



**JAMES MADISON
UNIVERSITY.**

CONTRACT RENEWAL LETTER

Date: January 25, 2024
Contract#: UCPJMU6003
Service: Voluntary Supplemental Health Insurance
Renewal Period: 4/5/2024 to 4/4/2025
Renewal#: 3 of 7 One-Yr
Issued By: James Madison University
Dana Simmers, Buyer Senior Ph: 540-568-5113
Fx: 540-568-7935
Contractor: American Family Life Assurance Company of
Columbus (Aflac)
Attn: Keith Farley
1932 Wynnton Road
Columbus, Georgia 31999
Contract Administrator: Julie Byers, Human Resources

Description of Renewal Notice:

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

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

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

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

By: *Keith Farley*

Keith Farley

Name (print)

Senior VP, Individual Voluntary Benefits 1/25/24

Title

Date Signed

James Madison University

By: *Dana Simmers*

Dana Simmers, CUPÔ

Name (print)

Buyer Senior

Title

1/25/24
Date Signed

Contract #: UCPJMU6003

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

Renewal Period: 4/5/2024 – 4/4/2025

Commodity: Voluntary Supplemental Health Insurance

Pricing Schedule

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

<u>Accident Advantage Plan (A36000)</u>				
Semi-Monthly Rates				
<i>Coverage Type- Ages 18-75</i>	<i>Option 1 Base Plan</i>	<i>Option 2 Base Plan</i>	<i>Option 3 Base Plan</i>	<i>Option 4 Base Plan</i>
Individual	\$6.64	\$8.65	\$10.99	\$12.55
Insured & Spouse	\$9.04	\$12.29	\$15.60	\$17.94
One-Parent Family	\$10.34	\$14.63	\$18.46	\$21.52
Two-Parent Family	\$13.52	\$19.11	\$23.92	\$28.08
* Optional Accident Benefit Rider (ages 18-70)				
Individual	\$2.15			
Insured & Spouse	\$2.99			
One-Parent Family	\$2.41			
Two-Parent Family	\$3.38			

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

<u>Hospital Confinement Indemnity Plan (A49000)</u>					
Semi-Monthly Rates					
<i>Essentials Plan</i>					
<i>Coverage Type</i>	<i>Ages</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>	<i>Option 4</i>

Individual	18 – 75	\$8.97	\$12.74	\$16.45	\$20.93
One-Parent Family	18 – 75	\$12.09	\$19.05	\$22.88	\$27.56
Insured & Spouse	18 – 75	\$12.87	\$20.54	\$26.78	\$35.17
Two-Parent Family	18 – 75	\$14.37	\$23.34	\$29.51	\$36.21
Preferred Plan					
<i>Coverage Type</i>	<i>Ages</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>	<i>Option 4</i>
Individual	18-75	\$15.15	\$18.85	\$22.23	\$26.78
One-Parent Family	18-75	\$20.61	\$27.50	\$31.33	\$36.08
Insured & Spouse	18-75	\$22.49	\$30.16	\$36.47	\$44.85
Two-Parent Family	18-75	\$25.42	\$34.39	\$40.63	\$47.26
Select 1500					
<i>Coverage Type</i>	<i>Ages</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>	<i>Option 4</i>
Individual	18-75	\$20.80	\$24.51	\$27.95	\$32.44
One-Parent Family	18-75	\$27.17	\$34.13	\$37.96	\$42.71
Insured & Spouse	18-75	\$31.53	\$39.20	\$45.44	\$53.89
Two-Parent Family	18-75	\$34.06	\$43.10	\$49.27	\$55.90
Select 2000					
<i>Coverage Type</i>	<i>Ages</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>	<i>Option 4</i>
Individual	18-75	\$26.39	\$30.10	\$33.54	\$38.03
One-Parent Family	18-75	\$33.80	\$40.76	\$44.59	\$49.27
Insured & Spouse	18-75	\$40.63	\$48.30	\$54.54	\$62.99
Two-Parent Family	18-75	\$42.71	\$51.68	\$57.85	\$64.55

<u>Critical Care Protection Plan (A74000)</u>						
Semi-Monthly Rates						
<i>Coverage Type</i>	<i>Ages</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>First Occurrence Building Benefit Rider</i>	<i>Specified Health Event Recovery Benefit Rider</i>
Individual	18 – 35	\$4.68	\$8.45	\$8.91	\$1.17	\$0.59
	36 – 45	\$7.28	\$12.03	\$12.61	\$2.15	\$1.43

