CAPE FEAR COMMUNITY COLLEGE

2027 BENEFITS GUIDE



FFGA Benefit Solutions Simplified

aetna®

SCAN ME

Employee Benefits Center:
ffbenefits.ffga.com/cfcc

Perry Spinelli, *Account Administrator*
800-924-3539
perry.spinelli@ffga.com

CFCC Benefits Office
910-362-7864
benefits@cfcc.edu

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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Contact Information

Product	Carrier	Website	Phone
Medical	North Carolina State Health Plan - Aetna	www.shpnc.org	833-690-1037
Dental	Delta Dental NC	www.DeltaDentalNC.com	800-662-8856
Vision	Community Eye Care	www.cecvision.com	888-254-4290
Flexible Spending Account	FFGA	www.ffga.com	866-853-3539
Individual Term Life	AFA	www.americanfidelity.com	800-662-1113
Voluntary Group Term Life	Dearborn Group	www.mydearborngroup.com	800-721-7987
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Short Term Disability	Manhattan Life	www.manhattanlife.com	800-669-9030
Long Term Disability	The Standard	www.standard.com	800-368-1135
Group Cancer	AFA	www.americanfidelity.com	800-662-1113
Critical Illness	Aetna	www.aetna.com	800-800-8121
Accident	Aetna	www.aetna.com	800-800-8121
Hospital Indemnity	Aetna	www.aetna.com	800-800-8121
COBRA	FFGA, Administrators	www.ffga.com	800-523-8422, option 4

How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

Online Enrollment

To begin online enrollment, visit https://ffga.benselect.com/Enroll/login.aspx.

Enroll Now

Username & Password

- Username
  - The Username is either your social security number or your Employee ID.
- Password
  - Instructions to access your initial password will be provided to you prior to open enrollment.
  - Upon initial login, the password will be required to be changed.
  - Remember your password as you will use this to sign your enrollment confirmation form and to login in the future.

If you have trouble logging in or forgotten your password, please use the Forgot Password? link to reset your password. If your account has been locked out due to too many failed attempts, please contact the FFGA Help Desk at 855-523-8422.

View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Employee Benefits Center (EBC)

A guide to your benefits!

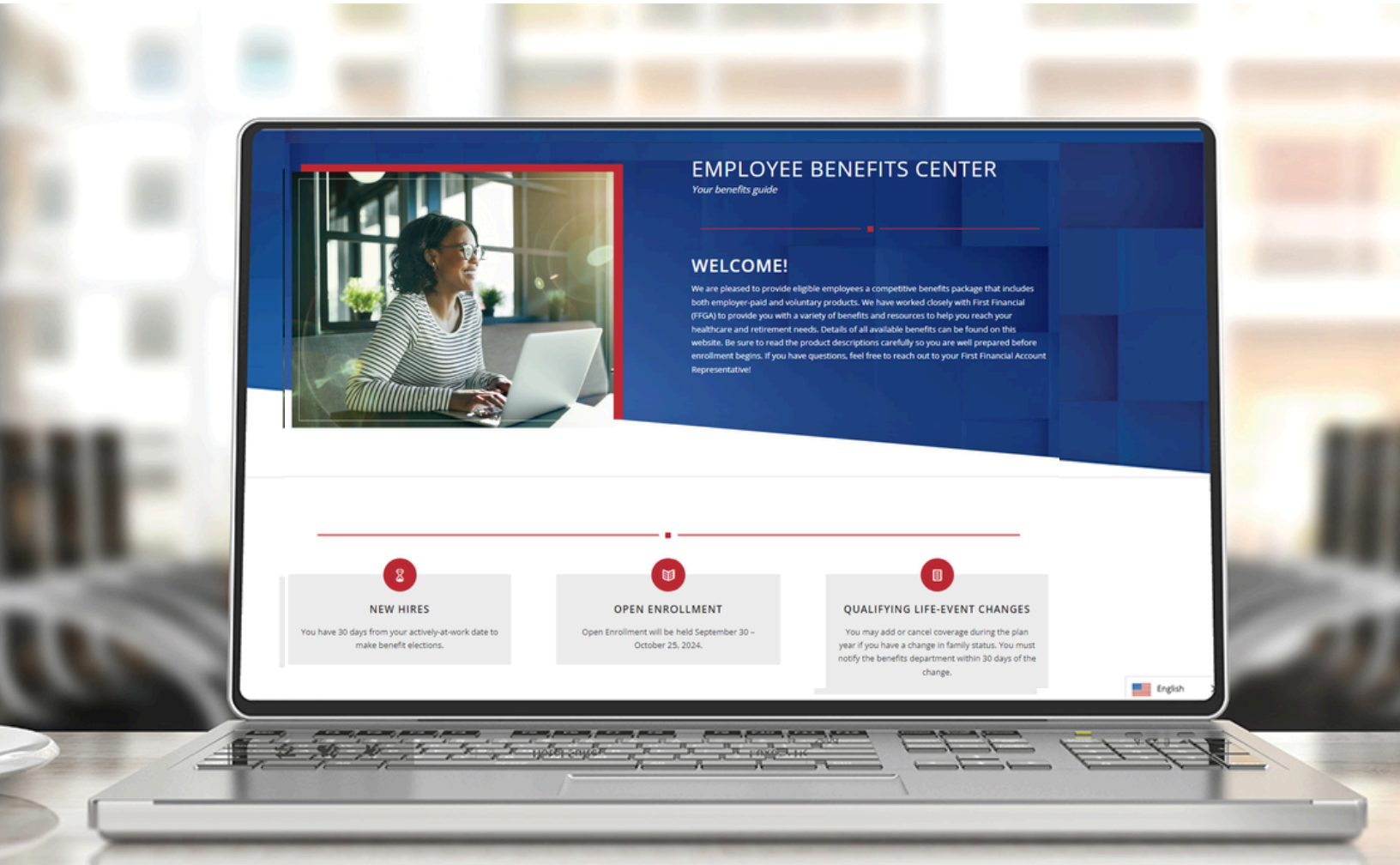
Cape Fear Community College and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

SCAN ME!

Scan the QR code or click the link below to learn more about the plans that are available this year!

ffbenefits.ffga.com/cfcc



Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about $70 more each month if you participated in your employer's Section 125 Plan – that's a savings of $840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 30 days of the status change. If the benefits office is not notified within 30 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Taxes (Fed/State at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,197	$1,267

You could save $70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

Medical Coverage

North Carolina State Health Plan



Your State Health Plan

The mission of the State Health Plan is to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents.

NC State Health Plan | www.shpnc.org| 833-690-1037

Standard PPO and Plus PPO Plans

The Standard and Plus Plans are Preferred Provider Organization (PPO) plans. A PPO plan offers:

- freedom of choice among in-network providers
- lower out-of-pocket costs (copay only for most in-network office visits)
- a strong emphasis on preventive health
- preventive services and medications covered at 100% on this plan
- ability to lower your copay by selecting and visiting the Primary Care Provider (PCP) listed on your ID card or another provider in the same practice (you can find instructions on updating your PCP here)

2027 STATE HEALTH PLAN COMPARISON

ACTIVE and NON-MEDICARE Subscribers

	STANDARD PPO Plan				PLUS PPO Plan			
	Preferred	Access	Non-Preferred	Out-of-Network	Preferred	Access	Non-Preferred	Out-of-Network
Annual Deductible	$1,500 Ind $4,500 Fam	$3,000 Ind $9,000 Fam	$5,000 Ind $15,000 Fam	$15,000 Ind $45,000 Fam	$1,000 Ind $3,000 Fam	$1,500 Ind $4,500 Fam	$4,000 Ind $12,000 Fam	$12,000 Ind $36,000 Fam
Out-of-Pocket Maximum (combined medical & pharmacy)	$4,000 Ind $12,000 Fam	$6,500 Ind $16,300 Fam	$12,000 Ind $24,000 Fam	$36,000 Ind $72,000 Fam	$3,000 Ind $9,000 Fam	$5,000 Ind $15,000 Fam	$10,000 Ind $20,000 Fam	$30,000 Ind $60,000 Fam
	In-Network (deductible & OOP max cross-accumulates)				*In-Network (deductible & OOP max cross-accumulates)*			
MEDICAL BENEFITS								
Preventive	$0 Preventive Services				$0 Preventive Services			
Primary Care Provider (PCP)	$15 Preferred PCP listed on ID card $40 other PCP listed on ID card $50 other PCP			50% after deductible	$10 PCP Preferred PCP listed on ID card $30 other PCP listed on ID card $40 other PCP			40% after deductible
Walk-In Clinic	$40 other PCP on ID card $50 other PCP			50% after deductible	$30 other PCP on ID card $40 other PCP			40% after deductible
Specialist	$40	$65	30% after deductible	50% after deductible	$25	$50	20% after deductible	40% after deductible
Behavioral Health	$15			50% after deductible	$10			40% after deductible
Speech, Occupational, Chiropractic, Physical Therapy	$62			50% after deductible	$42			40% after deductible
High-Cost Imaging	$400	30% after deductible	$1,000, then 30% after ded	50% after deductible	$250	20% after deductible	$500, then 20% after ded	40% after deductible
Urgent Care	$100				$70			
Emergency Room	$600, then 30% after deductible (copay waived with admission)				$500, then 20% after deductible (copay waived with admission)			
Inpatient Hospital	$750**	$600, then 30% after ded	$1,500, then 30% after ded	50% after deductible	$500**	$500, then 20% after ded	$1,000, then 20% after ded	40% after deductible
Outpatient Surgery	$600**	$350, then 30% after ded	$1,000, then 30% after ded	50% after deductible	$300**	$300, then 20% after ded	$500, then 20% after ded	40% after deductible
Ambulatory Surgical Center	$400**	30% after deductible	$1,000, then 30% after ded	50% after deductible	$250**	20% after deductible	$500, then 20% after ded	40% after deductible
Lantern	Lantern Surgical Benefit $0 Member Cost				Lantern Surgical Benefit $0 Member Cost			

Pharmacy copays and out-of-pocket costs accumulate to the Access Tier deductible/out-of-pocket maximum.
**Facility copay only. Additional cost-share may apply.

2027 STATE HEALTH PLAN COMPARISON

ACTIVE and NON-MEDICARE Subscribers

	STANDARD PPO Plan	**PLUS PPO** Plan
PHARMACY BENEFITS		
Rx Tier 1	$25	$15
Rx Tier 2	$75	$55
Rx Tier 3	Deductible / Coinsurance	Deductible / Coinsurance
Rx Tier 4	$200	$100
Rx Tier 5	$600	$500
Rx Tier 6	Deductible / Coinsurance	Deductible / Coinsurance
Preferred Blood Glucose Meters and Supplies*	$10*	$5*
Preferred & Non-Preferred Insulin	$0	$0
Preventive Medications	$0	$0

Rx copays for 30-day supply.

*This does not include Continuous Glucose Monitoring Systems or associated supplies. These are considered a Tier 2 member copay.

