Virginia and the northernmost Coastal Plain of North Carolina:

-  New business development
-  Oversight of the enrollment team
-  Strategic enrollment planning



Licenses: Life, Health and Long-term Care/Medicare Supplement

---

### Carson Pierce, Virtual Enrollment Supervisor

Carson earned her BS in Economics with special interest in quantitative economics and econometrics from East Carolina University. Over the past 5 years she has been involved in our call center, on-site enrollment, customer service, benefit administration systems, data-analytics and designing Pierce Insurance Agency finalist presentations. She excels in the art of communication and data analytics.

Confronted with COVID-19, Carson implemented a new virtual protocol for enrollment, communication, and marketing engagement. These implementations allowed us to utilize virtual enrollment options, while maintaining near perfect call center stats.

Carson administers virtual enrollment training to our agents, equipping them to provide safe measures for employers and employees during this pandemic.

-  Coordinates agents' schedules
-  Open enrollment scheduling
-  Monitor call quality daily



Licenses: Life, Health and Long-term Care/Medicare Supplement

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V. B. 3. (Continued)

### Tim Simmons, Local Account Manager

Based out of Richmond, Virginia

Tim earned his BA in Communications – Public Relations, Business Minor, Mississippi State University. He has over 24 years of experience in employee benefits. Tim is proficient with face-to-face, group meetings and remote call center enrollments.

Tim works with employer groups throughout numerous industries and locations, equipping him to competently service the various needs of our key accounts in Virginia.

Tim is the agency's local account manager providing onsite monthly service:



- Conducts monthly onsite one-to-one meetings
- Coordinates additional meetings as requested
- Enrollment support



Licenses: Life and Health insurance and Long-term Care certification - state of Virginia residence. Non-residence licenses in, SC, MN, MD, PA, NC, KY, TX, MI, IN, OH, AL.

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### Vivian Pierce Flynn, MBA, Marketing

Based out of Richmond, Virginia

Vivian earned her MBA in Marketing from Regent University. She has 39 years of experience in sales and marketing leadership in the fields of employee benefits and consumer goods. She develops and oversees the agency's corporate image and innovative marketing strategies. Vivian is the marketing liaison for the NC Retirement Systems, County of Henrico, VA and Hanover County, VA.

Vivian is responsible for marketing campaigns:



- Coordinating enrollment communications
- Marketing Collateral
- Website design



Licenses: Life and Health



ATTACHMENT A

OFFEROR DATA SHEET

TO BE COMPLETED BY OFFEROR

1. **QUALIFICATIONS OF OFFEROR:** Offerors must have the capability and capacity in all respects to fully satisfy the contractual requirements.
2. **YEARS IN BUSINESS:** Indicate the length of time you have been in business providing these types of goods and services.  
 Years 65 Months \_\_\_\_\_
3. **REFERENCES:** Indicate below a listing of at least five (5) organizations, either commercial or governmental/educational, that your agency is servicing. Include the name and address of the person the purchasing agency has your permission to contact.

CLIENT	LENGTH OF SERVICE	ADDRESS	CONTACT PERSON/PHONE #
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

4. List full names and addresses of Offeror and any branch offices which may be responsible for administering the contract.

Pierce Insurance Agency, Inc., 3766 South Main Street, Farmville, NC 27828

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **RELATIONSHIP WITH THE COMMONWEALTH OF VIRGINIA:** Is any member of the firm an employee of the Commonwealth of Virginia who has a personal interest in this contract pursuant to the [CODE OF VIRGINIA](#), SECTION 2.2-3100 – 3131?  
 YES  NO  
 IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ATTACHMENT B

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Offeror Name: Pierce Insurance Agency, Inc. Preparer Name: Lonnie Pierce

Date: 10/29/2020

Is your firm a **Small Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No ✓\_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

Is your firm a **Woman-owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No ✓\_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

Is your firm a **Minority-Owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No ✓\_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

Is your firm a **Micro Business** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No ✓\_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

**Instructions:** *Populate the table below to show your firm's plans for utilization of small, women-owned, and minority-owned business enterprises in the performance of the contract. Describe plans to utilize SWAMs businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.*

**Small Business:** "Small business " means a business, independently owned or operated by one or more persons who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

**Woman-Owned Business Enterprise:** A business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified women-owned businesses are also a small business enterprise.**

**Minority-Owned Business Enterprise:** A business concern which is at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified minority-owned businesses are also a small business enterprise.**

**Micro Business** is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees AND no more than \$3 million in average annual revenue over the three-year period prior to their certification.

**All small, women, and minority owned businesses must be certified by the Commonwealth of Virginia Department of Small Business and Supplier Diversity (SBSD) to be counted in the SWAM program. Certification applications are available through SBSDD at 800-223-0671 in Virginia, 804-786-6585 outside Virginia, or online at <http://www.sbsd.virginia.gov/> (Customer Service).**

***RETURN OF THIS PAGE IS REQUIRED***

ATTACHMENT B (CNT'D)  
 Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Procurement Name and Number: Employee Voluntary Benefits/Services RFP# LBS-1090 Date Form Completed: 10/29/2020

Listing of Sub-Contractors, to include, Small, Woman Owned and Minority Owned Businesses  
 for this Proposal and Subsequent Contract

Offeror / Proposer:

Pierce Insurance Agency, Inc.

3766 South Main Street, Farmville, NC 27828

Lonnie Pierce 252-725-3064

Firm Address

Contact Person/No.

Sub-Contractor's Name and Address	Contact Person & Phone Number	SBSD Certification Number	Services or Materials Provided	Total Subcontractor Contract Amount (to include change orders)	Total Dollars Paid Subcontractor to date (to be submitted with request for payment from JMU)
N/A					

*(Form shall be submitted with proposal and if awarded, again with submission of each request for payment)*

**RETURN OF THIS PAGE IS REQUIRED**



North Carolina  
Department of Administration  
Office for Historically Underutilized Businesses

Machelle Sanders  
*Secretary*

Tammie Hall  
*Director*

January 2, 2020

Patricia Combs  
Pierce Insurance Agency, Inc. (Woman Owned)  
3766 South Main Street  
Farmville, NC 27828

Dear Patricia Combs:

The Office for Historically Underutilized Businesses (HUB Office) is pleased to inform you that your company is now certified as a Historically Underutilized Business. Your firm is listed in the Statewide Uniform Certification (SWUC) Program database. This certification will remain in effect for four (4) years from the date of this letter.

You must notify the HUB Office in writing within 30 days of any changes affecting your compliance with SWUC Program eligibility requirements, including changes in ownership, day-to-day management and operational control. Failure to notify the HUB Office of these changes or reapply for certification in a timely manner may cause your HUB Certification to be revoked. In addition, please be advised your status may be changed if there is a 3rd party challenge granted against your firm. The link to the HUB Office 3rd party challenge form can be located at <http://www.doa.nc.gov/hub/documents/ThirdpartyEligibilityChallengeev080811.pdf>. All information submitted to the Office for Historically Underutilized Business is subject to audit and review.

The HUB Office collaborates with local Minority/Women/Small Business (M/W/SBE) Offices who offer assistance to certified HUB firms with identifying contract opportunities with state and local government. Many of these offices also offer assistance with business development. Please visit our website at <http://www.doa.nc.gov/hub/programs.aspx?pid=swuc> to locate the local office near you. Another great resource is the Small Business and Technology Development Center at [www.sbtcd.org](http://www.sbtcd.org) for free personalized business assistance and counseling.

It is important to note that although your status as a certified HUB firm greatly improves your access to state and local government contracts, this certification does not guarantee contract awards. Your ability to research opportunities and bid competitively will be important to your success in this program. We are committed to assisting you through the process with the completion of the Preliminary Business Development and Supportive Services Assessment Survey, located on the HUB Office website under the Certification Tab. The information will provide an overview of your company which will assist us in appropriately aligning contract opportunities that you are ready, willing and able to pursue.

Thank you for your interest and participation in the SWUC Program as a Historically Underutilized Business firm with the State of North Carolina.

Sincerely,

***Tammie Hall***

Tammie Hall  
Director



## V. PROPOSAL PREPARATION AND SUBMISSION

- B.5. Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: [www.VASCUPP.org](http://www.VASCUPP.org).

Pierce Insurance currently has procured agreements with two of the largest school systems in the Commonwealth of Virginia, Henrico County Government and Schools and Hanover County Schools and Government, as well as Manassas Park City Schools.

Although we service universities and community colleges in North Carolina, we have not had the pleasure of working with a VASCUPP member institution and it would be an honor to work with James Madison University.

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ATTACHMENT D

Zone Map



**Virginia Association of State College & University Purchasing Professionals (VASCUPP)**

List of member institutions by zones

<u>Zone 1</u> George Mason University (Fairfax)	<u>Zone 2</u> James Madison University (Harrisonburg)	<u>Zone 3</u> University of Virginia (Charlottesville)
<u>Zone 4</u> University of Mary Washington (Fredericksburg)	<u>Zone 5</u> College of William and Mary (Williamsburg) Old Dominion University (Norfolk)	<u>Zone 6</u> Virginia Commonwealth University (Richmond)
<u>Zone 7</u> Longwood University (Farmville)	<u>Zone 8</u> Virginia Military Institute (Lexington) Virginia Tech (Blacksburg) Radford University (Radford)	<u>Zone 9</u> University of Virginia - Wise (Wise)



**X. PRICING SCHEDULE**

The Offeror shall provide rates for all available individual and family plans, including the cost of any add-on services or additional offerings. Specify any enrollment fees if applicable.

**Semi-monthly premiums are listed below:**

Accident Ages 18+		Individual	Insured & Spouse	1-Parent Family	Two-Parent Family
	Aflac Group (High/Low)	\$7.95 / \$6.32	\$13.34 / \$10.64	\$16.14 / \$12.83	\$21.53 / \$17.15
Current	\$10.99	\$15.60	\$18.46	\$23.92	

Cancer Ages 18 +		Individual	Insured & Spouse	1-Parent Family	Two-Parent Family
	Allstate	\$12.02*	\$18.60	\$16.95	\$23.53
Specified Disease Rider (optional)	Current	\$13.45	n/a	\$16.45	\$22.75
		\$ .50	n/a	\$ .75	\$1.00
Building Benefit Rider (optional)	Current	\$1.50	n/a	\$2.25	\$3.25

\*Rates include Specified Disease Rider

Critical Care	Aflac Group 10k (Children covered at no cost)			
	Employee		Spouse (50%)	
Ages 18-29	\$1.85	\$0.93		
Ages 30-39	\$3.06	\$1.54		
Ages 40-49	\$6.06	\$3.04		
Ages 50-59	\$11.88	\$5.95		
Critical Care	Current			
	Individual	Insured & Spouse	1-Parent Family	Two-Parent Family
Ages 18-35	\$4.68	\$6.70	\$5.20	\$7.74
Ages 36-45	\$7.28	\$11.18	\$7.54	\$12.35
Ages 46-55	\$10.14	\$16.77	\$10.47	\$18.20
Ages 56-70	\$13.65	\$24.57	\$13.98	\$26.26

Hospitalization		Individual	Insured & Spouse	1-Parent Family	Two-Parent Family
Ages 18 +	Aflac Group	\$18.85	\$20.70	\$16.70	\$26.55
Ages 18 - 75	Current	\$26.78	\$44.85	\$36.08	\$47.26

<b>Guardian Short term Disability - Elimination Period Accident/Sickness - 0/14 days : Benefit Period 12 months</b>											
Annual Salary		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Weekly Benefit		\$230.77	\$253.85	\$276.92	\$300.00	\$323.08	\$346.15	\$369.23	\$392.31	\$415.38	\$438.46
Monthly Benefit		\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
Age	Rate per \$10 of weekly benefit										
18-49	\$ 1.23	\$14.19	\$15.61	\$17.03	\$18.45	\$19.87	\$21.29	\$22.71	\$24.13	\$25.55	\$26.97
50-64	\$ 1.40	\$16.15	\$17.77	\$19.38	\$21.00	\$22.62	\$24.23	\$25.85	\$27.46	\$29.08	\$30.69
65-74	\$ 1.70	\$19.62	\$21.58	\$23.54	\$25.50	\$27.46	\$29.42	\$31.38	\$33.35	\$35.31	\$37.27

<b>Current</b>			Short-term disability plan for accident/sickness on a semi-monthly after-tax basis								
<b>Short-term Disability</b>			Elimination Period Accident/Sickness – 0/14 days								
Annual Income	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	
	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	
Age											
18-49	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35	
50-64	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52	
65-74	\$29.25	\$32.18	\$35.10	\$38.03	\$40.95	\$43.88	\$46.80	\$49.73	\$52.65	\$55.58	
<b>Benefit Period 12 months</b>											

Chubb Lifetime Benefit Term / Long term Care	25k	50k
Age 35	\$9.62	\$19.23
Age 45	\$16.27	\$32.54
Age 55	\$30.72	\$61.44

Aflac Group BenExtend	
Employee	\$14.14
Employee & Spouse	\$27.81
Employee & Children	\$20.77
Family	\$34.44

Legal Resources Legal Plan	\$9.00
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Legal Resources Identity Theft Protection	Individual \$4.00 Family \$8.00
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## We merge your interests and requests with plans designed by Pierce Insurance Agency and our employee benefit carriers.

As your full-service broker, our interest lies in our relationship with James Madison University. We have the experience, knowledge, and a long history with the top employee benefit carriers.

The following booklet serves as an example, showcasing our plan design for Hanover County Government and Public Schools. We have also included a benefit summary tri-fold mailer as well. This “at-a-glance” guide is a convenient reference for your employees prior to open enrollment.





**HCPS**  
Henrico County Public Schools

County of Henrico  
General Government

**TIME SENSITIVE**

# 2021 VOLUNTARY BENEFITS ENROLLMENT

**Your Future Protected**

Open Enrollment: October 3 - 30, 2020



**LEARN & ENROLL**

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

**800-421-3142**

administered by:

289  
**PIERCE**  
**INSURANCE**

**OPEN ENROLLMENT:** October 3 - October 30, 2020

**NEW HIRES:** Must enroll within 30 days of your hire date

**PLAN YEAR:** January 1 - December 31, 2021

## County of Henrico Employees,

We value your service and commitment to our community and strive to ensure we are providing a great work experience and enhanced benefits for you and your family. We are thrilled to continue to offer employees the opportunity to participate in a voluntary benefits program. In partnership with Pierce Insurance Agency Inc., Henrico County will offer employees the opportunity to enroll in best-in-class supplemental benefits. Open enrollment dates: October 3 - October 30, 2020.