	46 – 55	\$10.14	\$16.38	\$18.59	\$2.54	\$2.34
	56 – 70	\$13.65	\$21.13	\$25.74	\$2.80	\$3.32
Insured + Spouse	18 – 35	\$6.70	\$16.25	\$17.10	\$2.34	\$1.17
	36 – 45	\$11.18	\$21.13	\$22.62	\$4.29	\$2.41
	46 – 55	\$16.77	\$28.47	\$34.84	\$5.07	\$4.03
	56 – 70	\$24.57	\$39.65	\$49.66	\$5.59	\$6.18
One Parent Family	18 – 35	\$5.20	\$14.37	\$15.15	\$1.24	\$0.65
	36 – 45	\$7.54	\$17.03	\$17.88	\$2.28	\$1.43
	46 – 55	\$10.47	\$21.91	\$23.01	\$2.60	\$2.34
	56 – 70	\$13.98	\$28.80	\$32.44	\$2.93	\$3.38
Two-Parent Family	18 – 35	\$7.74	\$18.46	\$19.37	\$2.41	\$1.24
	36 – 45	\$12.35	\$23.47	\$24.64	\$4.42	\$2.60
	46 – 55	\$18.20	\$31.33	\$36.92	\$5.14	\$4.36
	56 – 70	\$26.26	\$43.03	\$53.17	\$5.72	\$6.50

Aflac Hospital Choice Plan (B40000)*

Semi-Monthly Rates

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

Confinement Amount \$500

Semi-Monthly Rates

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

	60 – 75	11.05	11.44	17.88
Two – Parent Family	18 – 49	12.03	13.98	16.19
	50 – 59	12.29	14.24	21.39
	60 – 75	12.55	14.82	29.51

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

Confinement Amount \$1,500				
Semi-Monthly Rates				

<i>Coverage Type</i>	<i>Age</i>	<i>Base Plan</i>	<i>Extended Benefits Rider</i>	<i>Hospital Stay and Surgical Care Rider</i>
Individual	18 – 49	18.01	5.46	8.65
	50 – 59	18.20	6.24	11.12
	60 – 75	19.11	6.31	14.50
Insured & Spouse	18 – 49	26.26	11.51	15.86
	50 – 59	27.76	12.94	22.04
	60 – 75	30.16	13.07	27.63
One – Parent Family	18 – 49	22.36	10.92	12.03
	50 – 59	22.62	11.18	13.65
	60 – 75	22.88	11.44	17.88
Two – Parent Family	18 – 49	26.52	13.98	16.19
	50 – 59	28.02	14.24	21.39
	60 – 75	30.42	14.82	29.51

<i>Confinement Amount \$2,000</i>				
Semi-Monthly Rates				
<i>Coverage Type</i>	<i>Age</i>	<i>Base Plan</i>	<i>Extended Benefits Rider</i>	<i>Hospital Stay and Surgical Care Rider</i>
Individual	18 – 49	23.99	5.46	8.65
	50 – 59	24.25	6.24	11.12
	60 – 75	25.68	6.31	14.50
Insured & Spouse	18 – 49	35.82	11.51	15.86
	50 – 59	37.77	12.94	22.04

	60 – 75	41.47	13.07	27.63
One – Parent Family	18 – 49	29.58	10.92	12.03
	50 – 59	29.77	11.18	13.65
	60 – 75	30.03	11.44	17.88
Two – Parent Family	18 – 49	36.01	13.98	16.19
	50 – 59	38.03	14.24	21.39
	60 – 75	41.73	14.82	29.51

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

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

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

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

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

<u>Short-Term Disability Plan (A57600)</u>								
Industry Class A-0/14 Elimination Period								
Semi-Monthly Rates								
Annual Income		\$9,000 \$500	\$12,000 \$600	\$12,000 \$7000	\$16,000 \$800	\$18,000 \$900	\$20,000 \$1,000	\$22,000 \$1,100
Benefit Period	Age							
12-months	18 – 49	\$8.78	\$10.53	\$12.29	\$14.04	\$15.80	\$17.55	\$19.31
	50 – 64	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88
	65 – 74	\$14.63	\$17.55	\$20.48	\$23.40	\$26.33	\$29.25	\$32.18
Annual Income		\$24,000 \$1,200	\$26,000 \$1,300	\$28,000 \$1,400	\$30,000 \$1,500	\$32,000 \$1,600	\$34,000 \$1,700	\$36,000 \$1,800
Benefit Period	Age							
12-	18 – 49	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59
	50 – 64	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44