STANDARD PPO & PLUS PPO PLAN
for Active Subscribers

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Monthly Premium Rates January 1, 2027 to December 31, 2027	STANDARD PPO Plan Salary Band				PLUS PPO Plan Salary Band			
	$50,000 + UNDER	$50,001 - $65,000	$65,001 - $90,000	$90,001 + OVER	$50,000 + UNDER	$50,001 - $65,000	$65,001 - $90,000	$90,001 + OVER
ACTIVE SUBSCRIBERS								
Subscriber Only	$36.76	$52.52	$68.28	$84.00	$69.32	$98.72	$128.12	$168.04
Subscriber + Child(ren)	$194.28	$210.04	$225.80	$241.52	$289.84	$319.24	$348.64	$388.56
Subscriber + Spouse	$603.76	$619.52	$635.28	$651.00	$783.32	$812.72	$842.12	$882.04
Subscriber + Family	$603.76	$619.52	$635.28	$651.00	$783.32	$812.72	$842.12	$882.04

NOTES:

1. Salary-based rates will only apply to the subscriber-only rate and is based on the employee's total base pay.
2. The subscriber-only rate, which is based on the member's salary at the time of Open Enrollment will remain the same for 2027 regardless of salary adjustments.
3. If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
4. If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).
5. If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.
6. The employer share for Active subscribers is $745.44.



My FFGA Benefits+

Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE

ffbenefits.ffga.com/cfcc/my-ffga-benefits-plus-mobile-app/

CFCC
GROUP ID: 81257

View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.

FSA Login

Download the FF Mobile Account App and access your FSA administered through First Financial.

My Wallet

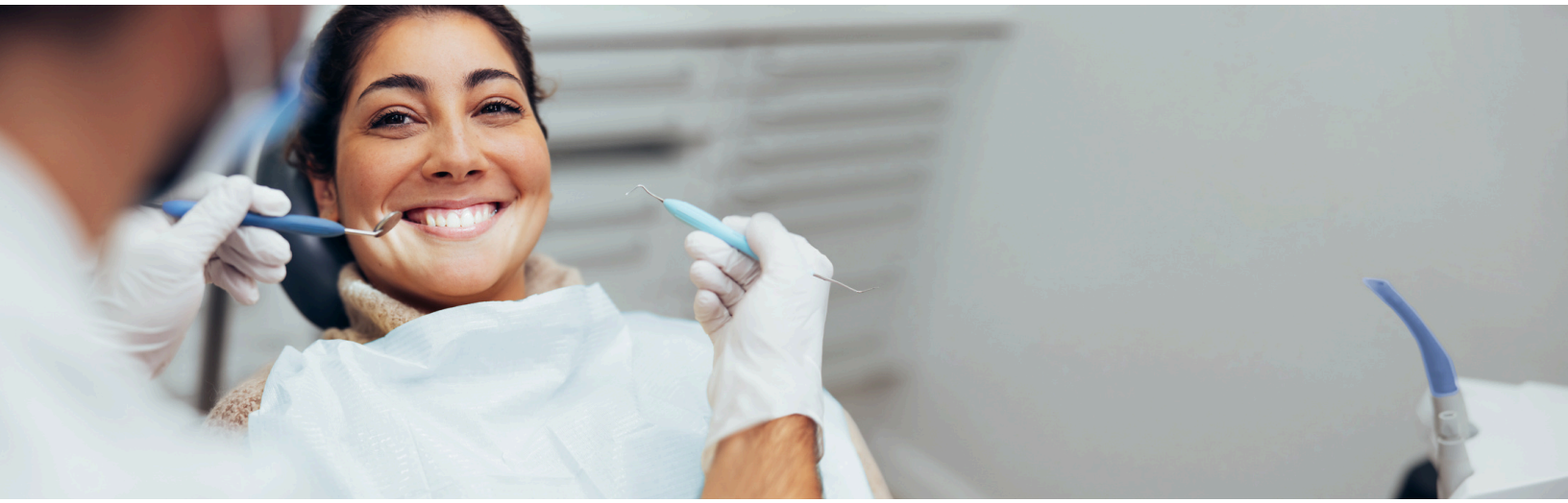
Save provider information, family and health details and carrier cards so that you can quickly access when needed.

Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Dental Insurance

Plan Choices



Delta Dental NC | www.deltadentalnc.com | 800-662-8856

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Delta Dental PPO plus Premier™
Summary of Dental Low Plan Benefits
For Group# 10809-0001, 0099
Cape Fear Community College

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of North Carolina

Benefit Year – January 1 through December 31

Covered Services –

Delta Dental Low Plan		
Tier	Monthly	Nine-Pay
Employee Only	$37.29	$49.72
Employee + Spouse	$76.62	$102.16
Employee + Child[ren]	$89.28	$119.04
Family	$128.63	$171.51

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Space maintainers are payable once per area per three-year period for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.

- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth in any five-year period for people age 12 and older when necessary due to fracture or decay.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

Passport Dental
Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – $1,000 per Member total per Benefit Year on all services, except oral exams, preventive services, X-rays, brush biopsy, and sealants.

Deductible – $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, and sealants.

Waiting Period – Enrollees who are eligible for Benefits are covered on the first day of the month following the date of hire.

Eligible People – All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan and all Enrollees who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar non-preempted state law ("COBRA"). The Subscriber pays the full cost of this plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.

Delta Dental PPO plus Premier™
Summary of Dental High Plan Benefits
For Group# 10809-1001, 1099
Cape Fear Community College

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of North Carolina

Benefit Year – January 1 through December 31

Covered Services –

Delta Dental High Plan		
Tier	Monthly	Nine-Pay
Employee Only	$54.99	$73.32
Employee + Spouse	$114.29	$152.39
Employee + Child[ren]	$133.24	$177.66
Family	$192.77	$257.03

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.

- Space maintainers are payable once per area per three-year period for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth in any five-year period for people age 12 and older when necessary due to fracture or decay.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

Passport Dental
Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – $1,500 per Member total per Benefit Year on all services, except oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services. $1,500 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible – $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Waiting Period – Enrollees who are eligible for Benefits are covered on the first day of the month following the date of hire.

Eligible People – All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan and all Enrollees who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar non-preempted state law ("COBRA"). The Subscriber pays the full cost of this plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.

DELTA DENTAL®

Stay in network and save

As a Delta Dental PPO plus Premier™ member, you may see any dentist you like. However, there are advantages to choosing a dentist who belongs to one of Delta Dental's two dentist networks.

Delta Dental PPO™ dentists	• No balance billing on covered services • Most significant network discounts with more than 2,919 dentists in North Carolina[1] • Dentists file claims for member
Delta Dental Premier® dentists	• No balance billing on covered services • Significant network discounts with more than 4,029 dentists in North Carolina*[1] • Dentists file claims for member
Out-of-network dentists	• May be balance billed • No network discounts • May need to file own claims

1 Delta Dental of North Carolina internal data, Nov. 2023.

How it works—As shown below, your lowest out-of-pocket costs result from going to a Delta Dental PPO™ dentist.

Example savings for a crown by network	Estimated charge	Maximum allowed fees	Percentage paid by Delta Dental	Amount Delta Dental pays	Amount dentist can balance bill	Total amount you pay	Your total cost savings
Delta Dental PPO™	$1,500	$900	50%	$450	$0	$450	$600 ✓
Delta Dental Premier®	$1,500	$1,000	50%	$500	$0	$500	$500
Out-of-network	$1,500	$1,200	50%	$600	$300	$900	$0

Delta Dental PPO™ dentists

Delta Dental PPO™ dentists have **agreed to charge $900 for the $1,500 service, a savings of $600.** Your **Delta Dental plan covers 50 percent** of the cost. Assuming you've already met your deductible for the year, **Delta Dental will pay $450** and **you'll pay $450.**

Delta Dental Premier® dentists

Delta Dental Premier dentists have **agreed to charge $1,000—a savings of $500** compared to the fee the dentist usually charges. Assuming you've met your deductible, **Delta Dental will cover 50 percent** of that $1,000, **paying $500. You'll also pay $500.** That's an extra **$50 tacked on to your share of the bill** when compared to what you would have paid with a Delta Dental PPO™ dentist.

Out-of-network dentists

Out-of-network dentists **have not agreed to charge lower fees and can bill the full $1,500.** Delta Dental has set a limit on the accepted amount at $1,200, which means **Delta Dental's share of the tab is $600.** The dentist can bill you the difference between Delta Dental's payment and what they charge. This leaves **you with a bill of $900, which includes the $300 the out-of-network dentist can "balance bill."**

* This number is inclusive of the PPO network.
NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.

Find Delta Dental participating dentists near you by using the search feature on our website at www.deltadentalnc.com/findadentist, or by calling Delta Dental toll-free at 800-662-8856.

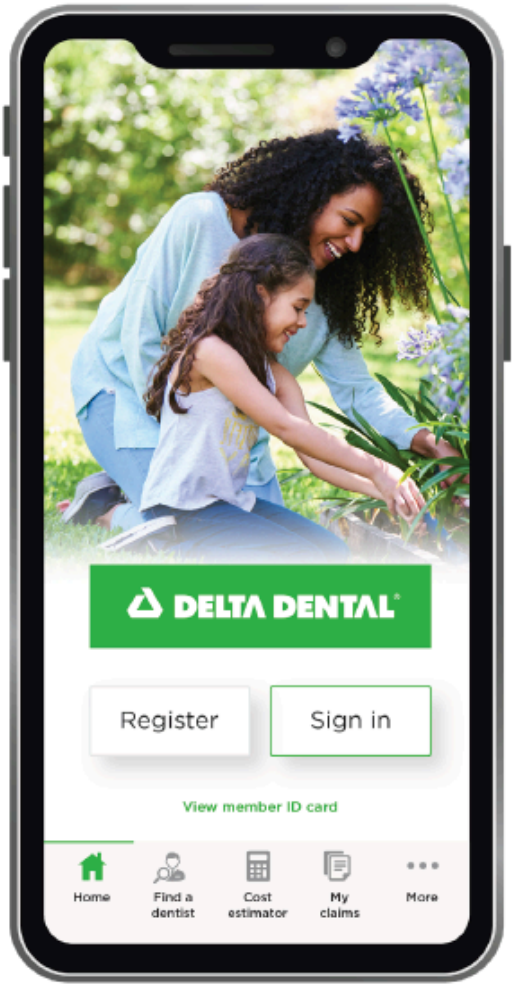
DELTA DENTAL

Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.



My claims

Look up detailed claims information for your dentist visits over the last 18 months.



My coverage

Review your dental policy coverage details such as deductibles, maximums, and other benefits.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

deltadental.com

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DELTA DENTAL®

Vision Insurance

Community Eye Care | www.cecvision.com | 888-254-4290

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction



CEC™
community eye care

Vision Benefits Summary

Cape Fear Community College

Underwritten by VSP and administered by CEC Community Eye Care.



Tailored for your vision. Suited for your style.

Vision care is essential, and CEC is dedicated to providing you with the benefits you need to keep your vision crystal-clear. All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits, where you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting each plan year.

Flexible Eyewear Allowance

You can purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. Whether you choose to shop in-network or out-of-network, if the eyewear you want is sold in an optical shop, it's covered!

Don't Need Prescription Eyewear?

Your CEC vision plan covers non-prescription eyewear, including sunglasses, safety glasses, blue-light-blocking glasses, and readers. If you don't need prescription lenses, this is a great way to use your annual eyewear allowance!

Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at **cecvision.com/members/login.**

Member Exclusive Offers

Members have access to a variety of special offers for additional savings on eyewear, contact lenses, LASIK, hearing aids, and more. To view all offers, visit **cecvision.com/members/special-offers.**

Vision Care is Important

Even with perfect vision, your annual eye exam is critical to your overall health and wellness. Signs of diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be detected during an eye exam.*

Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit **cecvision.com/search** to find an in-network provider near you.