***Special guarantee issue to ensure all employees can get the coverage they need.***

### Benefits offered:

- Accident
- Cancer
- Critical Illness
- Hospital Indemnity
- Life Insurance with Long Term Care

Thank you for your dedicated commitment to Henrico County. We remain committed to providing you with the best and most affordable benefit options available.

Sincerely,

**John Vithoulkas**  
Henrico County Manager

**Dr. Amy Cashwell**  
HCPS Superintendent



**Call 800-421-3142**

- This summary guide is for illustrative purposes only
- Plans have limitations and exclusions that may affect benefits payable

# IMPORTANT

View Your Personalized Benefits Website

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

## Plan Features

- Insure yourself and eligible spouse & children
- Pays cash benefits that you can use any way you see fit
- Benefits paid regardless of any other medical insurance
- Designed to provide financial “peace of mind” when needed most

Plan features may vary by benefit. To learn more about specific plan features go to: [pierceins.com/henrico](http://pierceins.com/henrico) and access your benefit booklet or call 800-421-3142.



## Accident Insurance

After an accident you may have expenses you never thought about. Can your finances handle them? It's reassuring to know that accident insurance can be there in your time of need.

### Plan Benefits

- Ambulance rides
- ER room visits
- Surgery & anesthesia
- Prescriptions
- Major diagnostic testing
- Hospitalization
- Physical & occupational therapy
- Chiropractic or alternative therapy
- *Annual wellness benefit*



## Cancer Insurance

Cancer insurance can help provide extra protection in the event of cancer. Good medical insurance helps, but is it enough? If cancer is the disease you worry about most, you are not alone.

### Plan Benefits

- Hospital benefits
- Surgery benefits
- Radiation & chemotherapy
- Blood & plasma
- Cancer maintenance therapy
- First occurrence rider
- Lodging
- New & experimental treatment
- *Annual cancer screening benefit*



## Critical Illness Insurance

Critical illness coverage can provide financial assistance when a serious illness strikes. Cash benefits paid can help with deductibles, co-pays and other out-of-pocket expenses.

### Plan Benefits

- Cancer, Heart Attack & Stroke
- Kidney failure
- Major organ transplant
- Bone marrow transplant
- Coma
- Paralysis
- Severe burn
- Loss of sight, hearing, vision
- *Annual health screening benefit*



**OPEN ENROLLMENT:** October 3 - October 30, 2020

**NEW HIRES:** Must enroll within 30 days of your hire date

**PLAN YEAR:** January 1 - December 31, 2021

### Hospital Indemnity

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Hospital Indemnity provides financial assistance to enhance your current coverage, helping to avoid out-of-pocket expenses.



#### Plan Benefits

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Annual health screening benefit

### Life Insurance with Long Term Care

Life Insurance with Long Term Care provides the help you and your family need to help pay for: mortgage, household expenses, family debt, education, long term care, burial, retirement and childcare out-of-pocket expenses.



#### Plan Benefits

- Long Term Care
- Paid-up benefits
- Terminal illness benefit
- Guaranteed premiums
- Guaranteed benefits during working years
- Guaranteed benefits after age 70

### Value Added Benefits (with eligible AFLAC plan)

- Health Advocacy (get answers and expert help)
- Medical Bill Saver (advocates negotiate your medical bills)
- Connect with health providers (phone, app or online MeMD)
- Telemedicine (MeMD)



### Benefits That Benefit Children

Speak with a Benefit Counselor to learn more about our benefits and \$10 per person seen will be donated to the Children's Hospital of Richmond at VCU.



- No purchase is necessary. A \$10 donation will apply to employees that have not reviewed CHUBB's LifeTime Benefit Term in the past.
- A year round program as long as employee/enrollee sees or speaks with a benefit counselor, a \$10.00 donation will be raised.

**ACCESS YOUR BENEFITS**  
**ANYTIME & ANYWHERE**

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

**E-BENEFIT BOOKLET (Details and Premiums)**  
**HOW TO ENROLL • VIDEO LIBRARY**  
**POLICYHOLDER RESOURCES • FAQ • CONTACT**

**AVAILABLE 24/7 ONLINE**

 **DESKTOP** |  **MOBILE** |  **TABLET**



Due to COVID-19, this year's open enrollment will be conducted by: call center, video conference and self enroll.

## WHEN TO ENROLL



**OPEN ENROLLMENT: OCTOBER 3 - OCTOBER 30, 2020**



**NEW HIRES MUST ENROLL WITHIN 30 DAYS OF YOUR HIRE DATE.**

## HOW TO ENROLL, MAKE CHANGES & ASK QUESTIONS



• Call 800-421-3142 to speak to a licensed Benefit Counselor



• Schedule a 1-1 video conference or teleconference:  
[www.pierceins.com/henrico](http://www.pierceins.com/henrico)



• Self-enroll online: [www.pierceins.com/henrico](http://www.pierceins.com/henrico)



• In-person meetings will be available on a limited basis



### **Why speak to a licensed Benefit Counselor**

- Learn about guarantee offers
- Learn about added benefits such as COVID-19 test
- Ensure your coverage is properly renewed for 2021

**DO NOT WAIT UNTIL THE LAST MINUTE TO ENROLL.  
CALL TODAY! 800-421-3142**

**ACCESS YOUR BENEFITS  
ANYTIME & ANYWHERE**

**[www.pierceins.com/henrico](http://www.pierceins.com/henrico)  
800-421-3142**

PRESORTED  
STANDARD MAIL  
U.S. POSTAGE



County of Henrico  
General Government



**TIME SENSITIVE: Open Enrollment: October 3 - 30, 2020**



**LEARN & ENROLL: [www.pierceins.com/henrico](http://www.pierceins.com/henrico) - call 800-421-3142**

  
*See Inside for details...*



**TIME SENSITIVE**

# 2021 VOLUNTARY BENEFITS ENROLLMENT

**Your Future Protected**



**LEARN & ENROLL**

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

administered by: **PIERCE INSURANCE**

**Due to COVID-19 and social distancing this year's open enrollment will be conducted via: face-to-face zoom meetings, teleconference and self-enroll online.**

Dear Hanover County Employees:

You spoke, and we listened! Over the past few years, we have heard your requests for additional voluntary benefits. We are excited to share that Hanover County Government and Hanover County Public Schools employees and their families will continue to have the opportunity to enroll in a best-in-class supplemental benefits package.

We value your service and commitment to Hanover County, and we strive to provide a great work experience with enhanced benefits to you and your family. Pierce Insurance Agency will continue to be the administrator of our voluntary benefits due to their competitive rates and excellent coverage options.

This booklet will provide information on the voluntary benefit plans available to you and your family, including:

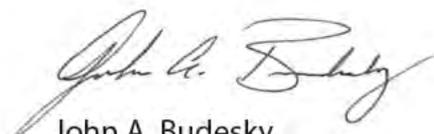
-  **Group Accident Insurance**
-  **Group Hospital Indemnity Insurance**
-  **Life Insurance (with Long Term Care)**
-  **Legal Plan**
-  **Identity Theft Solutions**
-  **Group Critical Illness Insurance**
-  **Cancer Insurance**
-  **Short Term Disability (Schools and Library)**
-  **Pet Insurance**

We encourage you to carefully review the information in this booklet to understand each plan and determine if enrollment is right for you and your family.

If you need additional information or have specific plan questions, please contact Pierce Insurance Agency Inc. toll free at (800) 421-3142 or online at [www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty).

As always, we will continue to review and assess the benefit options that may be of interest to you. Thank you for your continued service and support of Hanover County. We remain committed to offering you the best and most affordable benefit selections.

Sincerely,

  
 John A. Budesky  
 Hanover County Administrator

  
 Dr. Michael Gill  
 Hanover County Public Schools Superintendent





# EMPLOYEE BENEFITS BOOKLET

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**Annual Enrollment Period: October 19 - November 6, 2020. Effective: January 1, 2021**

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### IMPORTANT Note & Disclaimer

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

# PRE & POST TAX OVERVIEW

## Hanover County

**Plan Year: January 1, 2021 - December 31, 2021**

**Annual Enrollment Period: October 19 - November 6, 2020. Effective: January 1, 2021**

**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).

 **Group Accident Insurance**

 **Group Critical Illness Insurance**

 **Group Hospital Indemnity Insurance**

 **Cancer Insurance**

### 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)**

 **Legal & Identity Theft Protection**

 **Pet Protection**

 **Short-Term Disability (Schools & Library)**

# QUALIFICATIONS & IMPORTANT DETAILS

## THINGS YOU NEED TO KNOW

**Qualifications:** Full-time employees must work 32-40 hours per week; part-time benefit eligible employees must work 20-31 hours per week.

### IMPORTANT FACTS

- **Plan Year: January 1, 2021 - December 31, 2021**
- **Annual open enrollment dates: October 19 - November 6, 2020, Effective January 1, 2021**
- **Benefit eligible new hires must enroll within the first 30 days of employment.**

To enroll please have dates of birth and social security numbers for each insured (self, spouse, child).

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

-  Call 800-421-3142 to speak to a Benefit Counselor
-  Schedule a face-to-face video conference or teleconference at: [www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty)
-  Self-enroll online at: [www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty)

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 60 days from the event to make changes. Call Pierce Insurance service center: [800-421-3142](tel:800-421-3142).

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

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

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

Coverage in most instances is portable when you leave employment.

*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.*

## ENROLLMENT DETAILS

**Due to COVID-19 and social distancing this year's open enrollment will be conducted via: one-to-one video conference, teleconference and self-enroll online.**

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

#### How to: Enroll, Make Changes & Ask Questions

-  Call 800-421-3142 to speak to a Benefit Counselor
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#### Why speak to a Benefit Counselor?

- Ensure your coverage is properly renewed for 2021 through a licensed counselor
- Learn about added benefits such as COVID-19 test being covered under your wellness benefit
- Review existing coverage to make sure you are enrolled in the desired plans

**DO NOT WAIT UNTIL THE LAST MINUTE TO ENROLL.  
CALL TODAY! 800-421-3142**

## ACCESS YOUR BENEFITS **ANYTIME & ANYWHERE**

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

**E-BENEFIT BOOKLET (PREMIUMS AND DETAILS)  
HOW TO ENROLL • VIDEO LIBRARY  
POLICYHOLDER RESOURCES • FAQ • CONTACT**

AVAILABLE **24/7** ONLINE

 **DESKTOP** |  **MOBILE** |  **TABLET**



[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 will be donated to Children's Hospital of Richmond at VCU.

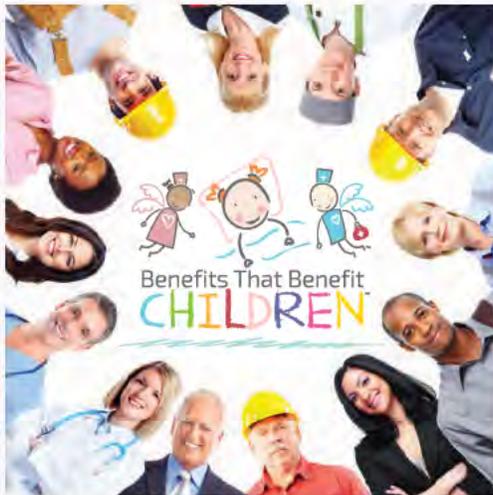
No Purchase is Necessary for a Donation.



## 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
Accident Insurance	\$60	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Critical Illness Insurance*	\$150	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Hospital Indemnity	\$50	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
Cancer Insurance	\$50-\$150	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /

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

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

### What if you get sick, hurt, need a lawyer or die unexpectedly?

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

### Voluntary Insurance Helps Provide Peace of Mind



## 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

**INITIAL TREATMENT** (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:

Hospital emergency room with X-Ray / without X-Ray	\$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

**AMBULANCE** (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.

	\$400 Ground \$1,200 Air	\$300 Ground \$900 Air
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**MAJOR DIAGNOSTIC TESTING** (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.

	\$200	\$150
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**EMERGENCY ROOM OBSERVATION** (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.

	\$100 Each 24 hour period	\$70 Each 24 hour period
	\$50 Less than 24 hours, but at least 4 hours	\$35 Less than 24 hours, but at least 4 hours

**PRESCRIPTIONS** (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).

	\$5	\$5
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**BLOOD/PLASMA/PLATELETS** (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.

	\$200	\$200
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**PAIN MANAGEMENT** (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.

	\$100	\$75
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**CONCUSSION** (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.

	\$500	\$350
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**TRAUMATIC BRAIN INJURY** (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.

	\$5,000	\$3,500
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<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

<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.	\$400	\$300
<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).	\$100	\$75
<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.	\$50	\$35
<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.	\$1,000	\$750
<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.	\$500 Plane \$200 Any ground transportation	\$350 Plane \$150 Any ground transportation

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

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

<b>AFTER CARE BENEFITS</b>	<b>HIGH</b>	<b>LOW</b>
<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	\$40 \$100 \$400	\$30 \$75 \$300
<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.	\$50	\$35
<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.	\$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

**HOSPITALIZATION BENEFITS**

**HIGH**

**LOW**

<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

Quadriplegia

\$2,500  
\$5,000

\$3,500  
\$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.

<p><b>RESIDENCE/VEHICLE MODIFICATION</b> (once per accident, within one year after the accident)</p> <p>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:</p> <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**

<p><b>WELLNESS BENEFIT</b> (once per calendar year)</p> <p>Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.</p>	\$60	First year of certificate and thereafter
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**WAIVER OF PREMIUM RIDER**

**WAIVER OF PREMIUM**

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 insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

COVERAGE / HIGH PLAN	MONTHLY RATES
Employee	\$16.11
Employee and Spouse	\$27.03
Employee and Dependent Children	\$32.71
Family	\$43.63

COVERAGE / LOW PLAN	MONTHLY RATES
Employee	\$12.82
Employee and Spouse	\$21.57
Employee and Dependent Children	\$26.02
Family	\$34.77

## INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

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

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
  - Allergic reactions
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings.
  - An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
  - Any related medical/surgical treatment or diagnostic procedures for such illness
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

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

An injury arising from any employment.

An injury or sickness covered by worker's compensation.