months	65 – 74	\$35.10	\$38.03	\$40.95	\$43.88	\$46.80	\$49.73	\$52.65
Annual Income		\$38,000 \$1,900	\$40,000 \$2,000	\$42,000 \$2,100	\$44,000 \$2,200	\$46,000 \$2,300	\$48,000 \$2,400	\$50,000 \$2,500
Benefit Period	Age							
12-	18 – 49	\$33.35	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12	\$43.88
months	50 – 64	\$39.52	\$41.60	\$43.68	\$45.76	\$47.84	\$49.92	\$52.00
	65 – 74	\$55.58	\$58.50	\$61.43	\$64.35	\$67.28	\$70.20	\$73.13
Annual Income		\$52,000 \$2,600	\$54,000 \$2,700	\$56,000 \$2,800	\$58,000 \$2,900	\$60,000 \$3,000	\$61,000 \$3,100	\$63,000 \$3,200
Benefit Period	Age							
12-	18 – 49	\$45.63	\$47.39	\$49.14	\$50.90	\$52.65	\$54.41	\$56.16
months	50 – 64	\$54.08	\$56.16	\$58.24	\$60.32	\$62.40	\$64.48	\$66.56
	65 – 74	\$76.05	\$78.98	\$81.90	\$84.83	\$87.75	\$90.68	\$93.60
Annual Income		\$68,000 \$3,300	\$73,000 \$3,400	\$78,000 \$3,500	\$82,000 \$3,600	\$87,000 \$3,700	\$92,000 \$3,800	\$97,000 \$3,900
Benefit Period	Age							
12-	18 – 49	\$57.92	\$59.67	\$61.43	\$63.18	\$64.94	\$66.69	\$68.45
months	50 – 64	\$68.64	\$70.72	\$72.80	\$74.88	\$76.96	\$79.04	\$81.12
	65 – 74	\$96.53	\$99.45	\$102.38	\$105.30	\$108.23	\$111.15	\$114.08
Annual Income		\$102,000 \$4,000	\$106,000 \$4,100	\$111,000 \$4,200	\$116,000 \$4,300	\$121,000 \$4,400	\$126,000 \$4,500	\$130,000 \$4,600
Benefit Period	Age							
12-	18 – 49	\$70.20	\$71.96	\$73.71	\$75.47	\$77.22	\$78.98	\$80.73
months	50 – 64	\$83.20	\$85.28	\$87.36	\$89.44	\$91.52	\$93.60	\$95.68
	65 – 74	\$117.00	\$119.93	\$122.85	\$125.78	\$128.70	\$131.63	\$134.55
Annual Income		\$135,000 \$4,700	\$140,000 \$4,800	\$145,000 \$4,900	\$149,000 \$5,000	\$153,000 \$5,100	\$156,000 \$5,200	\$159,000 \$5,300
Benefit Period	Age							
12-	18 – 49	\$82.49	\$84.24	\$86.00	\$87.75	\$89.51	\$91.26	\$93.02
months	50 – 64	\$97.76	\$99.84	\$101.92	\$104.00	\$106.08	\$108.16	\$110.24
	65 – 74	\$137.48	\$140.40	\$143.33	\$146.25	\$149.18	\$152.10	\$155.03
Annual Income		\$162,000 \$5,400	\$165,000 \$5,500	\$168,000 \$5,600	\$171,000 \$5,700	\$174,000 \$5,800	\$177,000 \$5,900	\$180,000 \$6,000
Benefit Period	Age							
	18 – 49	\$94.77	\$96.53	\$98.28	\$100.04	\$101.79	\$103.55	\$105.30

12- months	50 – 64	\$112.32	\$114.40	\$116.48	\$118.56	\$120.64	\$122.72	\$124.80
	65 – 74	\$157.95	\$160.88	\$163.80	\$166.73	\$169.65	\$172.58	\$175.50

For individual plans, as long as premiums are paid, the Contractor shall continue coverage regardless of the number of claims filed or the amount of benefits the policyholder receives. All individual plans are portable at the same payroll rates, as long as one month of premium has been remitted to the Contractor, through payroll deduction when employees leave or retire from the Purchasing Agency.

2. No other fees shall apply other than those identified