WARBY PARKER

Everything You Need for Happier Eyes

From glasses to contacts to eye exams, Warby Parker is here for your everyday vision care. Whether you shop online or in stores, there's a range of ways you can treat your eyes and use your CEC vision benefits. Get started at **warbyparker.com/insurance.**

*Source: American Academy of Ophthalmology (https://www.aao.org)

Your CEC Vision Benefits Summary

Group Name: **Cape Fear Community College**

Frequency: **All benefits renew every 12 months**

175 PLAN			
BENEFIT	**COVERAGE WITH A CEC NETWORK PROVIDER**	**COPAY**	**OUT-OF-NETWORK REIMBURSEMENT**
Eye Exam	A comprehensive routine eye exam.	**$15**	100% minus the copay
Retinal Screening	An enhancement to the eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	**$39**	n/a
Eyewear	An annual **$175 flexible allowance** for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	**$15**	Up to 100% of allowance minus the copay
Contact Lens Fitting	A contact lens evaluation and fitting.	**$0**	100% minus the copay

ADDITIONAL SAVINGS

Additional Pairs of Glasses
Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.

LASIK Discounts
Enjoy discounts up to 35% with participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.

Special Offers
A variety of special offers are available to CEC members, including savings on health, wellness, travel, entertainment, hearing aids with TruHearing®, and more. To view all offers, visit cecvision.com/members/special-offers.

MONTHLY RATES

Employee Only	Employee + Family
$7.36	**$19.83**

Experience Peace of Mind with Our *20/20 Member Guarantee* - The CEC 20/20 Member Guarantee ensures your complete satisfaction with services received from a CEC network provider. If you aren't happy with the services or products received when using your benefit, contact our Customer Service Department for assistance.

Benefits may vary by location.

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Warby Parker is a registered trademark of Warby Parker Inc.
All other brands or marks are the property of their respective owners.
Classification: Restricted

Questions about your benefits?

Visit us online at **cecvision.com** or call **888-254-4290**.

CEC community eye care

Using Your CEC Benefits

Underwritten by VSP®.



Welcome to CEC!

Your vision benefits with CEC are available every 12 months, at any time, with no surprise costs. Your flexible eyewear allowance may be used for glasses, contacts, and non-prescription eyewear like sunglasses, safety glasses, readers, and blue-light blocking glasses. All plans include:

Eye Exam

An annual routine eye exam with an optometrist or ophthalmologist

Eyewear Allowance

An annual flexible allowance to use for prescription and non-prescription eyewear.

Contact Lens Fitting

An annual contact lens fitting, re-fit, or evaluation.

How to Use Your Vision Benefits

Follow these simple steps to access and use your CEC vision benefits:

1. Register and log in to the Member Portal at **cecvision.com/members/login**. You will need your Member ID number in order to register. If your ID number is not readily available and you need assistance, please contact us at **888-254-4290**.
2. Review your vision benefit information.
3. Find an in-network provider near you and schedule your appointment. Page 2 of this flyer contains information for providers.

Locating a Provider

Find an in-network provider by visiting **cecvison.com/search**. Here you will find eye doctors and national retail chains that accept your CEC vision benefits that you can contact directly for an appointment.

What to Bring

Your Member ID card

Any current eyewear prescriptions

A copy of this flyer that contains information for providers on the next page.

Questions?

Contact Customer Service at:

888-254-4290

Mon- Fri: 8:00 am- 6:00 pm ET

Sat: 10:00 am- 3:00 pm ET

Benefits may vary by location.

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Classification: Public

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com | 1-866-853-3539
P.O. Box 161968 | Altamonte Springs, F.L. 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a grace period option, so you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount is $3,400.

Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to $7,500 per tax year for reimbursement of dependent care services.
If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA Resources

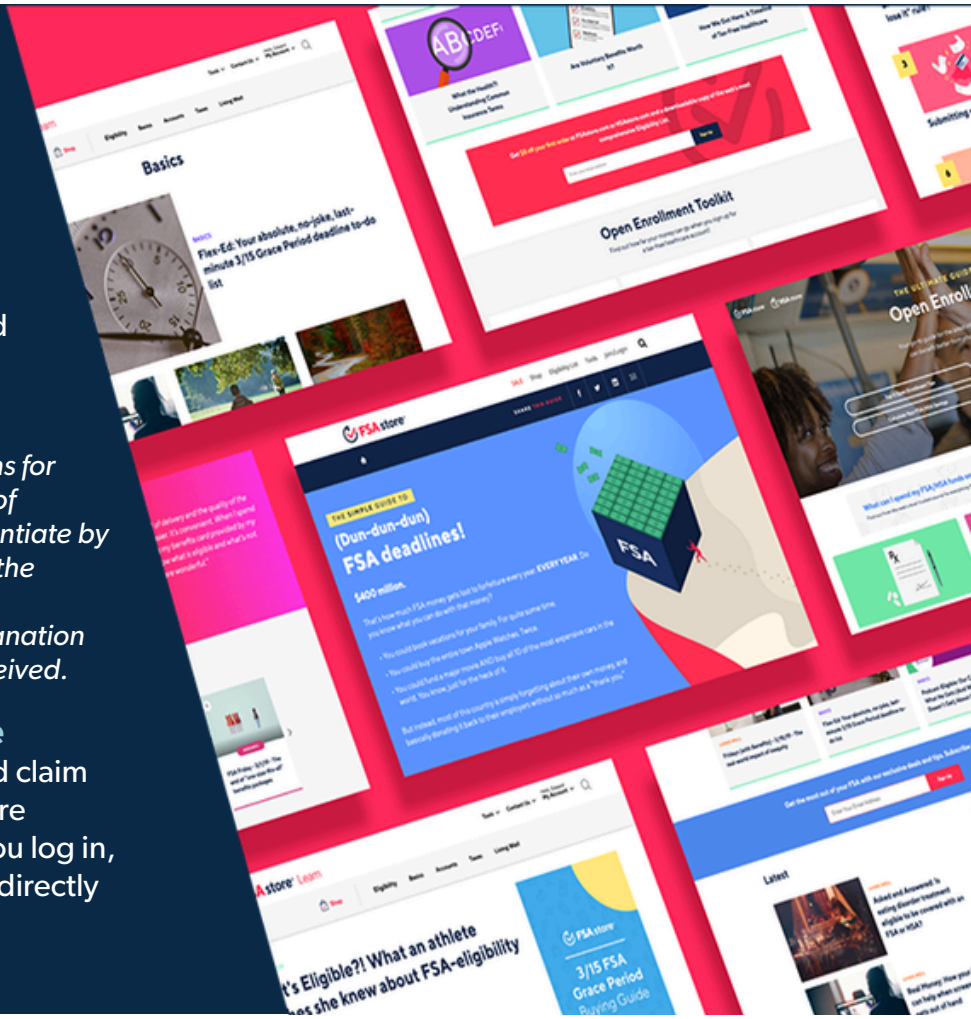
Benefits Card

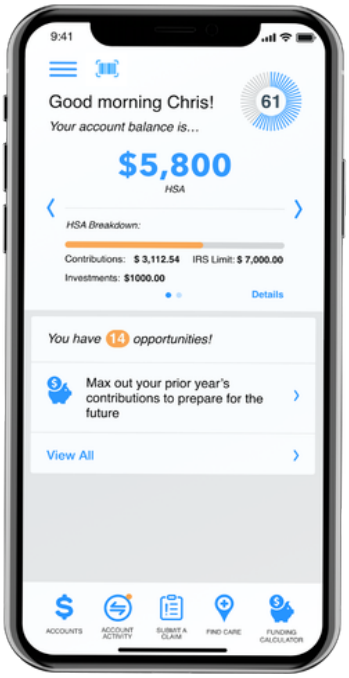
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

View Your Account Details Online

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.





FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

FSA Store

FFGA has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at **http://www.ffga.com/individuals/#stores** for more details and special deals.

FSA store®
Everything Flex Spending.

Individual and Group Term Life

Individual Term Life: American Fidelity | www.americanfidelity.com | 800-662-1113

Voluntary Group Term Life: Dearborn Group | www.mydearborngroup.com | 800-721-7987

Voluntary Term Life Insurance

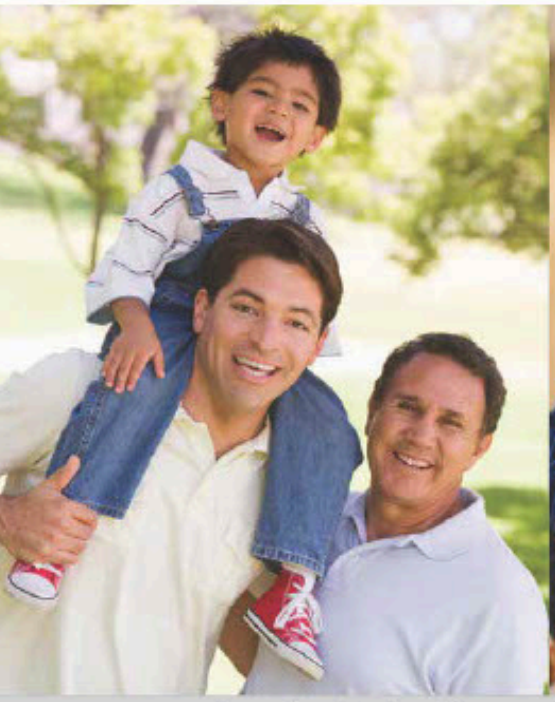
Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



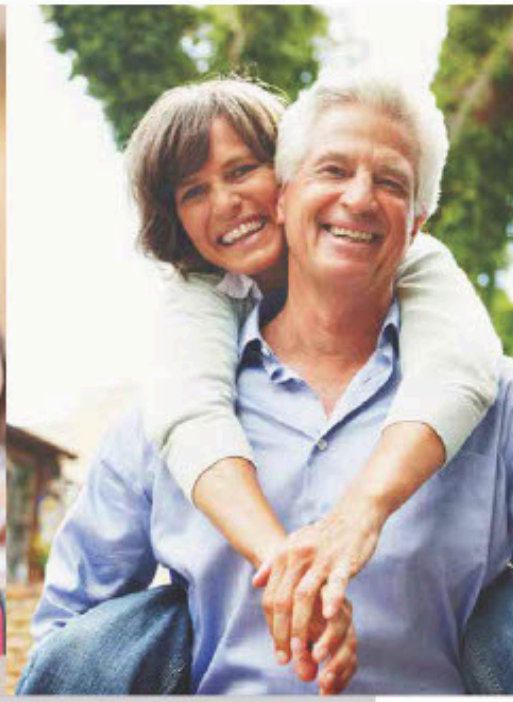
Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible Term Life Insurance







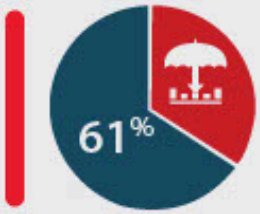
Easy Application Process · No Medical Exams · Excellent Customer Service · Learn More » »

FFGA
Benefit Solutions Simplified

Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
ffga.com

Strengthen Your Family's Financial Plan

Life insurance is an essential piece of a robust financial plan. While there is no replacement for losing a loved one, **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. Term Life Insurance can help fill temporary needs for those on a limited budget.



61% of adults in the United States have no individual life insurance.[1]

Life insurance provided by your employer is a significant benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy can help supplement your existing coverage. Plus, you own this policy, meaning you can take it to a different job or retirement.



More than **100 million** individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.[2]

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.

Final Expenses
Funeral Costs • Unpaid Medical Bills

Income Replacement
Mortgage/Rent • Other Loans

Nest Egg
Estate Planning • Retirement Goals

[1]LIMRA: Study Finds COVID-19 Spurs Greater Interest in Life Insurance; March 23, 2021; [2]According to the 2023 Insurance Barometer Study by LIMRA and Life Happens LIMRA: 2023 Insurance Barometer Study; May 5, 2023; P7.