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

## 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.

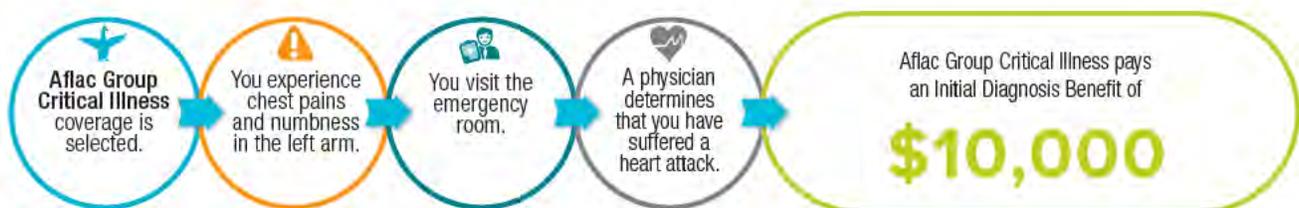
**The Aflac Group Critical Illness plan benefits include:**

- 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
  - Health Screening Benefit
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
  - Severe Burn
  - Coma
  - Paralysis
  - Loss of Sight/Hearing/Speech

**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>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	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>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>	

\*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.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

### SKIN CANCER BENEFIT

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

### 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 WAIVER OF PREMIUM BENEFIT

If you die, and your spouse is also insured under this plan at the time of your death, then your surviving spouse may apply to become the primary insured. This would include continuation of any dependent child coverage that is in force at that time. (In Illinois: Spouse and dependent child coverage will continue for a period of 90 days after your death.) We will waive premiums once the successor insured has applied to keep the coverage in force for your surviving spouse and for any dependent child coverage that is in force at the time of your death. Premiums will be waived for a period of six months from the date of your death, or until the date coverage ends, whichever comes first.

### 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.

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.

**CHILDHOOD CONDITIONS RIDER**

<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%

**One Time Benefit Amount**

<b>AUTISM SPECTRUM DISORDER (ASD)</b>	\$3,000
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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.)

**NON-TOBACCO / Employee / Monthly Rates**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.06	\$9.59	\$12.13	\$14.66	\$17.20	\$19.74	\$22.27	\$24.81	\$27.34	\$29.88
30-39	\$8.47	\$12.41	\$16.36	\$20.31	\$24.26	\$28.20	\$32.15	\$36.10	\$40.04	\$43.99
40-49	\$11.93	\$19.35	\$26.76	\$34.18	\$41.59	\$49.01	\$56.42	\$63.83	\$71.25	\$78.66
50-59	\$18.69	\$32.87	\$47.04	\$61.22	\$75.39	\$89.56	\$103.74	\$117.91	\$132.08	\$146.26
60+	\$31.40	\$58.29	\$85.17	\$112.06	\$138.94	\$165.82	\$192.71	\$219.59	\$246.47	\$273.36

**NON-TOBACCO / Spouse / Monthly Rates**

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$6.75	\$7.86	\$8.98	\$10.09	\$11.21	\$12.32	\$13.43	\$14.55	\$15.66
30-39	\$8.16	\$9.98	\$11.80	\$13.62	\$15.44	\$17.26	\$19.08	\$20.90	\$22.72
40-49	\$11.63	\$15.18	\$18.73	\$22.29	\$25.84	\$29.39	\$32.95	\$36.50	\$40.05
50-59	\$18.39	\$25.32	\$32.25	\$39.19	\$46.12	\$53.05	\$59.98	\$66.92	\$73.85
60+	\$31.10	\$44.38	\$57.67	\$70.96	\$84.25	\$97.54	\$110.82	\$124.11	\$137.40

**TOBACCO / Employee / Monthly Rates**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.96	\$11.41	\$14.85	\$18.30	\$21.74	\$25.19	\$28.63	\$32.08	\$35.52	\$38.97
30-39	\$10.51	\$16.50	\$22.49	\$28.49	\$34.48	\$40.47	\$46.46	\$52.45	\$58.44	\$64.43
40-49	\$16.01	\$27.50	\$38.99	\$50.47	\$61.96	\$73.45	\$84.94	\$96.43	\$107.92	\$119.40
50-59	\$27.22	\$49.92	\$72.62	\$95.31	\$118.01	\$140.71	\$163.41	\$186.11	\$208.81	\$231.50
60+	\$46.30	\$88.09	\$129.87	\$171.65	\$213.44	\$255.22	\$297.01	\$338.79	\$380.57	\$422.36

**TOBACCO / Spouse / Monthly Rates**

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$7.66	\$9.23	\$10.79	\$12.36	\$13.93	\$15.50	\$17.07	\$18.64	\$20.21
30-39	\$10.20	\$13.05	\$15.89	\$18.73	\$21.57	\$24.41	\$27.26	\$30.10	\$32.94
40-49	\$15.70	\$21.29	\$26.88	\$32.47	\$38.06	\$43.65	\$49.24	\$54.83	\$60.42
50-59	\$26.91	\$38.11	\$49.30	\$60.50	\$71.69	\$82.89	\$94.08	\$105.28	\$116.47
60+	\$46.00	\$66.73	\$87.47	\$108.21	\$128.95	\$149.69	\$170.42	\$191.16	\$211.90

## LIMITATIONS AND EXCLUSIONS

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

**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.

# AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100VA

# HI<sup>G</sup>

## 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 inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.            We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	<p>\$1,000</p>
<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 inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<p>\$150</p>
<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.  <b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	<p>\$150</p>
<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.            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.  <b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	<p>\$75</p>
<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.            Residents of Massachusetts are not eligible for the Health Screening Benefit.</p>	<p>\$50 per calendar year</p>
<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>	

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

COVERAGE	MONTHLY RATES
Employee	\$21.20
Employee and Spouse	\$42.40
Employee and Dependent Children	\$33.80
Family	\$55.00

## 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.

Group Accident, Critical Illness and Hospital Indemnity insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief product overview only. For complete details, please refer to the plans. Policy form numbers C70100VA, C21100VA and C80100VA.

Continental American Insurance Company | Columbia, SC



HealthAdvocate<sup>SM</sup>  MeMD

**VALUE ADDED  
BENEFIT**

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

Introducing Health Advocacy, Medical Bill Saver<sup>TM</sup> and Telemedicine services, now part of your Aflac plan.

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

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

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



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

**Health Advocate and Medical Bill Saver: 855.423.8585**

**MeMD: [memd.me/aflac](http://memd.me/aflac)**



HealthAdvocate™  MeMD

## Get more without spending more



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

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

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



### More than just cash benefits. Medical Bill Saver™ from Health Advocate

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

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



### More than just care. Telemedicine from MeMD

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

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

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

When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

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

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

Continental American Insurance Company | Columbia, South Carolina

AGC1500188 R7

BP 3/21

# 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.**

Her family history may put her at a higher risk for a cancer diagnosis. If she is diagnosed with cancer, she may face significant out-of-pocket costs. Her medical insurance might not be enough to cover the cost of her treatment, and she may miss work, which could impact her financial situation.

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

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

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

Imagine if one of your loved ones were to be diagnosed with cancer, how would you face that challenge? There's a way you can take simple steps now to help protect you and your family's Wealth + Health<sup>SM</sup>.

It's important that you have more resources to cope with any future cancer diagnosis, and have wellness benefits to help you detect cancer early — when it's most treatable.

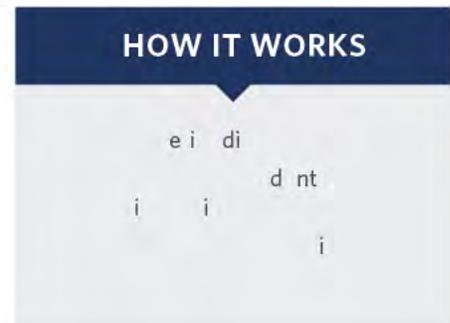
## YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

You can insure yourself, or you can add your eligible spouse and children to your policy. You can add your spouse, age 18 or older, and your children from birth through age 25.

## VALUABLE BENEFITS FOR YOUR LIFE

When you have CancerSelect Plus, you have more resources to help you pay for the costs of cancer treatment. You can also have wellness benefits to help you detect cancer early. Think about how you could possibly pay for all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

## HOW IT WORKS



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This is a brief summary of CancerSelect<sup>®</sup> Plus, cancer-only insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CP AN200 and CC AN200. Forms and numbers may vary. Insurance may not be available in all states. Exclusions apply. Refer to the policy, certificate, and riders for complete details.

For more information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://tebcs.com).

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TRANSAMERICA<sup>®</sup>

## Product Details

Hospital Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Hospital Confinement	\$100	\$200	\$300	per day of covered confinement
Extended Benefits	\$200	\$400	\$600	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$40	\$60	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$30	\$45	per day while hospital confined
Private Duty Nurse	\$100	\$200	\$300	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$200	\$300	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$200	\$300	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	\$200	\$300	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$200	\$300	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined

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## Product Details

Surgery Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays	
Surgery	Inpatient	\$1,000	\$2,000	\$3,000	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	\$3,000	\$4,500	
Anesthesia	25%	25%	25%	of covered surgery benefit	
Prosthesis	\$500	\$1,000	\$1,500	maximum benefit; pays actual charges per device requiring implantation	
Hair Prosthesis	\$50	\$100	\$150	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment	
Reconstructive Surgery	Breast Cancer: simple or total mastectomy	\$120	\$240	\$360	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
	Breast Cancer: radical mastectomy	\$170	\$340	\$510	
	Cancers of the male or female genitalia	\$170	\$340	\$510	
	Cancer of the head, neck, or oral cancers	\$250	\$500	\$750	
Second Surgical Opinion	\$100	\$200	\$300	when surgery is prescribed; excludes skin cancer	
Ambulatory Surgical Center	\$150	\$300	\$450	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center	

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Transamerica Life Insurance Company

## Product Details

Skin Cancer	One removal	\$75	\$150	\$225	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$35	\$70	\$105	
Radiation and Chemotherapy Benefits		Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Plan Option 3 - 2.00 Units	Policy Pays
Radiation and Chemotherapy		\$5,000	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Radiation & Chemo Expenses		\$250	\$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	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses		\$250	\$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

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## Product Details

New or Experimental Treatment	\$5,000	\$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 - 1.00 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Annual Cancer Screening	\$50	\$100	\$150	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	\$50	\$100	\$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	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

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Transamerica Life Insurance Company

## Product Details

Family Member Lodging	\$50	\$100	\$150	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	\$50	\$100	\$150	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	\$25	\$50	\$75	per treatment; limit one treatment per day
At-Home Nursing	\$50	\$100	\$150	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	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>Plan Option 3 - 2.00 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	\$2,000	maximum benefit per 12-month period; pays actual charges

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## Product Details

First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan Option 1 - 0 Units	Plan Option 2 - 0 Units	Plan Option 3 - 1.00 Units	Policy Pays
Initial Diagnosis Benefit	None	None	\$1,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the 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.
Intensive Care Rider (Rider Form Series CRICU100, 200 or 300)	Plan Option 1 - 0 Units	Plan Option 2 - 2.00 Units	Plan Option 3 - 3.00 Units	Policy Pays
Maximum of 45 days per covered confinement	None	\$200	\$300	per day of confinement in an ICU such as a cardiac care unit, burn unit, or neonatal unit
Intensive Care Unit	None	\$200	\$300	per day of confinement in an ICU such as a cardiac care unit, burn unit, or neonatal unit
Step-Down Unit	None	\$100	\$150	per day of confinement in a step-down unit for progressive, sub-acute or intermediate care
Ambulance Benefit	None	\$400	\$600	maximum benefit; pays actual charges; per period of ICU confinement for transportation between medical facilities by a licensed professional ambulance service; benefit is not payable if paid under the base contract provision

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## Product Details

Specified Illness and Disease Rider (Rider Form Series CRSPD200)	Plan Option 1 - 0 Units	Plan Option 2 - 1.00 Units	Plan Option 3 - 2.00 Units	Policy Pays
Provides benefits for losses that are the direct result of a covered specified illness or disease.				
Hospital Confinement	None	\$100	\$200	per day of covered confinement
Extended Benefits	None	\$200	\$400	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	None	\$20	\$40	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	None	\$15	\$30	per day while hospital confined
Private Duty Nurse	None	\$100	\$200	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	None	\$100	\$200	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	None	\$100	\$200	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	None	\$100	\$200	per day of covered confinement; in lieu of all other benefits
Hospice Care	None	\$100	\$200	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined

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## Product Details

Surgery	None	\$1,000	\$2,000	per surgery; pays the lesser of the amount shown or an amount determined by multiplying the work relative value unit obtained from the Medicare Physician Fee Schedule by \$25
Outpatient Surgery	None	\$1,500	\$3,000	per surgery; pays 150% of the surgery benefit
Anesthesia	None	25%	25%	per surgery; pays the selected percentage of the surgery benefit
Second Surgical Opinion	None	\$100	\$200	for a second opinion when the first opinion prescribes surgery as treatment
Ambulatory Surgical Center	None	\$150	\$300	maximum per day; pays charges for surgery performed at an ambulatory surgical center or hospital as an outpatient; paid in addition to the outpatient surgery benefit

### Covered Specified Illnesses and Diseases include:

Adrenal Hypofunction (Addison's Disease)	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Botulism	Brucellosis	Budd-Chiari Syndrome
Cerebral Palsy	Cholera	Cystic Fibrosis	Diphtheria	Encephalitis
Hansen's Disease	Hepatitis (Chronic B or Chronic C with liver failure or hepatoma)	Histoplasmosis	Huntington's Chorea	Legionnaires' Disease
Lupus	Lyme Disease	Mad Cow Disease	Malaria	Meningitis
Muscular Dystrophy	Myasthenia Gravis	Necrotizing Fascitis	Osteomyelitis	Poliomyelitis
Primary Biliary Cirrhosis	Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)	Q Fever	Rabies	Reye's Syndrome
Rheumatic Fever	Rocky Mountain Spotted Fever	Scarlet Fever	Scleroderma	Sickle Cell Anemia
Tay-Sachs Disease	Tetanus	Thalassemia	Toxic Epidermal Necrolysis	Toxic Shock Syndrome
Trichinosis	Tuberculosis	Tularemia	Typhoid Fever	Whooping Cough (Pertussis)

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## Product Details

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.

Monthly Premium	Individual	Single Parent Family	Family
Plan Option 1	\$9.81	\$11.32	\$18.04
Monthly Premium			
Plan Option 2	\$17.32	\$20.09	\$31.49
Monthly Premium			
Plan Option 3	\$30.12	\$34.69	\$54.53

Issue State: Virginia  
Rate generation date: July 25, 2019

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## Limitations and Exclusions

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

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

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

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

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

### First Occurrence Rider

Benefits are not payable:

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

### Intensive Care Rider

We will only pay one daily indemnity benefit per day. We will not pay any benefits for loss resulting from:

- Specifically excluded diseases or conditions in the Contract or in this Rider;
- An attempted suicide while sane or insane or an intentionally self-inflicted injury;
- Any act of war either declared or undeclared;
- Alcoholism or drug addiction;
- Mental or nervous disorders;
- An overdose of drugs, narcotics, hallucinogens, unless administered on the advice of a Physician;
- Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician;
- Injury received while engaging in an illegal occupation or activity.