Term Life Insurance is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.[3] The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Three Easy Steps to Get Covered

1 Select a Term Period
Choose from a 10, 20, or 30 year term.

2 Answer Three Health Questions[4]
Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.

3 Get Death Benefit Coverage Immediately[5]
Your death benefit coverage starts when you sign the application.

*[3]Rates will be adjusted on each renewed term period. [4]Issuance of the policy may depend on the answer to these questions. [5]Interim coverage for death will be in force from the date your application is signed if, on such date, the proposed insured is insurable per our underwriting guidelines for the requested coverage per the terms of the policy. This interim coverage for death will remain in force until the earlier of 1) the date a policy becomes effective, 2) the date we decline the application, or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. [6]Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. See your American Fidelity account manager for specific ages, rates, term periods or face amounts. [7]Premiums remain level for the initial term period selected. If you choose the 10 or 20-Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60, respectively. Thereafter, premiums are renewable annually. The 30-Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period. *In the states of AK, AR, CO, IA, KS, MN, MO, ND, NH, OR, PA, RI, SC, TN and WI, the minimum issue age for younger employees is 18. **In the states of MO and PA, the minimum issue age for younger spouses is 18.*

EMPLOYEE ISSUE AGES

10 Year Term: 17-65
20 Year Term: 17-60
30 Year Term: 17-50

EMPLOYEE ISSUE MAXIMUM

Ages 17-49: $300,000
Ages 50-65: $100,000

GUARANTEED LEVEL DEATH BENEFIT

Receive the full face amount of your policy provided no accelerated benefits are paid.

SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17-49: $50,000
Ages 50-60: $25,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

RENEWABLE AND CONVERTIBLE[7]

Renew your coverage to age 90. You may convert to a whole life policy before age 70.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. The issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base insured before age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seat belt benefit if the police accident report certifies the base insured was wearing a properly fastened seat belt at the time of death. Benefits are payable once per covered accident.

Spouse Term Rider

This rider provides Term Life Insurance coverage for your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age of 90 while the base policy is active. Premiums are guaranteed to remain the same during the initial term period. [7]Premiums adjust upon renewal. The face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides Term Life Insurance protection for all eligible children between the ages of one month through 19 (in MI and PA, age 17; MA and WA, age 14). Three benefit levels are available: $10,000, $20,000, and $30,000 ($15,000 in WA). Coverage remains on each child until age 26 or the child's marriage before age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a $100,000 limit) to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children.

Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness before each annual payment. Coverage is available on the base insured only.

SAMPLE 20-YEAR TERM NON-TOBACCO MONTHLY PREMIUM RATES[6]

	$25K*	$50K*	$100K	$150K	$300K
25	$6.50	$9.00	$16.00	$20.00	$38.00
35	$7.50	$11.50	$21.00	$27.50	$53.00
45	$11.75	$20.50	$39.00	$56.00	$110.00
55	$25.25	$38.50	$75.00	n/a	n/a

+Shaded amounts available for spouse base policy purchases.

Premium and amount of benefits vary dependent upon level selected at time of application.

Social Security numbers are required at the time of application for spouses and dependents.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximums vary by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
  1) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
  2) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or $100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- **This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.**

Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or $100,000 payable in two equal annual payments up to a maximum of $50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- **The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration. ICC18 DN111**

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

Underwritten and administered by:

AMERICAN FIDELITY
a different opinion

American Fidelity Assurance Company
9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-662-1113
americanfidelity.com

AF-2726-0823

For Use In: AZ, LA, NM, NC, VA

051-536, 051-537, 051-546, 051-547, 051-556, 051-557

TERM LIFE INSURANCE
Renewable and Convertible

Marketed by:

FFGA Benefit Solutions Simplified

Underwritten by American Fidelity Assurance Company

10 YEAR RATES *Tobacco Users Rates*

Spouse Coverage Available[1]	ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
		$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
	17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
	18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
	19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
	20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
	21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
	22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
	23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
	24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
	25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
	26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
	27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
	28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
	29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
	30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
	31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
	32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
	33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
	34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
	35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
	36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
	37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
	38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
	39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
	40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
	41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
	42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
	43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
	44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
	45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
	46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
	47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
	48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
	49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
	50	38.50	45.80	48.50	71.75	95.00	--	–	–	--	–	–
	51	40.50	48.20	53.00	78.50	104.00	--	–	–	--	–	–
	52	42.75	50.90	58.00	86.00	114.00	--	–	–	--	–	–
	53	45.25	53.90	63.00	93.50	124.00	--	–	–	--	–	–
	54	47.50	56.60	69.00	102.50	136.00	--	–	–	--	–	–
	55	50.25	59.90	75.50	112.25	149.00	--	–	–	--	–	–
	56	56.50	67.40	84.00	125.00	166.00	--	–	–	--	–	–
	57	63.50	75.80	93.00	138.50	184.00	--	–	–	--	–	–
	58	71.25	85.10	103.50	154.25	205.00	--	–	–	--	–	–
	59	80.25	95.90	115.50	172.25	229.00	--	–	–	--	–	–
	60	90.50	108.20	128.50	191.75	255.00	--	–	–	--	–	–
	61	90.75	108.50	137.50	205.25	273.00	--	–	–	--	–	–
	62	91.25	109.10	147.50	220.25	293.00	--	–	–	--	–	–
	63	91.50	109.40	158.50	236.75	315.00	--	–	–	--	–	–
	64	92.00	110.00	170.00	254.00	338.00	--	–	–	--	–	–
	65	92.25	110.30	182.50	272.75	363.00	--	–	–	--	–	–

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TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct $2.00.

CHILDREN'S TERM RIDER: $10,000: $4.80 / $20,000: $9.60 / $30,000: $14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of $50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per $1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

10 YEAR RATES *Non-Tobacco Users Rates*

Spouse Coverage Available[1]

ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	–	–	--	–	–
51	15.50	18.20	23.00	33.50	44.00	--	–	–	--	–	–
52	16.50	19.40	24.00	35.00	46.00	--	–	–	--	–	–
53	17.50	20.60	25.50	37.25	49.00	--	–	–	--	–	–
54	18.50	21.80	27.50	40.25	53.00	--	–	–	--	–	–
55	19.50	23.00	29.00	42.50	56.00	--	–	–	--	–	–
56	21.25	25.10	32.00	47.00	62.00	--	–	–	--	–	–
57	23.00	27.20	35.00	51.50	68.00	--	–	–	--	–	–
58	25.00	29.60	38.50	56.75	75.00	--	–	–	--	–	–
59	27.25	32.30	42.50	62.75	83.00	--	–	–	--	–	–
60	29.75	35.30	46.50	68.75	91.00	--	–	–	--	–	–
61	31.00	36.80	50.50	74.75	99.00	--	–	–	--	–	–
62	32.00	38.00	54.50	80.75	107.00	--	–	–	--	–	–
63	33.25	39.50	59.00	87.50	116.00	--	–	–	--	–	–
64	34.75	41.30	64.00	95.00	126.00	--	–	–	--	–	–
65	36.00	42.80	69.50	103.25	137.00	--	–	–	--	–	–

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TERM LIFE INSURANCE
Renewable and Convertible

Marketed by:

FFGA Benefit Solutions Simplified

Underwritten by American Fidelity Assurance Company

20 YEAR RATES *Tobacco Users Rates*

Spouse Coverage Available[1]	ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
		$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
	17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
	18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
	19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
	20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
	21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00
	22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
	23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
	24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00
	25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00
	26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00
	27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00
	28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00
	29	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00	50.00	62.00	74.00
	30	9.75	11.30	17.00	24.50	32.00	33.25	39.50	45.75	52.00	64.50	77.00
	31	10.25	11.90	18.00	26.00	34.00	34.50	41.00	47.50	54.00	67.00	80.00
	32	11.00	12.80	19.50	28.25	37.00	37.00	44.00	51.00	58.00	72.00	86.00
	33	11.50	13.40	20.50	29.75	39.00	39.50	47.00	54.50	62.00	77.00	92.00
	34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00
	35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00
	36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00
	37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00
	38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00
	39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00
	40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00
	41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00
	42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00
	43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00
	44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00
	45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00
	46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00
	47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00
	48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00
	49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00
	50	46.75	55.70	68.50	101.75	135.00	–	--	–	–	–	–
	51	50.25	59.90	74.00	110.00	146.00	–	--	–	–	–	–
	52	53.75	64.10	80.00	119.00	158.00	–	--	–	–	–	–
	53	57.75	68.90	86.00	128.00	170.00	–	--	–	–	–	–
	54	62.00	74.00	93.00	138.50	184.00	–	--	–	–	–	–
	55	66.50	79.40	100.50	149.75	199.00	–	--	–	–	–	–
	56	73.50	87.80	108.50	161.75	215.00	–	--	–	–	–	–
	57	81.25	97.10	117.50	175.25	233.00	–	--	–	–	–	–
	58	89.75	107.30	127.00	189.50	252.00	–	--	–	–	–	–
	59	99.25	118.70	137.50	205.25	273.00	–	--	–	–	–	–
	60	110.00	131.60	149.00	222.50	296.00	–	--	–	–	–	–

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Renewable and Convertible

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Spouse Coverage Available[1]

ISSUE AGE	DEATH BENEFIT *Monthly Premium Including Policy Fee*										
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000	$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	–	–	--	–	–
51	19.75	23.30	28.50	41.75	55.00	--	–	–	--	–	–
52	21.00	24.80	30.50	44.75	59.00	--	–	–	--	–	–
53	22.25	26.30	33.00	48.50	64.00	--	–	–	--	–	–
54	23.75	28.10	35.50	52.25	69.00	--	–	–	--	–	–
55	25.25	29.90	38.50	56.75	75.00	--	–	–	--	–	–
56	27.50	32.60	42.50	62.75	83.00	--	–	–	--	–	–
57	30.00	35.60	47.00	69.50	92.00	--	–	–	--	–	–
58	32.50	38.60	52.00	77.00	102.00	--	–	–	--	–	–
59	35.50	42.20	58.00	86.00	114.00	--	–	–	--	–	–
60	38.75	46.10	64.00	95.00	126.00	--	–	–	--	–	–

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TERM LIFE INSURANCE
Renewable and Convertible

Marketed by: FFGA Benefit Solutions Simplified

Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	$25,000		$50,000		$100,000		$150,000		$200,000		$250,000		$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	23.50	1.13	44.00	2.25	86.00	4.50	--		--		--		--	

Spouse Coverage Available[1]

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TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:	Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct $2.00.
CHILDREN'S TERM RIDER:	$10,000: $4.80 / $20,000: $9.60 / $30,000: $14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of $50,000. Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER:	For the monthly rate, multiply .08 per $1,000 of coverage.
WAIVER OF PREMIUM RIDER:	Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI):	Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	Death Benefit *Monthly Premium Including Policy Fee*													
	$25,000		$50,000		$100,000		$150,000		$200,000		$250,000		$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	54.50	1.89	85.50	3.79	169.00	7.57	–		–		–		–	

Spouse Coverage Available[1]

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Dearborn Group™

Group Benefit Program Summary for

Cape Fear Community College - VF029707

Voluntary Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Dearborn Life Insurance Company's Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Active Full-Time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire.
Group Term Life Benefit: Employee	$10,000 - $500,000 in increments of $1,000
Guarantee Issue Amount - Employee	$50,000 (subject to eligibility rules and enrollment status guidelines)
Group Term Life Benefit: Spouse (Includes Domestic Partners)	$10,000 - $500,000 in increments of $1,000, not to exceed 100% of the employee benefit amount
Guarantee Issue Amount - Spouse	$25,000
Group Term Life Benefit: Child(ren)	Birth to 6 months: $1,000 Age 6 months to 26 years: $10,000
Group Term Life Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75.
Waiver of Premium	Elimination Period: 9 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 75% of the employee's life insurance; Life expectancy: 12 months or less
Portability Feature (Life Coverage)	Included (employee & spouse)
Conversion	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Voluntary Life
PREMIUM RATE GRID

Dearborn Life Insurance Company

Cape Fear Community College - VF029707

Eligibility

All Active Full-Time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire.

Voluntary Life

Employee Benefit: **$10,000 to $500,000 in $1,000 increments**

Spouse Benefit: **$10,000 to $500,000 in $1,000 increments (not to exceed 100% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	**$50,000**
Spouse	**$25,000**

*Assumes 29% participation

Child Coverage

Birth to 6 months:	**$1,000**
6 months to age 26:	**$10,000**

Benefits reduce by 35% of the original amount at age 70 and further reduce by 50% of the original amount at age 75.

Employee & Spouse Voluntary Life
Monthly rates per $1,000

	Rates
Composite Rate:	$0.180

Dependent Life (Children)
Monthly Premium per Family

Life	
$10,000	$3.14

Voluntary Life

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	Employee	Spouse
$10,000	$1.80	$1.80
$11,000	$1.98	$1.98
$12,000	$2.16	$2.16
$13,000	$2.34	$2.34
$14,000	$2.52	$2.52
$15,000	$2.70	$2.70
$16,000	$2.88	$2.88
$17,000	$3.06	$3.06
$18,000	$3.24	$3.24
$19,000	$3.42	$3.42
$20,000	$3.60	$3.60
$30,000	$5.40	$5.40
$40,000	$7.20	$7.20
$50,000	$9.00	$9.00
$100,000	$18.00	$18.00
$150,000	$27.00	$27.00
$200,000	$36.00	$36.00
$250,000	$45.00	$45.00
$300,000	$54.00	$54.00
$350,000	$63.00	$63.00
$400,000	$72.00	$72.00
$450,000	$81.00	$81.00
$500,000	$90.00	$90.00

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees[1] that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:

- IT'S AFFORDABLE YOU OWN IT
- YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE
- YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS
- YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO[2]
- YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL[3]
- YOU CAN GET CASH TO COVER LIVING EXPENSES IF YOU BECOME CHRONICALLY ILL[4]

3 QUICK QUESTIONS

You can qualify by answering just 3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19M016-C FFGA 1092 (exp0321)

First Financial Group of America
First in Service and Expertise

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



- IT'S AFFORDABLE
  YOU OWN IT
- YOU CAN TAKE IT WITH
  YOU WHEN YOU CHANGE
  JOBS OR RETIRE
- YOU PAY FOR IT THROUGH
  CONVENIENT PAYROLL DEDUCTIONS:
  NO CHECKS TO WRITE OR LINKS TO CLICK
- YOU CAN COVER YOUR SPOUSE, CHILDREN
  AND GRANDCHILDREN, TOO[1]
- YOU CAN GET A LIVING BENEFIT IF YOU
  BECOME TERMINALLY ILL[2]
- YOU CAN GET CASH TO COVER
  LIVING EXPENSES IF YOU BECOME
  CHRONICALLY ILL[3]
- YOU CAN QUALIFY BY ANSWERING JUST
  3 QUESTIONS - NO EXAM OR NEEDLES

1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2. Conditions apply.
3. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

First Financial Group of America
First in Service and Expertise

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

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19M004-C FFGA 1003 (exp0321)

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown. Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

Non-Tobacco

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium $25,000	Premium $50,000	Guaranteed Period
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Indicates Spouse Coverage Available

23M014-C-M FFGA-NT 1012 (exp0325)

MONTHLY TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

Tobacco

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23M014-C-M FFGA-T 1012 (exp0325)

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium $25,000	Premium $50,000	Guaranteed Period
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available

Disability Insurance

Short-Term Disability: Manhattan Life | www.manhattanlife.com | 800-669-9030

Long-Term Disability: The Standard | www.standard.com | 800-368-1135

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



ManhattanLife.

Cape Fear Community College

Disability Income

Supplemental income protection



Protect your financial well-being with Voluntary Disability

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

Why do I need Disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones.
National Safety Council, Injury Facts 2008 Ed.

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll in Disability coverage from ManhattanLife to help you and your family deal with the unexpected. You will be able to concentrate on your recovery after a sickness or accident and return to your job.

Here's how it works

Benefits from your ManhattanLife plan are paid in addition to any Disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You will find the plan to be easy and economical – your premiums are conveniently paid through payroll deduction.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

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Disability Income Coverage

Coverage type	Disability Income Plus provides a monthly disability income benefit as a result of an accident or sickness.		
Product	Policy Type:	Group	
	Policy Name:	Disability Income Plus	
	Policy Form:	M-8014	
Eligibility	Issue Age:	Employee:	18 – 70
	Criteria:	• Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Employee only coverage.	
	Termination Age:	• Age 70 unless actively at work, then on last day of active employment.	
Underwriting Offer	Employee:	Guaranteed Issue up to 65% of base salary to a max benefit of $3,000.	
	Superintendents:	Guaranteed Issue up to 65% of base salary to a max benefit of $5,000.	
Target Participation	Minimum to Issue:	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment	
Benefit Amounts	Employee:	Minimum benefit of $300 and maximum benefit of $5,000* per month, not to exceed 65% of base monthly income.	

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

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Plan Design - Accident & Sickness – Elimination Period/Duration

0 Day Accident/7 Day Sickness (Illness)/12-month Duration
14 Day Accident/14 Day Sickness (Illness)/12-month Duration
30 Day Accident/30 Day Sickness (Illness)/12-month Duration

Partial Disability	50%, up to 6 months
Recurrent Disability	Recurs within 180 days
Pre-existing Provision	12/12
Pregnancy	Treated as any other illness
Portability	Included
Waiver of Premium	After 90 Days

Benefit Definitions

OCCUPATIONAL INCOME: The Eligible Persons' monthly rate of earnings from His Employer as of the day before the start of Total Disability. Occupational Income including commissions will be averaged over a period of time (see certificate of coverage). Occupational Income does not include overtime pay, bonuses, or extra compensation other than commissions.

ACCIDENT & SICKNESS: Provides coverage for disabilities caused by either an accidental injury or sickness.

ELIMINATION PERIOD: The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.

BENEFIT PERIOD: The period of time for which Monthly Income Benefits are payable for disability due to the same cause.

TOTAL DISABILITY: For the first 24 months of a disability that the Employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the Employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.

PARTIAL DISABILITY: Because of a covered sickness or injury, the Employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.

RECURRENT DISABILITY: Total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid. The elimination period is waived, and benefits are immediately available for up to the remaining benefit from the previous disability.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy.

WAIVER OF PREMIUM: Premium is waived if the Employee is totally disabled for more than 90 days or the elimination period, whichever is longer. Waiver of Premium will continue while the insured is receiving a Total Disability Income Benefit.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for the specific pre-existing limitations.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Disability Income Plus

Presented by

Cape Fear Community College

FFGA
Benefit Solutions Simplified

Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational "off-the-job" accident or sickness. If you're totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won't go away just because you can't work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

Coverage type	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to a non-occupational "off-the-job" accident or injury.
Benefit amount	Minimum benefit of $300 and maximum benefit of $3,000 per month ($5,000 for Superintendents), not to exceed 65% of base monthly income.
Plan design	**Accident & Sickness:** Provides coverage for disabilities caused by either an accidental injury or sickness.
Benefit period	Twelve months
Elimination period	Provides non-occupational coverage for injuries after 0, 14 or 30 days and off-the job sicknesses after 7, 14 or 30 days of total disability (depending on your selection).
Definition of disability	**Total disability:** for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability. **Partial disability:** because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician. The normal pre-disability schedule is as defined by the employee/member's employer but does not include overtime. **Recurrent disability:** total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.

Bill Mode	Frequency	Action
Monthly	Semi-Monthly	Divide modal premium by 2
Monthly	Bi-Weekly	Multiply modal premium by 12, then divide by 26
Monthly	Weekly	Multiply modal premium by 12, then divide by 52
Thirteenthly (Billed every 28 days)	Bi-Weekly	Divide modal premium by 2
Thirteenthly (Billed every 28 days)	Weekly	Divide modal premium by 4
Tenthly	Monthly for 10 Months	Multiply modal premium by 12, then divide by 10
20 Pay	Semi-monthly for 10 Months	Multiply modal premium by 12, then divide by 20
9thly	Monthly for 9 Months	Multiply modal premium by 12, then divide by 9

Insured by ManhattanLife Insurance & Annuity Company.

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: M-8014
Underwritten by ManhattanLife Insurance & Annuity Company

1-855.448.6982 ManhattanLife.COM

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Disability Income Plus

Cape Fear Community College

Disability Income Plus rates

Tenthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200
18-35	$16.06	$20.51	$24.96	$29.41	$33.86	$38.32	$42.77	$47.22	$51.67	$56.12
36-45	$17.10	$21.90	$26.70	$31.50	$36.30	$41.10	$45.90	$50.70	$55.50	$60.30
46-55	$19.22	$24.73	$30.24	$35.75	$41.26	$46.76	$52.27	$57.78	$63.29	$68.80
56-65	$21.71	$28.04	$34.38	$40.72	$47.05	$53.39	$59.72	$66.06	$72.40	$78.73
66-70	$28.69	$37.36	$46.02	$54.68	$63.35	$72.01	$80.68	$89.34	$98.00	$106.67
Benefit	$1,300	$1,400	$1,500	$1,600	$1,700	$1,800	$1,900	$2,000	$2,100	$2,200
18-35	$60.58	$65.03	$69.48	$73.93	$78.38	$82.84	$87.29	$91.74	$96.19	$100.64
36-45	$65.10	$69.90	$74.70	$79.50	$84.30	$89.10	$93.90	$98.70	$103.50	$108.30
46-55	$74.30	$79.81	$85.32	$90.83	$96.34	$101.84	$107.35	$112.86	$118.37	$123.88
56-65	$85.07	$91.40	$97.74	$104.08	$110.41	$116.75	$123.08	$129.42	$135.76	$142.09
66-70	$115.33	$124.00	$132.66	$141.32	$149.99	$158.65	$167.32	$175.98	$184.64	$193.31
Benefit	$2,300	$2,400	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000	$3,100	$3,200
18-35	$105.10	$109.55	$114.00	$118.45	$122.90	$127.36	$131.81	$136.26	$140.71	$145.16
36-45	$113.10	$117.90	$122.70	$127.50	$132.30	$137.10	$141.90	$146.70	$151.50	$156.30
46-55	$129.38	$134.89	$140.40	$145.91	$151.42	$156.92	$162.43	$167.94	$173.45	$178.96
56-65	$148.43	$154.76	$161.10	$167.44	$173.77	$180.11	$186.44	$192.78	$199.12	$205.45
66-70	$201.97	$210.64	$219.30	$227.96	$236.63	$245.29	$253.96	$262.62	$271.28	$279.95
Benefit	$3,300	$3,400	$3,500	$3,600	$3,700	$3,800	$3,900	$4,000	$4,100	$4,200
18-35	$149.62	$154.07	$158.52	$162.97	$167.42	$171.88	$176.33	$180.78	$185.23	$189.68
36-45	$161.10	$165.90	$170.70	$175.50	$180.30	$185.10	$189.90	$194.70	$199.50	$204.30
46-55	$184.46	$189.97	$195.48	$200.99	$206.50	$212.00	$217.51	$223.02	$228.53	$234.04
56-65	$211.79	$218.12	$224.46	$230.80	$237.13	$243.47	$249.80	$256.14	$262.48	$268.81
66-70	$288.61	$297.28	$305.94	$314.60	$323.27	$331.93	$340.60	$349.26	$357.92	$366.59
Benefit	$4,300	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000		
18-35	$194.14	$198.59	$203.04	$207.49	$211.94	$216.40	$220.85	$225.30		
36-45	$209.10	$213.90	$218.70	$223.50	$228.30	$233.10	$237.90	$242.70		
46-55	$239.54	$245.05	$250.56	$256.07	$261.58	$267.08	$272.59	$278.10		
56-65	$275.15	$281.48	$287.82	$294.16	$300.49	$306.83	$313.16	$319.50		
66-70	$375.25	$383.92	$392.58	$401.24	$409.91	$418.57	$427.24	$435.90		