## Limitations and Exclusions

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### Specified Illness and Disease Rider

This Rider provides benefits for the Initial Positively Diagnosed Specified Illness or Disease defined in this Rider on or after the Effective Date of this Rider. It does not provide benefits for any other illness or disease.

We will only pay for loss as a direct result of a Specified Illness or Disease. Proof of Positive Diagnosis must be submitted with each new claim. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of a Specified Illness or Disease or its treatment.

Benefits under "Waiver of Premium" of the Contract do not apply to this Rider for Total Disability due to a Specified Illness or Disease.

### 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.

### 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

CHUBB

### 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

**Hanover County**

CWB-LBT-LTC-0619

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

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

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

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

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

#### As Life Insurance

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

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

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

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



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

This 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. And based on current interest rates and mortality assumptions, the full death benefit is designed to last to age 99.

### Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

### 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, Accidental Death Benefit=34545, Guaranteed Insurability=34547, Waiver of Premium=34551, Payor Waiver of Premium=34549, Level Term=34548, Restoration of Death Benefits=34559, 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 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.

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

CWB-LBT-LTC75-HanoverC-VA-0820



# Hanover County

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

## 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

## Don't see your legal need listed? You're Still Covered!

The Legal Resources Plan offers a 25% discount<sup>3</sup> on any less common legal needs, *including pre-existing legal matters!*

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.

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

<sup>1</sup> 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 for claims in excess of \$400. The definition of General District Court may vary by state.

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

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

# LEGAL SUPPORT THROUGHOUT YOUR LIFE

Examples of Legal Life Events

AGE

LEGAL LIFE EVENTS

20s

Renting an apartment  
Traffic violations  
Courtroom representation  
Auto purchase agreement  
Advice and consultation



30s

Getting married  
Buying a home  
Preparing a will  
Power of attorney for spouse  
Contractor disputes



40s

Teenage drivers  
Home refinance  
Power of attorney for parents  
Elder Law advice  
Property disputes



50s

Estate planning  
Family issues  
Landlord disputes  
Insurance claims  
HOA hearings



60s

Revision or review of will  
Advance medical directive  
Estate advice  
Home sale or purchase  
Warranty disputes



**Don't Forget About The Parent Coverage Benefit!**

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.

Please visit [LegalResources.com](http://LegalResources.com) for more information or call Member Services at 800.728.5768. Relax... you're covered.®

## Hanover County

Individual Plan: \$8.00/month Family Plan: \$16.00/month

### PLAN DETAILS

**GOLD**  
TRUSTED VALUE

ADVANCED COVERAGE AT A  
COMPETITIVE PRICE

#### MONITOR AND ALERT

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	

#### 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	

### EASY TO ENROLL

1. Enroll along with other benefits through your employer.
2. Receive member confirmation email with instructions on how to activate your online profile.
3. Follow instructions to activate your online profile and access your Identity Protection Dashboard.

Please contact our Member Services Department with any questions 800.728.5768



## Legal Resources' Legal Plan & Identity Theft Protection Plan



	LEGAL RESOURCES' LEGAL PLAN	
	PLAN TYPE	MONTHLY RATE
	LEGAL PLAN	<b>\$18.00</b>

**Who is Covered:** Employee, spouse, and dependent children up to the age of 26 and living at home or a full time student.

	IDENTITY THEFT PROTECTION PLAN (IDP)	
	PLAN TYPE	MONTHLY RATE (Individual/Family)
	GOLD IDP PLAN	<b>\$8.00/\$16.00</b>

**Who is Covered:** Individual Plan: Employee only. Family Plan: Employee, spouse and unlimited dependent children up to age 25.

	LEGAL RESOURCES' LEGAL AND IDENTITY THEFT PROTECTION	
	PLAN TYPE	MONTHLY RATE (Individual/Family)
	LEGAL PLAN & GOLD IDP PLAN	<b>\$26.00/\$34.00</b>

Please visit [LegalResources.com](http://LegalResources.com) for more information or call Member Services at 800.728.5768. Relax... you're covered.®

# Discover the greatest pet insurance plans ever offered.

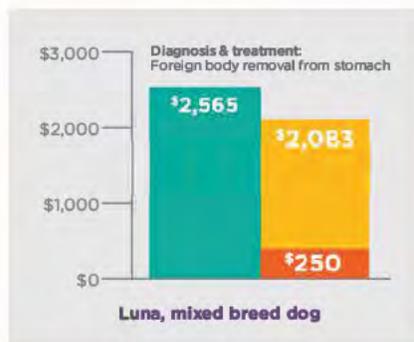
My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price.



- ✓ 90% back on vet bills<sup>1</sup>
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers<sup>2</sup>
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more

## Here's how My Pet Protection helped Nationwide® pet parents

Between big-ticket emergency vet bills and basic preventive care, My Pet Protection coverage helped keep these pet parents' bank accounts in the black.



\*Annual deductible met on previous claim

Legend: Claim amount (teal), Reimbursement by Nationwide (yellow), Annual deductible (orange)

Sample reimbursements are based on actual claims but have been edited for clarity. Coverage for wellness services only available on My Pet Protection with Wellness®.

Sign up multiple pets with individual plans and receive a discount<sup>3</sup> for even more savings.

Get a free no-obligation quote today at [www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty)



Nationwide  
is on your side



Choose a plan that's as unique as your pet.

Get back 90% of the vet bill for these items **and more!**

Visit any vet, anywhere



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions.**\* However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more.** Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

\*Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

**My Pet Protection®** is available exclusively through your employer. Enroll online today—it's quick and convenient. [www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty)

<sup>1</sup>Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. <sup>2</sup>Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017.

<sup>3</sup>Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2017); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2017). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2018 Nationwide. 18GRP5615

18GRP0EMPIEXURL



**Nationwide**  
is on your side

# Hanover County Public School and Pamunkey Regional Library

Explore the coverage that helps you protect your income and your lifestyle.

## What is Short Term Disability insurance?

**Short Term Disability (STD)** insurance can help you replace a portion of your income during the initial weeks of a Disability.

### Eligibility Requirements

#### Short Term Disability:

Benefit-eligible employees working at least 20 hours per week are eligible to participate.

## How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your pre-disability earnings at your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

## What is the benefit amount?

#### Short Term Disability:

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources<sup>1</sup> (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

The Benefit amount is 40% or 60% of your pre-disability weekly earnings; subject to the plan's maximum weekly benefit of \$1,000.

## When do benefits begin and how long do they continue?

#### Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

#### Option 1:

**For Injury:** 14 Calendar days

**For Sickness (includes pregnancy):** 14 Calendar days

**Weekly Benefit:** 60%

**Late Enrollment Penalty for the first 12 months You are insured under this option: For Sickness (includes pregnancy):** 60 Calendar Days

#### Option 2:

**For Injury:** 44 Calendar days

**For Sickness (includes pregnancy):** 44 Calendar days

**Weekly Benefit:** 60%

**Late Enrollment Penalty for the first 12 months You are insured under this option: For Sickness (includes pregnancy):** 60 Calendar Days

**Option 3:**

*For Injury:* 14 Calendar days

*For Sickness (includes pregnancy):* 14 Calendar days

**Weekly Benefit:** 40%

**Late Enrollment Penalty for the first 12 months You are insured under this option: For Sickness (includes pregnancy):** 60 Calendar Days

**Option 4:**

*For Injury:* 44 Calendar days

*For Sickness (includes pregnancy):* 44 Calendar days

**Weekly Benefit:** 40%

**Late Enrollment Penalty for the first 12 months You are insured under this option: For Sickness (includes pregnancy):** 60 Calendar Days

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

**Additional Disability Plan Benefits:****Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives.

**Services to Help You Get Back to Work Can Include:*****Nurse Consultant or Case Manager Services:***

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

***Vocational Analysis:***

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

***Job Modifications/Accommodations:***

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

***Retraining:***

Development programs to help you return to your previous job or educate you for a new one.

***Financial Incentives:***

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

**Answers to Some Important Questions...****Q. *Can I still receive benefits if I return to work part time?***

**A.** Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial [and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

**Q. Are there any exclusions for pre-existing conditions?**

**A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. Complete descriptions of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer, or contact your MetLife benefits administrator with any questions.

**Q. Are there any exclusions to my coverage?**

- A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:
- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.  
However, pregnancies and complications from any of these procedures will be treated as a sickness.
  - War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
  - Active participation in a riot;
  - Intentionally self-inflicted injury or attempted suicide;
  - Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

<sup>1</sup> Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.



## Hanover County Public School and Pamunkey Regional Library Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD). Contribution amounts are based on benefit amount. Actual contributions will be calculated by the payroll system.

### STD Example Short Term Disability Contribution:

<b>A. Annual Earnings =</b>	\$ 30,000	<b>A. Annual Earnings =</b>	\$
<b>B. Weekly Earnings =</b> <i>(A divided by 52)</i>	\$ 576.92	<b>B. Weekly Earnings =</b> <i>(A divided by 52)</i>	\$
<b>C. Weekly Benefit =</b> <i>(B x 60% )</i>	\$ 346.15	<b>C. Weekly Benefit =</b> <i>(B x 60% )</i>	\$
<b>D. Value Per \$10 =</b> <i>(C divided by 10)</i>	34.62	<b>D. Value Per \$10 =</b> <i>(C divided by 10)</i>	
<b>E. Estimated Monthly Contribution</b> <i>(D multiplied by 0.20)</i>	\$ 6.92	<b>E. Estimated Monthly Contribution =</b> <i>(D multiplied by the applicable age-banded rate)</i>	\$

### STD Rates Effective 1/1/2019

0 TO 29 - 44 EP	\$0.152
30 TO 39- 44 EP	\$0.195
40 TO 49- 44 EP	\$0.214
50 TO 59- 44 EP	\$0.228
60 + - 44 EP	\$0.233
0 TO 29 - 14 EP	\$0.219
30 TO 39- 14 EP	\$0.267
40 TO 49- 14 EP	\$0.295
50 TO 59- 14 EP	\$0.314
60 + - 14 EP	\$0.324

*Note: EP = Elimination period.*

## No Enrollment Necessary. All Benefit Eligible Employees Enrolled. Free Benefit!

*Explore the coverage that helps you protect your income and your lifestyle.*

### What is Long Term Disability insurance?

**Long Term Disability (LTD)** insurance helps replace a portion of your income for an extended period of time.

#### Eligibility Requirements

##### Long Term Disability:

Benefit-eligible employees working at least 20 hours per week are eligible to participate.

### How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in the Local Economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for any employer in the Local Economy for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

### What is the benefit amount?

##### Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources<sup>1</sup> during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings, subject to the plan's maximum monthly benefit.

### What is the maximum monthly benefit?

The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$6,000. If your salary exceeds \$10,000, your LTD benefit will be limited to this maximum.

### When do benefits begin and how long do they continue?

##### Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is the lesser of the STD maximum benefit period or 180 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

### **Additional Disability Plan Benefits:**

#### **Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

#### **Services to Help You Get Back to Work Can Include:**

##### ***Nurse Consultant or Case Manager Services:***

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

##### ***Vocational Analysis:***

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

##### ***Job Modifications/Accommodations:***

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

##### ***Retraining:***

Development programs to help you return to your previous job or educate you for a new one.

##### ***Financial Incentives:***

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

##### ***The Services of Social Security Experts:***

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

### **Answers to Some Important Questions...**

#### **Q. *Can I still receive benefits if I return to work part time?***

**A.** Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings for up to 24 months when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 24 months of Disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

**Q. Are there any exclusions for pre-existing conditions?**

**A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

**Q. Are there any exclusions to my coverage?**

**A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

**Q. Are there any limitations to my coverage?**

**A.** For Long Term Disability, limited benefits apply for specific conditions:

If you are disabled due to alcohol, drug or substance abuse or addiction or mental or nervous disorders or diseases or neuromuscular, musculoskeletal or soft tissue disorder or chronic fatigue syndrome and related conditions or self-reported conditions, we will limit your Disability benefits to a combined per occurrence maximum for each period of Disability for these conditions, for any and all of the above equal to the lesser of:

- 24 months; or
- The Maximum Benefit Period.

If your Disability is due to alcohol, drug or substance addiction, we require you to participate in an alcohol, drug or substance addiction recovery program recommended by a physician. We will end Disability benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:

- schizophrenia;
- dementia; or
- organic brain disease

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

→ 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	Direct Bill	Call customer service at 800-728-5768 and request a letter of continuation. The letter will provide payment options.
Nationwide: Pet Insurance	Direct Bill	Call Nationwide at 877-738-7874

# CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

## HANOVER COUNTY GOVERNMENT

**P.O. Box 470**

**Hanover, VA 23069**

**804-365-6075**

**<https://www.hanovercounty.gov/320/Benefits>**

**[humanresources@hanovercounty.gov](mailto:humanresources@hanovercounty.gov)**

## PIERCE INSURANCE AGENCY, INC.

**3766 South Main Street, Farmville, NC 27828**

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

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

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

**[info@pierceins.com](mailto:info@pierceins.com)**

## HANOVER COUNTY PUBLIC SCHOOLS

**200 Berkley Street**

**Ashland, VA 23005**

**804-365-4590**

**804-365-4580**

**[hcpsbenefits@hcps.us](mailto:hcpsbenefits@hcps.us)**

## PAMUNKEY REGIONAL JAIL

**P.O. Box 510**

**Hanover, VA 23069**

**804-365-6400 ext. 3086 or**

**804-365-6400 ext. 3004**

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

**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)**

## TRANSAMERICA LIFE INSURANCE COMPANY – CANCER

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

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

**<https://customers.transamericaemployeebenefits.com>**

## METROPOLITAN LIFE INSURANCE COMPANY

**P. O. Box 14590**

**Lexington, KY 40511**

**800-638-6420**

**<https://mybenefits.metlife.com>**

## LEGAL RESOURCES - LEGAL & IDENTITY THEFT

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

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

## NATIONWIDE PET INSURANCE

**Customer Service Number: 800-540-2016**

**Claims Number: 800-540-2016**

**Email Address: [submitmyclaim@petinsurance.com](mailto:submitmyclaim@petinsurance.com)**









## BENEFITS AVAILABLE:

-  Group Accident Insurance
-  Cancer Insurance
-  Group Critical Illness Insurance
-  Disability Insurance
-  Group Hospital Indemnity Insurance
-  Legal Plan
-  Life Insurance with Long Term Care
-  Pet Insurance

**ACCESS YOUR BENEFITS**  
**ANYTIME & ANYWHERE**

[www.pierceins.com/hanovercounty](http://www.pierceins.com/hanovercounty)  
**800-421-3142**



# Request for Proposal

## **RFP# LBS-1090**

**Employee Voluntary Benefits/Services**

**10/7/20**



**REQUEST FOR PROPOSAL**  
**RFP# LBS-1090**

**Issue Date:** October 7, 2020  
**Title:** Employee Voluntary Benefits/Services  
**Issuing Agency:** Commonwealth of Virginia  
James Madison University  
Procurement Services MSC 5720  
752 Ott Street, Wine Price Building  
First Floor, Suite 1023  
Harrisonburg, VA 22807

**Period of Contract: From Date of Award Through One Year (Renewable)**

**Sealed Proposals Will Be Received Until 2:00 PM on November 4, 2020 for Furnishing The Services Described Herein.**

*SEALED PROPOSALS MAY BE MAILED, EXPRESS MAILED, OR HAND DELIVERED DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.*

All Inquiries For Information And Clarification Should Be Directed To: LeeAnne Beatty Smith, Buyer Senior, Procurement Services, [smith2LB@jmu.edu](mailto:smith2LB@jmu.edu); 540-568-7523; (Fax) 540-568-7935 not later than five business days before the proposal closing date.

**NOTE: THE SIGNED PROPOSAL AND ALL ATTACHMENTS SHALL BE RETURNED.**

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm: \_\_\_\_\_  
By: \_\_\_\_\_  
(Signature in Ink)  
Name: \_\_\_\_\_  
(Please Print)  
Date: \_\_\_\_\_ Title: \_\_\_\_\_  
Web Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ (please initial)

SMALL, WOMAN OR MINORITY OWNED BUSINESS:  
 YES;  NO; *IF YES* ⇒⇒  SMALL;  WOMAN;  MINORITY ***IF MINORITY***  AA;  HA;  AsA;  NW;  Micro

**Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.**

# ***REQUEST FOR PROPOSAL***

*RFP # LBS-1090*

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## **I. PURPOSE**

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals from qualified sources to enter into a contract to provide Employee Voluntary Benefits/Services for James Madison University (JMU), an agency of the Commonwealth of Virginia. Initial contract shall be for one (1) year with an option to renew for seven (7) additional one-year periods.

## **II. BACKGROUND**

James Madison University (JMU) is a comprehensive public institution in Harrisonburg, Virginia with an enrollment of approximately 21,889 students. The University has approximately 3,114 full-time and 793 part-time faculty and staff. Further information about the University may be found at the following website: <https://www.jmu.edu/>.

The JMU Human Resources (HR) Department manages the comprehensive benefits package available to eligible employees of the University, including health, dental, and vision insurance, life insurance, flexible-spending accounts, and retirement plans. In addition, the University provides other voluntary benefits and services to help enhance employees' work/life wellness, including supplemental insurance and retirement plans.

Current voluntary benefit plans/services open to all eligible part-time and full-time JMU employees include:

- a. AFLAC -supplemental health insurance benefits with policies covering accident, cancer, intensive care, critical care, hospital protection, and short-term disability (*see Attachment E: AFLAC Supplemental Insurance Data*).
- b. MetLife- Home Owners, Renters, and pet insurance policies.
- c. LegalShield- prepaid legal services and identity theft protection
- d. Financial Integrity Resources Management (FIRM)- 529 college and disability savings plans.

JMU offers payroll deduction as an option to employees for payments for several of the current voluntary benefit plans/services.

## **III. SMALL, WOMAN-OWNED AND MINORITY PARTICIPATION**

It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small businesses and businesses owned by women and minorities, and to encourage their participation in State procurement activities. The Commonwealth encourages contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, and other contractual opportunities. Attachment B contains information on reporting spend data with subcontractors.

## **IV. STATEMENT OF NEEDS**

James Madison University (JMU) seeks a Contractor(s) who is an established industry leader in providing voluntary employee benefits/services to large organizations. Voluntary employee benefits/services include, but are not limited to, accident, cancer, intensive care, critical care, hospital protection, short-term disability, renter's insurance, and prepaid legal services. These voluntary benefits/services will be at the sole discretion of JMU employees and will be paid for by the employee. The University will consider payroll deduction as the method of payment for

voluntary benefits/services. It is preferred that the Contractor offer the same rate(s) to all JMU employees regardless of age, sex, or other factors.

The University has identified two (2) categories of voluntary benefits/services that offeror may respond to: Area A- Supplemental Health Insurance Policies; Area B- Other Voluntary Employee Benefits/Services. Offerors interested in responding to this solicitation may choose one or both of these areas to provide a response.

- A. Supplemental Health Insurance- It is preferred that the Contractor have and maintain an A+ rating from A.M. Best. Provide a detailed response to the following items:
1. Describe all available plans and associated premiums. Plans proposed should include coverage in the areas currently provided under the existing contract: Accident, Cancer, Intensive Care, Critical Care, Hospital Protection, and Short-Term Disability (*see Attachment E, AFLAC Supplemental Insurance Data*). The University is also interested in seeing additional types of supplemental health insurance plans that are available. Include policy specifications to include waiting period, pre-qualification, and other coverage criteria. Specify associated cost in *Section X. Pricing Schedule*.
  2. Provide contact information for a minimum of three (3) current clients of similar size as JMU where your firm administers supplemental health insurance policies. Specify the type of benefit plan(s) administered, plan(s) effective date, and number of employees covered.
  3. Describe in detail the enrollment process. Include open enrollment period(s) if applicable.
  4. Describe cancellation policy for proposed plans.
  5. Describe the portability of the proposed plans in the event an employee chooses to keep the plan after terminating employment with the University or the University decides to discontinue this benefit to employees.
  6. Describe the procedure for timely and accurate processing of claims. Specify standard turnaround timeframe for all claims. Include a responsive toll-free number for claim assistance.
  7. Describe your plan for working with JMU Payroll for coordinating premium payments for employees that elect payroll deduction. Include information on the following:
    - a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts
    - b. Method & frequency that changes received by the vendor, such as retirements/terminations/name changes, etc will be applied
    - c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU
  8. State the name(s) and contact information for the representative(s) that will service JMU. Contact information shall include email, mobile number and office number. Provide detail on the contact person's qualifications and experience.
  9. Describe ability to provide regularly scheduled employee informational onsite visits at no cost to the University.

10. Describe your firm's plan to market the proposed plans to JMU employees. Provide examples of brochures, applications, and other materials, including advertisements, that will be used in marketing.
11. Provide any other information that would be beneficial in the context of this Request for Proposal.

B. Other Voluntary Employee Benefits/Services- benefits/services may include, but are not limited to, eldercare, pet, auto, home, and renter's insurance, prepaid legal services, identity theft protection, 529 and disability savings plans. Offerors are not required to offer all benefits/services listed in this section as the University has no preference for all benefits/services to be with the same carrier/broker/firm.

1. Describe all available plans and associated premiums/fees. Include policy specifications to include waiting period, pre-qualification, and other coverage criteria, if applicable. Specify associated cost in *Section X. Pricing Schedule*.
2. Provide contact information for a minimum of three (3) current clients of similar size as JMU where your firm administers similar policies as those being proposed. Specify the type of plan(s) administered, plan(s) effective date, and number of employees covered.
3. Describe in detail the enrollment process for each proposed benefit/service. Include open enrollment period(s) if applicable.
4. Describe cancellation policy for proposed plan(s).
5. Describe the portability of the proposed plan(s) in the event an employee chooses to keep the plan after terminating employment with the University or the University decides to discontinue this benefit to employees.
6. Describe the procedure for timely and accurate processing of claims for each proposed benefit/service. Specify standard turnaround timeframe for all claims. Include a responsive toll-free number for claim assistance.
7. Describe your plan for working with JMU Payroll for coordinating premium payments for employees that elect payroll deduction.
  - a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts
  - b. Method & frequency that changes received by the vendor, such as retirements/terminations/name changes, etc will be applied
  - c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU
8. State the name(s) and contact information for the representative(s) that will service JMU. Contact information shall include email, mobile number and office number. Provide detail on the contact person's qualifications and experience.
9. Describe ability to provide regularly scheduled employee informational onsite visits at no cost to the University.

10. Describe your firm's plan to market the proposed plan(s) to JMU employees. Provide examples of brochures, applications, and other materials, including advertisements, that will be used in marketing.
11. Provide any other information that would be beneficial in the context of this Request for Proposal.

## V. PROPOSAL PREPARATION AND SUBMISSION

### A. GENERAL INSTRUCTIONS

**To ensure timely and adequate consideration of your proposal, offerors are to limit all contact, whether verbal or written, pertaining to this RFP to the James Madison University Procurement Office for the duration of this Proposal process. Failure to do so may jeopardize further consideration of Offeror's proposal.**

1. RFP Response: In order to be considered for selection, the **Offeror shall submit a complete response to this RFP**; and shall submit to the issuing Purchasing Agency:
  - a. **One (1) original and five (5) copies** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
  - b. **One (1) electronic copy in WORD format or searchable PDF (CD or flash drive)** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
  - c. Should the proposal contain **proprietary information**, provide **one (1) redacted hard copy** of the proposal and all attachments with **proprietary portions removed or blacked out**. This copy should be clearly marked "*Redacted Copy*" on the front cover. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. JMU shall not be responsible for the Contractor's failure to exclude proprietary information from this redacted copy.

No other distribution of the proposal shall be made by the Offeror.

2. The version of the solicitation issued by JMU Procurement Services, as amended by an addenda, is the mandatory controlling version of the document. Any modification of, or additions to, the solicitation by the Offeror shall not modify the official version of the solicitation issued by JMU Procurement services unless accepted in writing by the University. Such modifications or additions to the solicitation by the Offeror may be cause for rejection of the proposal; however, JMU reserves the right to decide, on a case-by-case basis in its sole discretion, whether to reject such a proposal. If the modification or additions are not identified until after the award of the contract, the controlling version of the solicitation document shall still be the official state form issued by Procurement Services.
3. Proposal Preparation

- a. Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in the purchasing agency requiring prompt submissions of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by the purchasing agency. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
- b. Proposals shall be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.
- c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the paragraph number, sub letter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and sub letter should be repeated at the top of the next page. The proposal should contain a table of contents which cross references the RFP requirements. Information which the offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at the appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find where the RFP requirements are specifically addressed.
- d. As used in this RFP, the terms “must”, “shall”, “should” and “may” identify the criticality of requirements. “Must” and “shall” identify requirements whose absence will have a major negative impact on the suitability of the proposed solution. Items labeled as “should” or “may” are highly desirable, although their absence will not have a large impact and would be useful, but are not necessary. Depending on the overall response to the RFP, some individual “must” and “shall” items may not be fully satisfied, but it is the intent to satisfy most, if not all, “must” and “shall” requirements. The inability of an offeror to satisfy a “must” or “shall” requirement does not automatically remove that offeror from consideration; however, it may seriously affect the overall rating of the offeror’ proposal.
- e. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.
- f. Ownership of all data, materials and documentation originated and prepared for the State pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by the offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror must invoke the protection of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret materials submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices and/or total proposal

prices as proprietary or trade secrets is not acceptable and will result in rejection and return of the proposal.

4. Oral Presentation: Offerors who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to James Madison University. This provides an opportunity for the Offeror to clarify or elaborate on the proposal. This is a fact-finding and explanation session only and does not include negotiation. James Madison University will schedule the time and location of these presentations. Oral presentations are an option of the University and may or may not be conducted. Therefore, proposals should be complete.

B. SPECIFIC PROPOSAL INSTRUCTIONS

Proposals should be as thorough and detailed as possible so that James Madison University may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items as a complete proposal:

1. Return RFP cover sheet and all addenda acknowledgements, if any, signed and filled out as required.
2. Plan and methodology for providing the goods/services as described in Section IV. Statement of Needs of this Request for Proposal.
3. A written narrative statement to include, but not be limited to, the expertise, qualifications, and experience of the firm and resumes of specific personnel to be assigned to perform the work.
4. Offeror Data Sheet, included as *Attachment A* to this RFP.
5. Small Business Subcontracting Plan, included as *Attachment B* to this RFP. Offeror shall provide a Small Business Subcontracting plan which summarizes the planned utilization of Department of Small Business and Supplier Diversity (SBSD)-certified small businesses which include businesses owned by women and minorities, when they have received Department of Small Business and Supplier Diversity (SBSD) small business certification, under the contract to be awarded as a result of this solicitation. This is a requirement for all prime contracts in excess of \$100,000 unless no subcontracting opportunities exist.
6. Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: [www.VASCUPP.org](http://www.VASCUPP.org).
7. Proposed Cost. See Section X. Pricing Schedule of this Request for Proposal.

## VI. EVALUATION AND AWARD CRITERIA

### A. EVALUATION CRITERIA

Proposals shall be evaluated by James Madison University using the following criteria:

	<u>Points</u>
1. Quality of products/services offered and suitability for intended purposes	30
2. Qualifications and experience of Offeror in providing the goods/services	20
3. Specific plans or methodology to be used to perform the services	20
4. Participation of Small, Women-Owned, & Minority (SWaM) Businesses	10
5. Cost	<u>20</u>
	100

- B. AWARD TO MULTIPLE OFFERORS: Selection shall be made of two or more offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, the agency shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. The Commonwealth reserves the right to make multiple awards as a result of this solicitation. The Commonwealth may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reasons why a particular proposal was not deemed to be the most advantageous. Should the Commonwealth determine in writing and in its sole discretion that only one offeror is fully qualified, or that one offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the contractor's proposal as negotiated.

## VII. GENERAL TERMS AND CONDITIONS

- A. PURCHASING MANUAL: This solicitation is subject to the provisions of the Commonwealth of Virginia's Purchasing Manual for Institutions of Higher Education and Their Vendors and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is available for review at the purchasing office. In addition, the manual may be accessed electronically at <http://www.jmu.edu/procurement> or a copy can be obtained by calling Procurement Services at (540) 568-3145.
- B. APPLICABLE LAWS AND COURTS: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable federal, state and local laws and regulations.

- C. ANTI-DISCRIMINATION: By submitting their proposals, offerors certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and §10 of the Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 (available for review at <http://www.jmu.edu/procurement>). If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender, sexual orientation, gender identity, or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*§6 of the Rules Governing Procurement*).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the contractor agrees as follows:
  - a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
  - b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.
  - c. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting these requirements.
2. The contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

- D. ETHICS IN PUBLIC CONTRACTING: By submitting their proposals, offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By entering into a written contract with the Commonwealth of Virginia, the Contractor certifies that the Contractor does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

- F. DEBARMENT STATUS: By submitting their proposals, offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- G. ANTITRUST: By entering into a contract, the contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS RFPs: Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- I. CLARIFICATION OF TERMS: If any prospective offeror has questions about the specifications or other solicitation documents, the prospective offeror should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.
- J. PAYMENT:
1. To Prime Contractor:
    - a. Invoices for items ordered, delivered and accepted shall be submitted by the contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number; social security number (for individual contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
    - b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
    - c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the contractor at the contract price, regardless of which public agency is being billed.
    - d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.
    - e. Unreasonable Charges. Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, contractors should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable

will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the contractor, in writing, as to those charges which it considers unreasonable and the basis for the determination. A contractor may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (*Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 § 53; available for review at <http://www.jmu.edu/procurement>*).