Disability Income Plus

Cape Fear Community College

Disability Income Plus rates

Tenthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200
18-35	$11.59	$14.56	$17.52	$20.48	$23.45	$26.41	$29.38	$32.34	$35.30	$38.27
36-45	$12.31	$15.52	$18.72	$21.92	$25.13	$28.33	$31.54	$34.74	$37.94	$41.15
46-55	$14.11	$17.92	$21.72	$25.52	$29.33	$33.13	$36.94	$40.74	$44.54	$48.35
56-65	$16.42	$20.99	$25.56	$30.13	$34.70	$39.28	$43.85	$48.42	$52.99	$57.56
66-70	$21.67	$28.00	$34.32	$40.64	$46.97	$53.29	$59.62	$65.94	$72.26	$78.59
Benefit	$1,300	$1,400	$1,500	$1,600	$1,700	$1,800	$1,900	$2,000	$2,100	$2,200
18-35	$41.23	$44.20	$47.16	$50.12	$53.09	$56.05	$59.02	$61.98	$64.94	$67.91
36-45	$44.35	$47.56	$50.76	$53.96	$57.17	$60.37	$63.58	$66.78	$69.98	$73.19
46-55	$52.15	$55.96	$59.76	$63.56	$67.37	$71.17	$74.98	$78.78	$82.58	$86.39
56-65	$62.14	$66.71	$71.28	$75.85	$80.42	$85.00	$89.57	$94.14	$98.71	$103.28
66-70	$84.91	$91.24	$97.56	$103.88	$110.21	$116.53	$122.86	$129.18	$135.50	$141.83
Benefit	$2,300	$2,400	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000	$3,100	$3,200
18-35	$70.87	$73.84	$76.80	$79.76	$82.73	$85.69	$88.66	$91.62	$94.58	$97.55
36-45	$76.39	$79.60	$82.80	$86.00	$89.21	$92.41	$95.62	$98.82	$102.02	$105.23
46-55	$90.19	$94.00	$97.80	$101.60	$105.41	$109.21	$113.02	$116.82	$120.62	$124.43
56-65	$107.86	$112.43	$117.00	$121.57	$126.14	$130.72	$135.29	$139.86	$144.43	$149.00
66-70	$148.15	$154.48	$160.80	$167.12	$173.45	$179.77	$186.10	$192.42	$198.74	$205.07
Benefit	$3,300	$3,400	$3,500	$3,600	$3,700	$3,800	$3,900	$4,000	$4,100	$4,200
18-35	$100.51	$103.48	$106.44	$109.40	$112.37	$115.33	$118.30	$121.26	$124.22	$127.19
36-45	$108.43	$111.64	$114.84	$118.04	$121.25	$124.45	$127.66	$130.86	$134.06	$137.27
46-55	$128.23	$132.04	$135.84	$139.64	$143.45	$147.25	$151.06	$154.86	$158.66	$162.47
56-65	$153.58	$158.15	$162.72	$167.29	$171.86	$176.44	$181.01	$185.58	$190.15	$194.72
66-70	$211.39	$217.72	$224.04	$230.36	$236.69	$243.01	$249.34	$255.66	$261.98	$268.31
Benefit	$4,300	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000		
18-35	$130.15	$133.12	$136.08	$139.04	$142.01	$144.97	$147.94	$150.90		
36-45	$140.47	$143.68	$146.88	$150.08	$153.29	$156.49	$159.70	$162.90		
46-55	$166.27	$170.08	$173.88	$177.68	$181.49	$185.29	$189.10	$192.90		
56-65	$199.30	$203.87	$208.44	$213.01	$217.58	$222.16	$226.73	$231.30		
66-70	$274.63	$280.96	$287.28	$293.60	$299.93	$306.25	$312.58	$318.90		

Disability Income Plus

Cape Fear Community College

Disability Income Plus rates

Tenthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200
18-35	$8.64	$10.62	$12.60	$14.58	$16.56	$18.54	$20.52	$22.50	$24.48	$26.46
36-45	$9.07	$11.20	$13.32	$15.44	$17.57	$19.69	$21.82	$23.94	$26.06	$28.19
46-55	$10.48	$13.07	$15.66	$18.25	$20.84	$23.44	$26.03	$28.62	$31.21	$33.80
56-65	$12.35	$15.56	$18.78	$22.00	$25.21	$28.43	$31.64	$34.86	$38.08	$41.29
66-70	$16.42	$20.99	$25.56	$30.13	$34.70	$39.28	$43.85	$48.42	$52.99	$57.56
Benefit	$1,300	$1,400	$1,500	$1,600	$1,700	$1,800	$1,900	$2,000	$2,100	$2,200
18-35	$28.44	$30.42	$32.40	$34.38	$36.36	$38.34	$40.32	$42.30	$44.28	$46.26
36-45	$30.31	$32.44	$34.56	$36.68	$38.81	$40.93	$43.06	$45.18	$47.30	$49.43
46-55	$36.40	$38.99	$41.58	$44.17	$46.76	$49.36	$51.95	$54.54	$57.13	$59.72
56-65	$44.51	$47.72	$50.94	$54.16	$57.37	$60.59	$63.80	$67.02	$70.24	$73.45
66-70	$62.14	$66.71	$71.28	$75.85	$80.42	$85.00	$89.57	$94.14	$98.71	$103.28
Benefit	$2,300	$2,400	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000	$3,100	$3,200
18-35	$48.24	$50.22	$52.20	$54.18	$56.16	$58.14	$60.12	$62.10	$64.08	$66.06
36-45	$51.55	$53.68	$55.80	$57.92	$60.05	$62.17	$64.30	$66.42	$68.54	$70.67
46-55	$62.32	$64.91	$67.50	$70.09	$72.68	$75.28	$77.87	$80.46	$83.05	$85.64
56-65	$76.67	$79.88	$83.10	$86.32	$89.53	$92.75	$95.96	$99.18	$102.40	$105.61
66-70	$107.86	$112.43	$117.00	$121.57	$126.14	$130.72	$135.29	$139.86	$144.43	$149.00
Benefit	$3,300	$3,400	$3,500	$3,600	$3,700	$3,800	$3,900	$4,000	$4,100	$4,200
18-35	$68.04	$70.02	$72.00	$73.98	$75.96	$77.94	$79.92	$81.90	$83.88	$85.86
36-45	$72.79	$74.92	$77.04	$79.16	$81.29	$83.41	$85.54	$87.66	$89.78	$91.91
46-55	$88.24	$90.83	$93.42	$96.01	$98.60	$101.20	$103.79	$106.38	$108.97	$111.56
56-65	$108.83	$112.04	$115.26	$118.48	$121.69	$124.91	$128.12	$131.34	$134.56	$137.77
66-70	$153.58	$158.15	$162.72	$167.29	$171.86	$176.44	$181.01	$185.58	$190.15	$194.72
Benefit	$4,300	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000		
18-35	$87.84	$89.82	$91.80	$93.78	$95.76	$97.74	$99.72	$101.70		
36-45	$94.03	$96.16	$98.28	$100.40	$102.53	$104.65	$106.78	$108.90		
46-55	$114.16	$116.75	$119.34	$121.93	$124.52	$127.12	$129.71	$132.30		
56-65	$140.99	$144.20	$147.42	$150.64	$153.85	$157.07	$160.28	$163.50		
66-70	$199.30	$203.87	$208.44	$213.01	$217.58	$222.16	$226.73	$231.30		

Disability Income Plus

Cape Fear Community College

Disability Income Plus rates

Monthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200
18-35	$13.38	$17.09	$20.80	$24.51	$28.22	$31.93	$35.64	$39.35	$43.06	$46.77
36-45	$14.25	$18.25	$22.25	$26.25	$30.25	$34.25	$38.25	$42.25	$46.25	$50.25
46-55	$16.02	$20.61	$25.20	$29.79	$34.38	$38.97	$43.56	$48.15	$52.74	$57.33
56-65	$18.09	$23.37	$28.65	$33.93	$39.21	$44.49	$49.77	$55.05	$60.33	$65.61
66-70	$23.91	$31.13	$38.35	$45.57	$52.79	$60.01	$67.23	$74.45	$81.67	$88.89
Benefit	$1,300	$1,400	$1,500	$1,600	$1,700	$1,800	$1,900	$2,000	$2,100	$2,200
18-35	$50.48	$54.19	$57.90	$61.61	$65.32	$69.03	$72.74	$76.45	$80.16	$83.87
36-45	$54.25	$58.25	$62.25	$66.25	$70.25	$74.25	$78.25	$82.25	$86.25	$90.25
46-55	$61.92	$66.51	$71.10	$75.69	$80.28	$84.87	$89.46	$94.05	$98.64	$103.23
56-65	$70.89	$76.17	$81.45	$86.73	$92.01	$97.29	$102.57	$107.85	$113.13	$118.41
66-70	$96.11	$103.33	$110.55	$117.77	$124.99	$132.21	$139.43	$146.65	$153.87	$161.09
Benefit	$2,300	$2,400	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000	$3,100	$3,200
18-35	$87.58	$91.29	$95.00	$98.71	$102.42	$106.13	$109.84	$113.55	$117.26	$120.97
36-45	$94.25	$98.25	$102.25	$106.25	$110.25	$114.25	$118.25	$122.25	$126.25	$130.25
46-55	$107.82	$112.41	$117.00	$121.59	$126.18	$130.77	$135.36	$139.95	$144.54	$149.13
56-65	$123.69	$128.97	$134.25	$139.53	$144.81	$150.09	$155.37	$160.65	$165.93	$171.21
66-70	$168.31	$175.53	$182.75	$189.97	$197.19	$204.41	$211.63	$218.85	$226.07	$233.29
Benefit	$3,300	$3,400	$3,500	$3,600	$3,700	$3,800	$3,900	$4,000	$4,100	$4,200
18-35	$124.68	$128.39	$132.10	$135.81	$139.52	$143.23	$146.94	$150.65	$154.36	$158.07
36-45	$134.25	$138.25	$142.25	$146.25	$150.25	$154.25	$158.25	$162.25	$166.25	$170.25
46-55	$153.72	$158.31	$162.90	$167.49	$172.08	$176.67	$181.26	$185.85	$190.44	$195.03
56-65	$176.49	$181.77	$187.05	$192.33	$197.61	$202.89	$208.17	$213.45	$218.73	$224.01
66-70	$240.51	$247.73	$254.95	$262.17	$269.39	$276.61	$283.83	$291.05	$298.27	$305.49
Benefit	$4,300	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000		
18-35	$161.78	$165.49	$169.20	$172.91	$176.62	$180.33	$184.04	$187.75		
36-45	$174.25	$178.25	$182.25	$186.25	$190.25	$194.25	$198.25	$202.25		
46-55	$199.62	$204.21	$208.80	$213.39	$217.98	$222.57	$227.16	$231.75		
56-65	$229.29	$234.57	$239.85	$245.13	$250.41	$255.69	$260.97	$266.25		
66-70	$312.71	$319.93	$327.15	$334.37	$341.59	$348.81	$356.03	$363.25		