2. To Subcontractors:
    - a. A contractor awarded a contract under this solicitation is hereby obligated:
      - (1) To pay the subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or
      - (2) To notify the agency and the subcontractors, in writing, of the contractor's intention to withhold payment and the reason.
    - b. The contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.
  3. Each prime contractor who wins an award in which provision of a SWAM procurement plan is a condition to the award, shall deliver to the contracting agency or institution, on or before request for final payment, evidence and certification of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the SWAM procurement plan. Final payment under the contract in question may be withheld until such certification is delivered and, if necessary, confirmed by the agency or institution, or other appropriate penalties may be assessed in lieu of withholding such payment.
  4. The Commonwealth of Virginia encourages contractors and subcontractors to accept electronic and credit card payments.
- K. PRECEDENCE OF TERMS: Paragraphs A through J of these General Terms and Conditions and the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors, shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.
- L. QUALIFICATIONS OF OFFERORS: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the offeror to perform the services/furnish the goods and the offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the

right to inspect offeror's physical facilities prior to award to satisfy questions regarding the offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such offeror fails to satisfy the Commonwealth that such offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.

- M. TESTING AND INSPECTION: The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- N. ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the contractor in whole or in part without the written consent of the Commonwealth.
- O. CHANGES TO THE CONTRACT: Changes can be made to the contract in any of the following ways:
1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
  2. The Purchasing Agency may order changes within the general scope of the contract at any time by written notice to the contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The contractor shall comply with the notice upon receipt. The contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency a credit for any savings. Said compensation shall be determined by one of the following methods:
    - a. By mutual agreement between the parties in writing; or
    - b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the contractor accounts for the number of units of work performed, subject to the Purchasing Agency's right to audit the contractor's records and/or to determine the correct number of units independently; or
    - c. By ordering the contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The contractor shall present the Purchasing Agency with all vouchers and records of expenses incurred and savings realized. The Purchasing Agency shall have the right to audit the records of the contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Purchasing Agency within thirty (30) days from the date of receipt of the written order from the Purchasing Agency. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this contract shall excuse the contractor from promptly complying with the changes ordered by the Purchasing Agency or with the performance of the contract generally.

- P. DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.
- Q. INSURANCE: By signing and submitting a proposal under this solicitation, the offeror certifies that if awarded the contract, it will have the following insurance coverage at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with § 25 of the Rules Governing Procurement – Chapter 2, Exhibit J, Attachment 1, and 65.2-800 et. Seq. of the Code of Virginia (available for review at <http://www.jmu.edu/procurement>) The offeror further certifies that the contractor and any subcontractors will maintain these insurance coverage during the entire term of the contract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

MINIMUM INSURANCE COVERAGES AND LIMITS REQUIRED FOR MOST CONTRACTS:

1. Workers' Compensation: Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. Contractors who fail to notify the Commonwealth of increases in the number of employees that change their workers' compensation requirement under the Code of Virginia during the course of the contract shall be in noncompliance with the contract.
  2. Employer's Liability: \$100,000
  3. Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. The Commonwealth of Virginia must be named as an additional insured and so endorsed on the policy.
  4. Automobile Liability: \$1,000,000 combined single limit. *(Required only if a motor vehicle not owned by the Commonwealth is to be used in the contract. Contractor must assure that the required coverage is maintained by the Contractor (or third party owner of such motor vehicle.)*
- R. ANNOUNCEMENT OF AWARD: Upon the award or the announcement of the decision to award a contract over \$100,000, as a result of this solicitation, the purchasing agency will publicly post such notice on the DGS/DPS eVA web site ([www.eva.virginia.gov](http://www.eva.virginia.gov)) for a minimum of 10 days.
- S. DRUG-FREE WORKPLACE: During the performance of this contract, the contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing

clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, “drug-free workplace” means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

T. NONDISCRIMINATION OF CONTRACTORS: An offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the offeror employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

U. eVA BUSINESS TO GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS: The eVA Internet electronic procurement solution, website portal [www.eVA.virginia.gov](http://www.eVA.virginia.gov), streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet procurement solution by completing the free eVA Vendor Registration. All offerors must register in eVA and pay the Vendor Transaction Fees specified below; failure to register will result in the proposal being rejected. Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

1. For orders issued July 1, 2014 and after, the Vendor Transaction Fee is:
  - a. Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$500 per order.
  - b. Businesses that are not Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$1,500 per order.
2. For orders issued prior to July 1, 2014 the vendor transaction fees can be found at [www.eVA.virginia.gov](http://www.eVA.virginia.gov).
3. The specified vendor transaction fee will be invoiced by the Commonwealth of Virginia Department of General Services approximately 60 days after the corresponding purchase order is issued and payable 30 days after the invoice date. Any adjustments (increases/decreases) will be handled through purchase order changes.

- V. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the Commonwealth of Virginia shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- W. PRICING CURRENCY: Unless stated otherwise in the solicitation, offerors shall state offered prices in U.S. dollars.
- X. E-VERIFY REQUIREMENT OF ANY CONTRACTOR: Any employer with more than an average of 50 employees for the previous 12 months entering into a contract in excess of \$50,000 with James Madison University to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to any awarded contract.
- Y. CIVILITY IN STATE WORKPLACES: The contractor shall take all reasonable steps to ensure that no individual, while performing work on behalf of the contractor or any subcontractor in connection with this agreement (each, a “Contract Worker”), shall engage in 1) harassment (including sexual harassment), bullying, cyber-bullying, or threatening or violent conduct, or 2) discriminatory behavior on the basis of race, sex, color, national origin, religious belief, sexual orientation, gender identity or expression, age, political affiliation, veteran status, or disability.

The contractor shall provide each Contract Worker with a copy of this Section and will require Contract Workers to participate in training on civility in the State workplace. Upon request, the contractor shall provide documentation that each Contract Worker has received such training.

For purposes of this Section, “State workplace” includes any location, permanent or temporary, where a Commonwealth employee performs any work-related duty or is representing his or her agency, as well as surrounding perimeters, parking lots, outside meeting locations, and means of travel to and from these locations. Communications are deemed to occur in a State workplace if the Contract Worker reasonably should know that the phone number, email, or other method of communication is associated with a State workplace or is associated with a person who is a State employee.

The Commonwealth of Virginia may require, at its sole discretion, the removal and replacement of any Contract Worker who the Commonwealth reasonably believes to have violated this Section.

This Section creates obligations solely on the part of the contractor. Employees or other third parties may benefit incidentally from this Section and from training materials or other communications distributed on this topic , but the Parties to this agreement intend this Section to be enforceable solely by the Commonwealth and not by employees or other third parties.

- Z. TAXES: Sales to the Commonwealth of Virginia are normally exempt from State sales tax. State sales and use tax certificates of exemption, Form ST-12, will be issued upon request. Deliveries against this contract shall usually be free of Federal excise and transportation taxes. The Commonwealth’s excise tax exemption registration number is 54-73-0076K.

## **VIII. SPECIAL TERMS AND CONDITIONS**

- A. AUDIT: The Contractor hereby agrees to retain all books, records, systems, and other documents relative to this contract for five (5) years after final payment, or until audited by the

Commonwealth of Virginia, whichever is sooner. The Commonwealth of Virginia, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.

- B. CANCELLATION OF CONTRACT: James Madison University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- C. IDENTIFICATION OF PROPOSAL ENVELOPE: The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

From: \_\_\_\_\_

Name of Offeror	Due Date	Time
Street or Box No.	RFP #	
City, State, Zip Code	RFP Title	
Name of Purchasing Officer: _____		

The envelope should be addressed as directed on the title page of the solicitation.

The Offeror takes the risk that if the envelope is not marked as described above, it may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may be hand-delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the envelope.

- D. LATE PROPOSALS: To be considered for selection, proposals must be received by the issuing office by the designated date and hour. The official time used in the receipt of proposals is that time on the automatic time stamp machine in the issuing office. Proposals received in the issuing office after the date and hour designated are automatically non responsive and will not be considered. The University is not responsible for delays in the delivery of mail by the U.S. Postal Service, private couriers, or the intra university mail system. It is the sole responsibility of the Offeror to ensure that its proposal reaches the issuing office by the designated date and hour.
- E. UNDERSTANDING OF REQUIREMENTS: It is the responsibility of each offeror to inquire about and clarify any requirements of this solicitation that is not understood. The University will not be bound by oral explanations as to the meaning of specifications or language contained in this solicitation. Therefore, all inquiries deemed to be substantive in nature must be in writing and submitted to the responsible buyer in the Procurement Services Office. Offerors must ensure that written inquiries reach the buyer at least five (5) days prior to the time set for receipt of offerors proposals. A copy of all queries and the respective response will be provided in the form of an addendum to all offerors who have indicated an interest in responding to this solicitation. Your signature on your Offer certifies that you fully understand all facets of this solicitation. These questions may be sent by Fax to 540/568-7935.
- F. RENEWAL OF CONTRACT: This contract may be renewed by the Commonwealth for a period of seven (7) successive one year periods under the terms and conditions of the original

contract except as stated in 1. and 2. below. Price increases may be negotiated only at the time of renewal. Written notice of the Commonwealth's intention to renew shall be given approximately 90 days prior to the expiration date of each contract period.

1. If the Commonwealth elects to exercise the option to renew the contract for an additional one-year period, the contract price(s) for the additional one year shall not exceed the contract price(s) of the original contract increased/decreased by no more than the percentage increase/decrease of the other services category of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available.
2. If during any subsequent renewal periods, the Commonwealth elects to exercise the option to renew the contract, the contract price(s) for the subsequent renewal period shall not exceed the contract price(s) of the previous renewal period increased/decreased by more than the percentage increase/decrease of the other services category of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available.

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

H. OPERATING VEHICLES ON JAMES MADISON UNIVERSITY CAMPUS: Operating vehicles on sidewalks, plazas, and areas heavily used by pedestrians is prohibited. In the unlikely event a driver should find it necessary to drive on James Madison University sidewalks, plazas, and areas heavily used by pedestrians, the driver must yield to pedestrians. For a complete list of parking regulations, please go to [www.jmu.edu/parking](http://www.jmu.edu/parking); or to acquire a service representative parking permit, contact Parking Services at 540.568.3300. The safety of our students, faculty and staff is of paramount importance to us. Accordingly, violators may be charged.

I. COOPERATIVE PURCHASING / USE OF AGREEMENT BY THIRD PARTIES: It is the intent of this solicitation and resulting contract(s) to allow for cooperative procurement. Accordingly, any public body, (to include government/state agencies, political subdivisions, etc.), cooperative purchasing organizations, public or private health or educational institutions or any University related foundation and affiliated corporations may access any resulting contract if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor(s), the resultant contract(s) will be extended to the entities indicated above to purchase goods and services in accordance with contract terms. As a separate contractual relationship, the participating entity will place its own orders directly with the Contractor(s) and shall fully and independently administer its use of the contract(s) to include contractual disputes, invoicing and payments without direct administration from the University. No modification of this contract or execution of a separate agreement is required to participate; however, the participating entity and the Contractor may modify the terms and conditions of this contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity. Any such modification will apply solely between the participating entity and the Contractor.

The Contractor will notify the University in writing of any such entities accessing this contract. The Contractor will provide semi-annual usage reports for all entities accessing the contract. The University shall not be held liable for any costs or damages incurred by any other

participating entity as a result of any authorization by the Contractor to extend the contract. It is understood and agreed that the University is not responsible for the acts or omissions of any entity and will not be considered in default of the contract no matter the circumstances.

Use of this contract(s) does not preclude any participating entity from using other contracts or competitive processes as needed.

J. SMALL BUSINESS SUBCONTRACTING AND EVIDENCE OF COMPLIANCE:

1. It is the goal of the Commonwealth that 42% of its purchases are made from small businesses. This includes discretionary spending in prime contracts and subcontracts. All potential offerors are required to submit a Small Business Subcontracting Plan. Unless the offeror is registered as a Department of Small Business and Supplier Diversity (SBSD)-certified small business and where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the contractor is encouraged to offer such subcontracting opportunities to SBSD-certified small businesses. This shall not exclude SBSD-certified women-owned and minority-owned businesses when they have received SBSD small business certification. No offeror or subcontractor shall be considered a Small Business, a Women-Owned Business or a Minority-Owned Business unless certified as such by the Department of Small Business and Supplier Diversity (SBSD) by the due date for receipt of proposals. If small business subcontractors are used, the prime contractor agrees to report the use of small business subcontractors by providing the purchasing office at a minimum the following information: name of small business with the SBSD certification number or FEIN, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product/service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**
2. Each prime contractor who wins an award in which provision of a small business subcontracting plan is a condition of the award, shall deliver to the contracting agency or institution with every request for payment, evidence of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the small business subcontracting plan. **This information shall be submitted to: JMU Office of Procurement Services, SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.** When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm with the Department of Small Business and Supplier Diversity (SBSD) certification number or FEIN number, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product or service provided. Payment(s) may be withheld until compliance with the plan is received and confirmed by the agency or institution. The agency or institution reserves the right to pursue other appropriate remedies to include, but not be limited to, termination for default.
3. Each prime contractor who wins an award valued over \$200,000 shall deliver to the contracting agency or institution with every request for payment, information on use of subcontractors that are not Department of Small Business and Supplier Diversity (SBSD)-certified small businesses. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm, phone number, FEIN number, total dollar amount subcontracted, and type of product or service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**

- K. AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH: A contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a public body shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- L. PUBLIC POSTING OF COOPERATIVE CONTRACTS: James Madison University maintains a web-based contracts database with a public gateway access. Any resulting cooperative contract/s to this solicitation will be posted to the publicly accessible website. Contents identified as proprietary information will not be made public.
- M. CRIMINAL BACKGROUND CHECKS OF PERSONNEL ASSIGNED BY CONTRACTOR TO PERFORM WORK ON JMU PROPERTY: The Contractor shall obtain criminal background checks on all of their contracted employees who will be assigned to perform services on James Madison University property. The results of the background checks will be directed solely to the Contractor. The Contractor bears responsibility for confirming to the University contract administrator that the background checks have been completed prior to work being performed by their employees or subcontractors. The Contractor shall only assign to work on the University campus those individuals whom it deems qualified and permissible based on the results of completed background checks. Notwithstanding any other provision herein, and to ensure the safety of students, faculty, staff and facilities, James Madison University reserves the right to approve or disapprove any contract employee that will work on JMU property. Disapproval by the University will solely apply to JMU property and should have no bearing on the Contractor's employment of an individual outside of James Madison University.
- N. INDEMNIFICATION: Contractor agrees to indemnify, defend and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, or equipment of any kind or nature furnished by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the contractor on the materials, goods or equipment delivered.
- O. ADDITIONAL GOODS AND SERVICES: The University may acquire other goods or services that the supplier provides than those specifically solicited. The University reserves the right, subject to mutual agreement, for the Contractor to provide additional goods and/or services under the same pricing, terms, and conditions and to make modifications or enhancements to the existing goods and services. Such additional goods and services may include other products, components, accessories, subsystems, or related services that are newly introduced during the term of this Agreement. Such additional goods and services will be provided to the University at favored nations pricing, terms, and conditions.
- P. PRIME CONTRACTOR RESPONSIBILITIES: The contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that he may utilize, using his best skill and attention. Subcontractors who perform work under this

contract shall be responsible to the prime contractor. The contractor agrees that he is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as he is for the acts and omissions of his own employees.

- Q. **SUBCONTRACTS:** No portion of the work shall be subcontracted without prior written consent of the purchasing agency. In the event that the contractor desires to subcontract some part of the work specified herein, the contractor shall furnish the purchasing agency the names, qualifications and experience of their proposed subcontractors. The contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.
- R. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The contractor assures that information and data obtained as to personal facts and circumstances related to faculty, staff, students, and affiliates will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. *This shall include FTI, which is a term of art and consists of federal tax returns and return information (and information derived from it) that is in contractor/agency possession or control which is covered by the confidentiality protections of the Internal Revenue Code (IRC) and subject to the IRC 6103(p)(4) safeguarding requirements including IRS oversight. FTI is categorized as sensitive but unclassified information and may contain personally identifiable information (PII).* Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Contractors shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

## IX. METHOD OF PAYMENT

The contractor will be paid on the basis of invoices submitted in accordance with the solicitation and any negotiations. James Madison University recognizes the importance of expediting the payment process for our vendors and suppliers; however, vendor enrollment for E-Payments has temporarily been suspended as we transition to a new bank. Once we are operational with our new bank, we will ask that our vendors and suppliers enroll in our bank's single use Commercial Card Number process or electronic deposit (ACH) to your bank account so that future payments are made electronically. Contractors signed up for the single use Commercial Card Number process will receive the benefit of being paid in Net 15 days. Additional information is available online at: <http://www.jmu.edu/financeoffice/accounting-operations-disbursements/cash-investments/vendor-payment-methods.shtml>

## X. PRICING SCHEDULE

The Offeror shall provide rates for all available individual and family plans, including the cost of any add-on services or additional offerings. Specify any enrollment fees if applicable.

Specify any associated charge card processing fees, if applicable, to be billed to the university. Vendors shall provide their VISA registration number when indicating charge card processing fees. Any vendor requiring information on VISA registration may refer to <https://usa.visa.com/support/small-business/regulations-fees.html> and for questions <https://usa.visa.com/dam/VCOM/global/support-legal/documents/merchant-surcharging-qa-for-web.pdf>.

## **XI. ATTACHMENTS**

Attachment A: Offeror Data Sheet

Attachment B: Small, Women, and Minority-owned Business (SWaM) Utilization Plan

Attachment C: Standard Contract Sample

Attachment D: Zone Map

Attachment E: AFLAC Supplemental Insurance Data

ATTACHMENT A

OFFEROR DATA SHEET

TO BE COMPLETED BY OFFEROR

1. QUALIFICATIONS OF OFFEROR: Offerors must have the capability and capacity in all respects to fully satisfy the contractual requirements.
2. YEARS IN BUSINESS: Indicate the length of time you have been in business providing these types of goods and services.

Years \_\_\_\_\_ Months \_\_\_\_\_

3. REFERENCES: Indicate below a listing of at least five (5) organizations, either commercial or governmental/educational, that your agency is servicing. Include the name and address of the person the purchasing agency has your permission to contact.

CLIENT	LENGTH OF SERVICE	ADDRESS	CONTACT PERSON/PHONE #
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4. List full names and addresses of Offeror and any branch offices which may be responsible for administering the contract.

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5. RELATIONSHIP WITH THE COMMONWEALTH OF VIRGINIA: Is any member of the firm an employee of the Commonwealth of Virginia who has a personal interest in this contract pursuant to the [CODE OF VIRGINIA](#), SECTION 2.2-3100 – 3131?

YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

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ATTACHMENT B

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Offeror Name: \_\_\_\_\_ Preparer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Is your firm a **Small Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

Is your firm a **Woman-owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

Is your firm a **Minority-Owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

Is your firm a **Micro Business** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, certification number: \_\_\_\_\_ Certification date: \_\_\_\_\_

**Instructions:** *Populate the table below to show your firm's plans for utilization of small, women-owned and minority-owned business enterprises in the performance of the contract. Describe plans to utilize SWAMs businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.*

**Small Business:** "Small business " means a business, independently owned or operated by one or more persons who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

**Woman-Owned Business Enterprise:** A business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified women-owned businesses are also a small business enterprise.**

**Minority-Owned Business Enterprise:** A business concern which is at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified minority-owned businesses are also a small business enterprise.**

**Micro Business** is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees AND no more than \$3 million in average annual revenue over the three-year period prior to their certification.

**All small, women, and minority owned businesses must be certified by the Commonwealth of Virginia Department of Small Business and Supplier Diversity (SBSD) to be counted in the SWAM program. Certification applications are available through SBSD at 800-223-0671 in Virginia, 804-786-6585 outside Virginia, or online at <http://www.sbsd.virginia.gov/> (Customer Service).**

***RETURN OF THIS PAGE IS REQUIRED***



ATTACHMENT C



COMMONWEALTH OF VIRGINIA  
STANDARD CONTRACT

Contract No. \_\_\_\_\_

This contract entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From \_\_\_\_\_ through \_\_\_\_\_

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposals dated \_\_\_\_\_:
  - (a) The Statement of Needs,
  - (b) The General Terms and Conditions,
  - (c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
  - (d) List each addendum that may be issued
- (3) The Contractor's Proposal dated \_\_\_\_\_ and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
  - (a) Negotiations summary dated \_\_\_\_\_.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

PURCHASING AGENCY:

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

ATTACHMENT D

Zone Map



Virginia Association of State College & University Purchasing Professionals (VASCUPP)

List of member institutions by zones

<b>Zone 1</b> George Mason University (Fairfax)	<b>Zone 2</b> James Madison University (Harrisonburg)	<b>Zone 3</b> University of Virginia (Charlottesville)
<b>Zone 4</b> University of Mary Washington (Fredericksburg)	<b>Zone 5</b> College of William and Mary (Williamsburg)	<b>Zone 6</b> Virginia Commonwealth University (Richmond)
<b>Zone 7</b> Longwood University (Farmville)	<b>Zone 8</b> Virginia Military Institute (Lexington) Virginia Tech (Blacksburg) Radford University (Radford)	<b>Zone 9</b> University of Virginia - Wise (Wise)

ATTACHMENT E  
AFLAC Supplemental Insurance Data

AFLAC supplemental policies pay cash benefits directly to the insured. Employees choose the policy(ies) that best suit their needs and have the premiums payroll deducted.

Below we have listed the five plans offered at James Madison University along with a brief description of each plan:

- **Accident Plan** - Provides benefits for any type of accident including bee stings, sprains, breaks, or poison ivy. It pays for the initial visit and follow-ups. This plan includes a yearly wellness benefit of \$60 for getting a checkup or physical.
- **Cancer Plan** - Features a first occurrence benefit, hospital confinement and outpatient treatment benefits. Each covered person receives a \$75 yearly wellness benefit for getting diagnostic tests (mammogram, pap smear, chest x-rays, PSA, ThinPrep and virtual colonoscopy).
- **Critical Care** - Aflac's Critical Care Protection helps employees recuperate without the stress or worry over financial setbacks. It covers incidents such as heart attack, stroke and more. It pays cash benefits directly to the policyholder even if you're NOT admitted to an intensive care unit. No lifetime maximum and guaranteed-renewable.
- **Hospital Protection** - Most major medical insurance is not designed to cover all hospitalization costs, and when a hospital stay is necessary the immediate cost of care can be more than people are prepared for. Aflac's Hospital Advantage can help to cover those unforeseen costs with real cash benefits to the policyholder. Payment is made for any sickness or injury that requires hospital confinement, ER visit, or surgery.

**JMU semi-monthly pre-taxed premiums are listed below:**

<b><u>Accident</u> Ages 18-75</b>	<b>Individual</b>	<b>Insured &amp; Spouse</b>	<b>1-Parent Family</b>	<b>Two- Parent Family</b>
	\$10.99	\$15.60	\$18.46	\$23.92

<b><u>Cancer</u> Ages 18-70</b>	<b>Individual</b>	<b>Insured &amp; Spouse</b>	<b>1-Parent Family</b>	<b>Two- Parent Family</b>
	\$13.45	n/a	\$16.45	\$22.75
<i>Specified Disease Rider (optional)</i>	\$.50	n/a	\$.75	\$1.00
<i>Building Benefit Rider (optional)</i>	\$1.50	n/a	\$2.25	\$3.25

<b><u>Critical Care</u></b>	<b>Individual</b>	<b>Insured &amp; Spouse</b>	<b>1-Parent Family</b>	<b>Two- Parent Family</b>
<b>Ages 18-35</b>	\$4.68	\$6.70	\$5.20	\$7.74

<b>Ages 36-45</b>	\$7.28	\$11.18	\$7.54	\$12.35
<b>Ages 46-55</b>	\$10.14	\$16.77	\$10.47	\$18.20
<b>Ages 56-70</b>	\$13.65	\$24.57	\$13.98	\$26.26

<b><u>Hospitalization</u></b>	<b>Individual</b>	<b>Insured &amp; Spouse</b>	<b>1-Parent Family</b>	<b>Two-Parent Family</b>
<b>Ages 18-75</b>	\$26.78	\$44.85	\$36.08	\$47.26

Short-term disability plan for accident/sickness on a semi-monthly after-tax basis.

<b>Short-term Disability</b>			Elimination Period Accident/Sickness – 0/14 days							
<b>Annual Income</b>	<b>\$20,000</b>	<b>\$22,000</b>	<b>\$24,000</b>	<b>\$26,000</b>	<b>\$28,000</b>	<b>\$30,000</b>	<b>\$32,000</b>	<b>\$34,000</b>	<b>\$36,000</b>	<b>\$38,000</b>
	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
<b>Age</b>										
<b>18-49</b>	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
<b>50-64</b>	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52
<b>65-74</b>	\$29.25	\$32.18	\$35.10	\$38.03	\$40.95	\$43.88	\$46.80	\$49.73	\$52.65	\$55.58
<b><i>Benefit Period 12 months</i></b>										



October 26, 2020

**ADDENDUM NO.: One**

**TO ALL OFFERORS:**

**REFERENCE:** Request for Proposal No: **RFP# LBS-1090**  
Dated: October 7, 2020  
Commodity: Employee Voluntary Benefits/Services  
RFP Closing On: ~~November 4, 2020 at 2:00 pm EST~~  
**November 10, 2020 at 2:00 pm EST**

Please note the clarifications and/or changes made on this proposal program:

1. Question: Please provide either A) a census in Excel format of eligible participants with their Age or Date of Birth, gender (male/female), and Hire Date, or B) a summary census broken down by age bands and gender (male/female).

**Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.**

2. Question Can you provide a census on all part time and full time eligible employees? The census data should consist of:
  1. Gender
  2. Date of Birth

**Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.**

3. Question: Please describe any enrollment issues or billing problems that JMU experiences now with the voluntary benefit program.

**Answer: JMU has in the past experienced issues with seamless enrollment changes as it relates to payroll accounting. These are currently resolved.**

4. Question: Who is JMU’s current broker/advisor for the AFLAC program?

**Answer: JMU contracts directly with AFLAC.**

5. Question: How are voluntary benefits enrolled now, online or through worksite meetings?

MSC 5720  
752 Ott Street, Room 1042  
Wine Price Building  
Harrisonburg, VA 22807  
Office of 540.568.3145 Phone  
PROCUREMENT SERVICES 540.568.7935 Fax

**Answer:** Enrollment is currently done online *and* through worksite meetings. JMU's preference is for Contractors to provide both types of enrollment with on-campus meetings offered monthly.

6. Question: Can you please provide any more details on the AFLAC plans, such as a benefits booklet or certificate of coverage document?

**Answer:** The AFLAC benefit brochures are attached.

7. Question: Will JMU allow advisors/TPAs to quote AFLAC's newer voluntary benefit programs, which have several advantages over their older programs?

**Answer:** JMU invites all offerors to submit a proposal that can provide voluntary benefit services as described in RFP# LBS-1090. Offerors should clearly outline all associated administrative fees as well as benefit/service cost.

8. Question: To help quote competitive short-term disability, legal and home & auto, can you please provide us with an employee census (Gender, Date of Birth, Salary, occupation, and zip-code) in excel format?

**Answer:** A Summary Census (Excel file) with eligible employees YOB and gender titled "YOB GENDER all active employees ft pt" is attached.

9. Question: How many of the 793 part-time employees are eligible for coverage and/or payroll deduction access?

**Answer:** All part-time employees would be eligible for these coverages, if they meet the requirements established by the plan. All voluntary benefits are currently payroll deducted.

10. Question: Can you provide a claims report for AFLAC disability that includes the open, closed, and incurred claims for the previous three years?

**Answer:** This is not being shared publicly by AFLAC due to HIPAA concerns.

11. Question: For the in-force carriers in place, could you provide us a copy of the Summary plan description (SPDs)/certificate of coverage and benefit booklets for each of the plans?

**Answer:** Benefits booklets are attached. Home, Pet, and Auto Insurance are individually written policies.

12. Question: What is the accumulated sick leave policy for JMU?

**Answer:** Classified employees participate in either the [Virginia Sickness & Disability Plan](#) or the [Traditional Sick Leave Plan](#) through the Commonwealth of Virginia, based on date of hire. Administrative & Professional Faculty and Instructional faculty have the choice of either the Virginia Sickness & Disability Plan or the [JMU Faculty & Sickness Disability Plan](#).

13. Question: Can you provide us the number of participants enrolled in each plan, and the total annual premium for each line of coverage?

**Answer:**

**AFLAC: Refer to RFP# LBS-1090, Attachment E for all AFLAC current policy rates. Current enrollment counts are as follow:**

**Accident- 186  
 Cancer- 181  
 Hospital- 92  
 Short-Term Disability- 8  
 Critical Care- 34**

**MetLife:**

	<b>Current Enrollment</b>	<b>Earned Premiums (Oct 2019-Sept 2020)</b>		
<b>Home Owners</b>	<b>7</b>	<b>\$4,220</b>		
<b>Pet Insurance</b>	<b>14</b>	<b>\$5,504.20</b>		
<b>Auto</b>	<b>11</b>	<b>\$11,018</b>		
<b>Renters</b>	<b>0</b>	<b>0</b>		

**LegalShield:**

	<b>Current Enrollment</b>	<b>Total Annual Premium/Each</b>
<b>Individual Legal</b>	<b>1</b>	<b>\$179.28</b>
<b>Family Legal</b>	<b>5</b>	<b>\$191.40</b>
<b>Individual IDShield</b>	<b>8</b>	<b>\$101.28</b>
<b>Family IDShield</b>	<b>26</b>	<b>\$191.28</b>
<b>Individual Legal &amp; IDShield Combo</b>	<b>1</b>	<b>280.80</b>
<b>Family Legal &amp; IDShield Combo</b>	<b>10</b>	<b>\$346.80</b>

**Financial Integrity Resources Management (FIRM)**

	<b>Current Enrollment</b>	<b>Estimated Annual Program</b>

		<b>Contribution</b>
<b>Virginia 529 College</b>	<b>30</b>	<b>\$80,500</b>
<b>ABLE Tax-advantage Savings Plan for individuals with disabilities</b>	<b>0</b>	<b>0</b>

14. Question: What is the effective start date of the new contract?

**Answer: The specific contract start date is unknown at this time but anticipated to be prior to April 2021.**

15. Question: When do you anticipate implementation and marketing (open enrollment) of the selected voluntary programs?

**Answer: JMU anticipates open enrollment in May 2021 along with health insurance and FSAs.**

16. Question: To help us understand appropriate voluntary benefit plan design, can you please provide us a summary plan description including deductibles on your core major medical insurance?

**Answer: Various core major medical health insurance plans are offered through the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>**

17. Question: Who is the current administrator for the Section 125 pre-tax benefits?

**Answer: There are four (4) pre-tax plans offered by the University and all are through AFLAC. Refer to RFP LBS 1090, Attachment E for this information in regards to AFLAC plans.**

18. Question: Is the Section 125 administrator for pretax voluntary provided and/or paid by AFLAC? a. If yes, would you expect selected vendor to provide same Section 125 plan document and administrative service at no cost to JMU?

**Answer: Yes, AFLAC provides pretax administration. Offerors should outline any applicable administrative cost within their proposals.**

19. Question: What is the Section 125 Plan year?

**Answer: July 1 – June 30 (fiscal year)**

20. Question: What are the Section 125 open enrollment dates?

**Answer: May 1-15 each year**

21. Question: How many benefit fairs and locations do you expect carrier participation?

**Answer: JMU typically has an annual benefits fair at one central location. Our carriers are on campus monthly to provide one-on-one meetings.**

22. Question: Will employees at these sites be permitted to attend group and/or individual meetings? Will there be rooms available to conduct these meetings?

**Answer: Employees are allowed time away from work to attend HR-sponsored events such as the benefits fair. Additionally, employees are allowed time away from work to attend individual benefit-related meetings. For those monthly visits by vendors, we do have one central meeting room available in the Human Resource Office.**

23. Question: Are there any specific goals/ improvement opportunities that JMU recognizes as important?

**Answer: The university is committed to offering a variety of robust voluntary benefits. The preference is to make all voluntary benefits offered available to all employees, whether full or part-time.**

24. Question: Are any of the current plans offered pre-tax? If so, which plans?

**Answer: There are four (4) pre-tax plans offered by the University and all are through AFLAC. Refer to RFP LBS 1090, Attachment E for this information in regards to AFLAC plans.**

25. Question: Would JMU consider an offer that includes FSA administration?

**Answer: JMU employees have the option to participate in an FSA through the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/flexible-spending-accounts>**

26. Question: Would JMU consider offering all plans, including core, through one full services benefits administration platform?

**Answer: No. Core medical insurance is offered to employees by the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>**

27. Question: Can you provide a copy of your current medical plan?

**Answer: Various major medical plans are offered through the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>**

28. Question: Who is your payroll vendor?

**Answer: JMU's Payroll Department handles all university payroll.**

29. Question: Assuming you offer an HSA, are your current plans HSA compatible?

**Answer: JMU does not offer employees an HSA.**

30. Question: Will the current policies remain on payroll deduction or will employees be encouraged to keep plans individually if they do not want to update their coverage?

**Answer: Current policies will not continue to remain on payroll deduction. Employees that elect to keep their current plans would manage them individually.**

31. Question: What other disability coverage is offered to JMU employees in addition to the AFLAC plan? Can you provide details?

**Answer: Classified employees participate in either the [Virginia Sickness & Disability Plan](#) or the [Traditional Sick Leave Plan](#) through the Commonwealth of Virginia, based on date of hire. Administrative & Professional Faculty and Instructional faculty have the choice of either the Virginia Sickness & Disability Plan or the [JMU Faculty & Sickness Disability Plan](#)**

32. Question: What are your expectations regarding benefit plan year and open enrollment dates?

**Answer: The benefit plan year will be based on the fiscal year (July – June). Open enrollment for state health benefits, FSAs, and supplemental health insurance is May 1-15.**

33. Question: To ensure a competitive offer for Short-term Disability, the following census information is requested:

- DOB/Age
- Gender
- Salary
- Occupation
- Class
- An identifier (name or EE ID)

**Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.**

34. Question: Please provide a copy of booklet or certificate for the current Short-Term Disability plan.

**Answer: The AFLAC benefit brochures are attached.**

35. Question: Is the group looking for group voluntary products or individually owned voluntary products?

**Answer: Individually owned voluntary products.**

36. Question: Will you accept bids from multiple requesters or one per company?

- Answer: Offerors should include all proposed voluntary benefits/services in one (1) response to RFP# LBS-1090. JMU reserves the right to select from amongst the offered benefits/services and to make multiple awards for RFP# LBS-1090.**
37. Question: Can you provide the full benefit plans of the current voluntary coverages?
- Answer: Benefits booklets are attached. Home, Pet, and Auto Insurance are individually written policies.**
38. Question: Do plans need to be HSA compliant?
- Answer: No.**
39. Question: Please provide a census that includes DOB, gender, salary, and job title.
- Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.**
40. Question: When is open enrollment?
- Answer: May 1-15**
41. Question: When is the effective date for the Supplemental Health Insurance?
- Answer: July 1**
42. Question: Will Supplemental Health Insurance enrollment be aligned with Core enrollment?
- Answer: Yes.**
43. Question: Will the incumbent voluntary benefits continue to be payroll deducted or will they be removed from payroll?
- Answer: Current policies will not continue to remain on payroll deduction. Employees that elect to keep their current plans would manage them individually.**
44. Question: Can you describe the current method used for open enrollment?
- Answer: Employees are sent email communication, as well as mailed communications. Employees enrolled in text messaging also receive a text reminder. Human Resources creates an open enrollment website. Group meetings and face-to-face meetings are scheduled.**
45. Question: Will the selected vendor be allowed to conduct group meetings and meet with each employee face-to-face (in-person or virtually)?
- Answer: Employees may voluntarily schedule one-on-one meetings. COVID guidelines will dictate whether the meetings are in-person or virtual.**
46. Question: What HR/payroll system is currently being used?

**Answer: PeopleSoft Release 9.2.**

47. Question: What enrollment technology platform is used? Please describe how that vendor/administrator would work with us to enroll and administer our products efficiently?

**Answer: Email communication as well as mailed communications would be used, as well as the HR benefits website. Employees enrolled in text messaging would also receive a text reminder. Voluntary group meetings and face-to-face meetings would be scheduled for interested employees.**

48. Question: What effective date is JMU targeting for roll-out/enrollments?

**Answer: JMU anticipates open enrollment May 1-15, 2021**

49. Question: Is JMU interested in Long Term Care policies?

**Answer: JMU is interested in seeing additional voluntary benefits services in addition to the ones that we already offer.**

50. Question: Does the University have a requirement or preference as to how supporting documentation (e.g. organizational chart or plan details) should be included in responses?

**Answer: It is preferred that responses appear directly beneath the questions, if possible. Plan documents, organizational charts, or other multi-page items can be included as an attachment.**

51. Question: Does the University have a preference as to how our responses to the questions for "Other Voluntary Benefits Services" on page 3 are formatted? Will you accept a pdf of the questions and our responses?

**Answer: It is preferred that responses appear directly beneath the questions, if possible.**

**The University requires hardcopy, sealed proposals be mailed, express mailed, or hand delivered directly to the University as specified on the signature page of RFP# LBS-1090. Refer to Section V. Proposal Preparation and Submission for instructions regarding including electronic proposal versions with the hardcopy proposal.**

52. Question: Will an electronic version of our proposal suffice? Or are printed/mailed copies mandated?

**Answer: The University requires hardcopy, sealed proposals be mailed, express mailed, or hand delivered directly to the University as specified on the signature page of RFP# LBS-1090. Refer to Section V. Proposal Preparation and Submission for instructions regarding including electronic proposal versions with the hardcopy proposal.**

53. Question: Our firm provides Long Term Disability to several universities in the state for employees who participate in the optional Retirement programs often managed by TIAA. Typically these are the faculty members. Does JMU provide a long term disability option to your optional retirement plan participants or is everyone including the Faculty covered by VRS?

Answer: **JMU offers a voluntary long-term disability plan to faculty members who are not enrolled in the Virginia Sickness & Disability Plan, as well as to classified employees in the Traditional Sick Leave Plan. Offeror should provide details on any voluntary long-term disability plans they are offering.**

54. Question: The RFP states that the University will consider payroll deduction as the method of payment for voluntary benefits/services. Are you able to confirm if the Supplemental Health plans will be payroll deducted?

Answer: **It is JMU's preference that the Contractor provide payroll deduction combined with direct billing for supplemental health insurance premiums. This is the current practice at JMU so that when an employee experiences a lapse in paychecks (e.g. long holidays or leave of absence), the current provider will direct bill the employee. The direct bill option also allows for plans to be portable if the employee terminates employment with the University. Offerors should provide detail on their plan and options for managing employee premium payments and any responsibilities that JMU Payroll would have in the process.**

55. Question: Can you provide Census data for everyone currently on any voluntarily insurance policy?

Answer: **A Summary Census (Excel file) with eligible employees YOB and gender titled "YOB GENDER all active employees ft pt" is attached.**

56. Question: Can you provide claims data for the last 24-36 months?

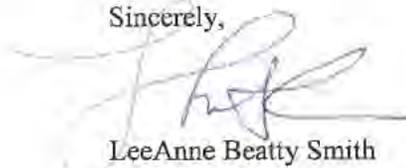
Answer: **This is not being shared publicly by AFLAC due to HIPAA concerns.**

57. Question: Can you provide any High Cost Claimants for the last 24-36 Months?

Answer: **This is not being shared publicly by AFLAC due to HIPAA concerns.**

Signify receipt of this addendum by initialing "Addendum #1 \_\_\_\_" on the signature page of your proposal.

Sincerely,



LeeAnne Beatty Smith  
Buyer Senior  
Phone: 540-568-7523



November 5, 2020

**ADDENDUM NO.: TWO**

**TO ALL OFFERORS:**

**REFERENCE:** Request for Proposal No: **RFP# LBS-1090**  
Dated: October 7, 2020  
Commodity: Employee Voluntary Benefits/Services  
RFP Closing On: ~~November 4, 2020 at 2:00 pm EST~~  
~~November 10, 2020 at 2:00 pm EST~~  
**November 12, 2020 at 2:00 pm EST**

Please note the clarifications and/or changes made on this proposal program:

**The closing date and time has been extended to November 12, 2020 at 2:00 pm EST.**

1. Question: Would JMU be interested in developing and implementing employee financial education programs or financial wellness training?  
**Answer: JMU is not interested in acquiring training and development services for our employees.**
  
2. Question: Is it possible to get census data to include hire date and home zip code?  
**Answer: An excel file with this data is attached.**
  
3. Question: Can you provide a census of the Optional Retirement Plan employees who are participating in the plan with UNUM for Long Term Disability? Fields needed are Gender, Date of Birth, Job Description, and Annual Salary.  
**Answer: JMU will not be sharing this information publicly.**
  
4. Question: Can you provide a copy of the most recent renewal from UNUM that outlines the rates in force and claims utilization information from the past five (5) years for Long Term Disability?  
**Answer: A summary of LTD premiums and claims is attached as a separate document.**
  
5. Question: Can you provide a copy of the UNUM certification of coverage so we can provide a similar or strengthened plan for employees?  
**Answer: The UNUM certification of coverage is attached as a separate document.**

MSC 5720  
752 Ott Street, Room 1042  
Wine Price Building  
Harrisonburg, VA 22807  
Office of 540.568.3145 Phone  
PROCUREMENT SERVICES 540.568.7935 Fax

6. Question: Do you have any SWAM vendors or spending being used now that you would like to continue receiving funding?

**Answer: No.**

7. Question: Do you anticipate extending the bid due date?

**Answer: The closing date has been extended until November 12, 2020 at 2:00 pm EST.**

8. Question: What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?

**Answer: Reference RFP# LBS-1090, Section IV- Evaluation and Award Criteria. No additional details will be provided.**

9. Question: Was this bid posted to the nationwide free bid notification website at [www.mygovwatch.com](http://www.mygovwatch.com)?

**Answer: No.**

10. Question: Other than your own website, where was this bid posted?

**Answer: RFP# LBS-1090 was posted on [www.eva.virginia.gov](http://www.eva.virginia.gov)**

11. **Question:** Our question is in regards to this request: "Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: [www.VASCUPP.org](http://www.VASCUPP.org)."

Can you clarify how you define "sales your company had"? Is this gross revenue, net revenue, amount of members, etc?

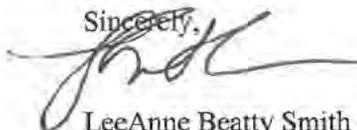
**Answer: JMU defines "sales your company had" as the gross revenue collected by your firm from each VASCUPP institution.**

12. Question: We are an independent Insurance broker, and have two carriers who are interested in submitting responses to JMU, in partnership with our firm. Is it acceptable for us to submit two proposals (as the lead), both for the area of Supplemental Life?

**Answer: Yes.**

Signify receipt of this addendum by initialing "Addendum #2 \_\_\_\_\_" on the signature page of your proposal.

Sincerely,



LeeAnne Beatty Smith  
Buyer Senior  
Phone: 540-568-7523