Disability Income Plus

Cape Fear Community College

Disability Income Plus rates

Monthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200
18-35	$9.66	$12.13	$14.60	$17.07	$19.54	$22.01	$24.48	$26.95	$29.42	$31.89
36-45	$10.26	$12.93	$15.60	$18.27	$20.94	$23.61	$26.28	$28.95	$31.62	$34.29
46-55	$11.76	$14.93	$18.10	$21.27	$24.44	$27.61	$30.78	$33.95	$37.12	$40.29
56-65	$13.68	$17.49	$21.30	$25.11	$28.92	$32.73	$36.54	$40.35	$44.16	$47.97
66-70	$18.06	$23.33	$28.60	$33.87	$39.14	$44.41	$49.68	$54.95	$60.22	$65.49
Benefit	$1,300	$1,400	$1,500	$1,600	$1,700	$1,800	$1,900	$2,000	$2,100	$2,200
18-35	$34.36	$36.83	$39.30	$41.77	$44.24	$46.71	$49.18	$51.65	$54.12	$56.59
36-45	$36.96	$39.63	$42.30	$44.97	$47.64	$50.31	$52.98	$55.65	$58.32	$60.99
46-55	$43.46	$46.63	$49.80	$52.97	$56.14	$59.31	$62.48	$65.65	$68.82	$71.99
56-65	$51.78	$55.59	$59.40	$63.21	$67.02	$70.83	$74.64	$78.45	$82.26	$86.07
66-70	$70.76	$76.03	$81.30	$86.57	$91.84	$97.11	$102.38	$107.65	$112.92	$118.19
Benefit	$2,300	$2,400	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000	$3,100	$3,200
18-35	$59.06	$61.53	$64.00	$66.47	$68.94	$71.41	$73.88	$76.35	$78.82	$81.29
36-45	$63.66	$66.33	$69.00	$71.67	$74.34	$77.01	$79.68	$82.35	$85.02	$87.69
46-55	$75.16	$78.33	$81.50	$84.67	$87.84	$91.01	$94.18	$97.35	$100.52	$103.69
56-65	$89.88	$93.69	$97.50	$101.31	$105.12	$108.93	$112.74	$116.55	$120.36	$124.17
66-70	$123.46	$128.73	$134.00	$139.27	$144.54	$149.81	$155.08	$160.35	$165.62	$170.89
Benefit	$3,300	$3,400	$3,500	$3,600	$3,700	$3,800	$3,900	$4,000	$4,100	$4,200
18-35	$83.76	$86.23	$88.70	$91.17	$93.64	$96.11	$98.58	$101.05	$103.52	$105.99
36-45	$90.36	$93.03	$95.70	$98.37	$101.04	$103.71	$106.38	$109.05	$111.72	$114.39
46-55	$106.86	$110.03	$113.20	$116.37	$119.54	$122.71	$125.88	$129.05	$132.22	$135.39
56-65	$127.98	$131.79	$135.60	$139.41	$143.22	$147.03	$150.84	$154.65	$158.46	$162.27
66-70	$176.16	$181.43	$186.70	$191.97	$197.24	$202.51	$207.78	$213.05	$218.32	$223.59
Benefit	$4,300	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000		
18-35	$108.46	$110.93	$113.40	$115.87	$118.34	$120.81	$123.28	$125.75		
36-45	$117.06	$119.73	$122.40	$125.07	$127.74	$130.41	$133.08	$135.75		
46-55	$138.56	$141.73	$144.90	$148.07	$151.24	$154.41	$157.58	$160.75		
56-65	$166.08	$169.89	$173.70	$177.51	$181.32	$185.13	$188.94	$192.75		
66-70	$228.86	$234.13	$239.40	$244.67	$249.94	$255.21	$260.48	$265.75		

Disability Income Plus

Cape Fear Community College

Disability Income Plus rates

Monthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200
18-35	$7.20	$8.85	$10.50	$12.15	$13.80	$15.45	$17.10	$18.75	$20.40	$22.05
36-45	$7.56	$9.33	$11.10	$12.87	$14.64	$16.41	$18.18	$19.95	$21.72	$23.49
46-55	$8.73	$10.89	$13.05	$15.21	$17.37	$19.53	$21.69	$23.85	$26.01	$28.17
56-65	$10.29	$12.97	$15.65	$18.33	$21.01	$23.69	$26.37	$29.05	$31.73	$34.41
66-70	$13.68	$17.49	$21.30	$25.11	$28.92	$32.73	$36.54	$40.35	$44.16	$47.97
Benefit	$1,300	$1,400	$1,500	$1,600	$1,700	$1,800	$1,900	$2,000	$2,100	$2,200
18-35	$23.70	$25.35	$27.00	$28.65	$30.30	$31.95	$33.60	$35.25	$36.90	$38.55
36-45	$25.26	$27.03	$28.80	$30.57	$32.34	$34.11	$35.88	$37.65	$39.42	$41.19
46-55	$30.33	$32.49	$34.65	$36.81	$38.97	$41.13	$43.29	$45.45	$47.61	$49.77
56-65	$37.09	$39.77	$42.45	$45.13	$47.81	$50.49	$53.17	$55.85	$58.53	$61.21
66-70	$51.78	$55.59	$59.40	$63.21	$67.02	$70.83	$74.64	$78.45	$82.26	$86.07
Benefit	$2,300	$2,400	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000	$3,100	$3,200
18-35	$40.20	$41.85	$43.50	$45.15	$46.80	$48.45	$50.10	$51.75	$53.40	$55.05
36-45	$42.96	$44.73	$46.50	$48.27	$50.04	$51.81	$53.58	$55.35	$57.12	$58.89
46-55	$51.93	$54.09	$56.25	$58.41	$60.57	$62.73	$64.89	$67.05	$69.21	$71.37
56-65	$63.89	$66.57	$69.25	$71.93	$74.61	$77.29	$79.97	$82.65	$85.33	$88.01
66-70	$89.88	$93.69	$97.50	$101.31	$105.12	$108.93	$112.74	$116.55	$120.36	$124.17
Benefit	$3,300	$3,400	$3,500	$3,600	$3,700	$3,800	$3,900	$4,000	$4,100	$4,200
18-35	$56.70	$58.35	$60.00	$61.65	$63.30	$64.95	$66.60	$68.25	$69.90	$71.55
36-45	$60.66	$62.43	$64.20	$65.97	$67.74	$69.51	$71.28	$73.05	$74.82	$76.59
46-55	$73.53	$75.69	$77.85	$80.01	$82.17	$84.33	$86.49	$88.65	$90.81	$92.97
56-65	$90.69	$93.37	$96.05	$98.73	$101.41	$104.09	$106.77	$109.45	$112.13	$114.81
66-70	$127.98	$131.79	$135.60	$139.41	$143.22	$147.03	$150.84	$154.65	$158.46	$162.27
Benefit	$4,300	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000		
18-35	$73.20	$74.85	$76.50	$78.15	$79.80	$81.45	$83.10	$84.75		
36-45	$78.36	$80.13	$81.90	$83.67	$85.44	$87.21	$88.98	$90.75		
46-55	$95.13	$97.29	$99.45	$101.61	$103.77	$105.93	$108.09	$110.25		
56-65	$117.49	$120.17	$122.85	$125.53	$128.21	$130.89	$133.57	$136.25		
66-70	$166.08	$169.89	$173.70	$177.51	$181.32	$185.13	$188.94	$192.75		

Standard Insurance Company
Your Choice Voluntary Long Term Disability Coverage Highlights
Cape Fear Community College

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Cape Fear Community College.

Eligibility Requirements

Policy #173161	• A minimum number of eligible employees must apply and qualify for the proposed plan before Your Choice Voluntary LTD coverage can become effective
Employee	• A regular employee of Cape Fear Community College • Actively working at least 30 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
Premium	• You pay 100 percent of the premium for this coverage through easy payroll deduction

Benefit Amount

Benefit Amount	You may select a monthly benefit amount in $100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 60 percent of your monthly predisability earnings. The minimum monthly amount you may elect is $500.
Plan Maximum Monthly Benefit	The lesser of $2,500 or 60 percent of your predisability earnings
Plan Minimum Monthly Benefit	10 percent of your LTD benefit before reduction by deductible income

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: https://myeoi.standard.com/173161

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: http://www.standard.com/calculators/dineeds.html

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period*, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

*If hired 1st through the 15th - You are eligible on the first of the month that follows the date you become a member.

*If hired 16th through end of month – You are eligible on the first day of the month that follows 30 consecutive days as a member.

Understanding Your Plan Design

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

Accidental Injury	Other Disabilities
60 days	60 days

Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Understanding Your Plan Design (Continued)

Maximum Benefit Period

The maximum periods for which benefits are payable are shown in the tables below:

To SSNRA - If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of $100, from a minimum of $500 to a maximum of the lesser of $2,500 or 60 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are $4,167, you may select any dollar amount (in $100 increments) between $500 and $2,500 (60 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of $2,500, and you now receive a monthly Social Security disability benefit of $1,200 and a monthly retirement benefit of $900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	$4,167
Maximum benefit percentage	X 60%
Maximum benefit amount	$2,500
Less Social Security disability benefit	-$1,200
Less retirement benefit	-$900
Amount of LTD benefit	**$400**

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

Reasonable Accommodation Expense Benefit	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
Employee Assistance Program	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
Family Care Expense Benefit	Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to $250 per dependent or $500 per family, per month) is deducted from the amount of your work earnings.
Lifetime Security Benefit	Your LTD benefit (amount in effect when the claim closes) payments will continue beyond the regular plan Maximum Benefit Period if you are unable to perform two or more Activities of Daily Living or are suffering severe cognitive impairment.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

Preexisting Condition Provision

Preexisting Condition	For the first 180 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 180 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period	The 180-day period just before your insurance becomes effective or any insurance increases become effective
Specified Exclusion and Limitation Period	12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of $500 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of $500 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Maximum Benefit Period: To SSNRA

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month 60/60				
10,000	833	500			7.67		
12,000	1,000	600			9.20		
14,000	1,167	700			10.74		
16,000	1,333	800			12.27		
18,000	1,500	900			13.81		
20,000	1,667	1,000			15.34		
22,000	1,833	1,100			16.87		
24,000	2,000	1,200			18.41		
26,000	2,167	1,300			19.94		
28,000	2,333	1,400			21.48		
30,000	2,500	1,500			23.01		
32,000	2,667	1,600			24.54		
34,000	2,833	1,700			26.08		
36,000	3,000	1,800			27.61		
38,000	3,167	1,900			29.15		
40,000	3,333	2,000			30.68		
42,000	3,500	2,100			32.21		
44,000	3,667	2,200			33.75		
46,000	3,833	2,300			35.28		
48,000	4,000	2,400			36.82		
50,000	4,167	2,500			38.35		



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at **www.standard.com**.

* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

GP190-LTD/S399

SI **14493-173161**

Cancer Insurance

Plan Options



American Fidelity| www.americanfidelity.com | 800-662-1113

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



Group Cancer Insurance

AMERICAN FIDELITY
a different opinion

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with these advances also comes the continuing rise in the cost of cancer treatment.

Limited Benefit Group Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Did You Know?
New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

- **Helps cover expenses**
  for cancer treatment, transportation, hospitalization and more.
- **Benefits are paid directly to you**
  to be used however you see fit.
- **Portable to take with you**
  even if you leave employment.
- **Coverage options are available**
  for you, your spouse and your children under age 26.

Benefits designed to help cover costs.

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Group Cancer Insurance** may help pay for costs not covered by your primary medical insurance.

Examples:

Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.

Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Radiation Therapy/Chemotherapy/ Immunotherapy Actual charges per 12 month period	$10,000	$15,000	$15,000
Administrative/Lab Work Per calendar month	$50	$75	$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	$50	$50	$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment		
Blood, Plasma, and Platelets **Basic:** Per day, up to $10,000 per calendar year **Enhanced & Enhanced Plus:** Per day, up to $15,000 per calendar year	$200	$300	$300
Medical Imaging Per image up to 2 per calendar year	$200	$300	$300
Surgical	$20 surgical unit/ Max per operation: $2,000	$30 surgical unit/ Max per operation: $3,000	$40 surgical unit/ Max per operation: $4,000
Anesthesia	25% of the amount paid for covered surgery		
Second and Third Surgical Opinion Per diagnosis	$300	$300	$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	$200	$400	$600
Bone Marrow or Stem Cell Transplant **Patient Provided** Per calendar year **Donor Provided** Per calendar year	$500 $1,500	$1,000 $3,000	$1,500 $4,500
Prosthesis **Surgical** 1 per site, lifetime max of 2 devices per covered person **Non-surgical** 1 per site, lifetime max of 3 devices per covered person **Hair Prosthesis** Once per life	$1,000 $100 $100	$1,500 $150 $150	$2,000 $200 $200
Hospital Confinement Per day **Day 1-30** **Day 31+**	$100 $200	$200 $400	$300 $600
Charity Hospital or HMO Paid in lieu of most benefits per day Inpatient and outpatient	$100	$200	$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	$100	$200	$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	$100	$200	$300
Hospice Care **Basic:** Per day, up to $18,000 lifetime max **Enhanced:** Per day, up to $36,000 lifetime max **Enhanced Plus:** Per day, up to $54,000 lifetime max	$100	$200	$300
Inpatient Special Nursing Services Per day	$100	$200	$300

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Dread Disease Per day while hospital confined **Day 1-30** **Day 31+**	$100 $200	$200 $400	$300 $600
Donor	$1,000/donation		
Drugs and Medicine **Inpatient** Per confinement **Outpatient** $50 per prescription up to maximum shown per calendar month	$50 $50	$100 $50	$200 $100
Attending Physician While hospital confined, per day	$50	$50	$50
Transportation & Lodging (Patient & Family Member) **Transportation** $1,500 max per round trip, max 12 trips per calendar year **Lodging** Per day, up to 90 days per calendar year	Coach fare or $.50/mile by car $50	Coach fare or $.50/ mile by car $50	Coach fare or $.50/ mile by car $75
Ambulance **Ground** Per trip, up to 2 per confinement **Air** Per trip, up to 2 per confinement	$200 $2,000	$200 $2,000	$200 $2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of $1,000.	$50	$50	$50
Diagnostic and Prevention One per calendar year	$25	$50	$75
Cancer Screening Follow-Up One per calendar year	$25	$50	$75
Waiver of Premium Employee only	After 90 days of continuous disability		
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	$2,500	$5,000	$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	N/A	$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70 **Ambulance**	$600 $100		

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

MONTHLY PREMIUMS	BASIC	ENHANCED	ENHANCED PLUS
Individual	$15.80	$24.26	$31.62
Family	$26.86	$41.26	$53.80

The premium and benefit amounts vary depending upon the plan selected.

Only loss for Cancer Unless otherwise indicated, benefits are payable only for loss resulting from definitive Cancer diagnosis or treatment, including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit; Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer means a disease that is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or have malignant potential such as leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted by dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12-month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charge's maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies, and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside the United States or its territories is not provided.

Blood, Plasma and Platelets Benefit Laboratory processes are not included. Colony-stimulating factors are not covered. Benefits for the administration of blood, plasma, and platelets are only provided under this benefit.

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test requested by a Physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer or prosthesis surgeries are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for Skin Cancer are not covered.

Bone Marrow or Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Prosthesis Benefit Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic-related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prothesis will only be covered under the Hair Prosthesis Benefit.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Charity Hospital or HMO Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital as a result of Cancer or Dread Disease or covered under an HMO or Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for Physician authorized confinement that begins within 14 days after Hospital confinement.

Home Health Care Benefit Pays a daily benefit for Physician authorized private nursing care that begins within 14 days of hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services or physical or speech therapy.

Hospice Care Benefit Pays a daily benefit when a Physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Plan Benefit Highlights (cont.)

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving Physician authorized special nursing care (other than that regularly furnished by a Hospital) for at least eight consecutive hours during 24 hours.

Dread Disease Benefit Covered Dread Diseases are Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sachs Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for cancer treatment. It does not include associated administrative processes, drugs, or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only to the Covered Person.

Ambulance Benefit If air and ground ambulance services are required on the same day, we will only pay the higher benefit amount. A Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

Waiver of Premium Premium is waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled. We will require proof annually that you remain Disabled during that time.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow-Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a Physician diagnoses the Covered Person with Internal Cancer after coverage is active for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a Physician diagnoses the Covered Person as having a Heart Attack or Stroke after the coverage is active for that person. This benefit is payable only for the first occurrence of either the Heart Attack or Stroke.

Limitations and Exclusions

Pre-existing condition means a Specified Disease for which: (a) medical advice; (b) diagnosis; (c) care; or (d) treatment was received or recommended within the 12 month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss caused by or resulting from a Pre-Existing Condition that occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months after the Covered Person's Effective Date of coverage. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation. This provision does not affect a newborn child, or an adopted or foster child from the date of placement in your home after the Effective Date of coverage. This provision does not apply to unrelated cancers that are diagnosed after the Effective Date of coverage.

Hospital intensive care unit benefit limitations Confinement caused by any heart condition that is diagnosed or treated during the 30-day waiting period immediately following the Effective Date of coverage is not covered for two years from the Covered Person's Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated before the Effective Date).

Exclusions We will not pay benefits resulting from or caused by:
(a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
(b) any act of war (excluding terrorism), declared or undeclared, or any act related to war;
(d) military service for any country at war;
(e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
(f) active participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

Termination of Insurance Your coverage may continue for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for the coverage under the Policy. Your coverage will end when you no longer qualify as an insured, retire, you are not on active employment, your employment terminates or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the Policy is modified to exclude dependents. Your coverage can be terminated, or premiums may be increased on any premium due date with 45 days advance written notice.

This product may contain limitations, exclusions, and waiting periods. ***This product is not intended for people who are eligible for Medicaid coverage.*** *This is a brief description of the coverage. For complete benefits and other provisions, please refer to your certificate. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This policy is considered an employee welfare benefit plan and/or maintained by an association or employer intended to be covered by ERISA, and will be administrated and enforced under ERISA. Group policies issued to governmental entities may be exempt from ERISA.*

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Critical Illness Insurance

Aetna | www.aetna.com | 800-800-8121

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.





By your side

Aetna Critical Illness Plan

Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

What is the Aetna Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

The Aetna Critical Illness Plan pays benefits directly to ***you.*** You'll get extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way ***you*** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

*Refer to your plan documents to see all covered illnesses under the plan.

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Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined $555 billion[1].

Less stress



Dan* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna Critical Illness plan.

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, access discounts, and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM. to 6 PM.



[1]WebMD. Top 11 Medical Expenses. November, 2021. Available at: https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses. Accessed June 3, 2023.

* For illustrative purposes only; does not reflect events experienced by an actual participant.

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Critical illness plan

Face amount

Covered Benefit	Amount
Employee face amount	$5,000 $10,000 $15,000 $20,000 $25,000 $30,000 $35,000 $40,000 $45,000 $50,000
Spouse face amount or benefit amount	50% of EE face amount or benefit amount
Child(ren) face amount or benefit amount	50% of EE face amount or benefit amount

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Addison's disease *(adrenal hypofunction)*	25%
Lupus	25%
Multiple sclerosis	100%
Myasthenia gravis	25%
Muscular dystrophy	25%

Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Down syndrome	100%
Sickle cell anemia	100%
Spina bifida	100%

Critical illness benefits — chronic condition

Covered benefit	Percentage of face amount
Posttraumatic stress disorder *(PTSD)*	25%
Primary sclerosing cholangitis *(PSC)*	25%
Systemic sclerosis *(scleroderma)*	25%

Note: PTSD benefits are available 1 per lifetime

Critical illness plan

Critical illness benefits — infectious disease

Covered benefit	Percentage of face amount
Cholera	25%
Coronavirus	100%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis — occupational	100%
Human immunodeficiency virus (HIV) - occupational	100%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis — amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus *(MRSA)*	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever *(RMSF)*	25%
Septic shock and severe sepsis	25%
Tetanus	25%
Tuberculosis *(TB)*	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus *(swine flu in humans)*	25%

Note: Infectious disease benefits are available 1 per disease, per year, per person.

Note: Coronavirus, Creutzfeldt-Jakob disease, Ebola, pneumonia, septic shock and severe sepsis, variant influenza virus (swine flu in humans) benefits require a hospital stay of **at least 5 days** to be eligible for benefits.

Critical illness plan

Critical illness benefits — neurological *(brain)*

Covered benefit	Percentage of face amount
Advanced dementia	100%
Amyotrophic lateral sclerosis *(ALS)*	100%
Aneurysm	50%
Alzheimer's disease	100%
Benign brain or spinal cord tumor	100%
Coma *(non-induced)*	100%
Huntington's disease	100%
Parkinson's disease	100%
Persistent vegetative state *(PVS)*	100%
Stroke	100%
Transient ischemic attack *(TIA)*	25%

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness benefits — other

Covered benefit	Percentage of face amount
Bone marrow transplant (Include autologous)	100%
End-stage renal or kidney failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of hearing	100%
Loss of sight *(blindness)*	100%
Loss of speech	100%
Major organ failure *(heart, liver, lung(s), or pancreas)*	100%
Paralysis — quadriplegia	100%
Paralysis — triplegia	100%
Paralysis — paraplegia	100%
Paralysis — hemiplegia	100%
Paralysis — diplegia	100%
Paralysis — monoplegia	100%
Mental health condition	25%
Sarcoidosis	25%
Burns *(third degree)*	100%

Note: Maximum 1 bone marrow transplant per lifetime.
Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.
Note: The mental health condition require a hospital stay of at least 3 days.

Critical illness plan

Critical illness benefits — vascular (*heart*)

Covered benefit	Percentage of face amount
Coronary artery condition requiring bypass surgery	50%
Heart attack *(myocardial infarction)*	100%
Heart arrhythmia	25%
Sudden cardiac arrest	100%

Note: Maximum 1 sudden cardiac arrest diagnosis per lifetime.

Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent *(other)* critical illness diagnosis	100%
Recurrence *(same)* critical illness diagnosis	100%

Note: Recurrence *(same)* illness diagnoses must occur at least 180 days after initial diagnosis. Subsequent *(different)* illness diagnoses must occur at least 30 days after initial diagnosis.

Cancer benefits

Covered benefit	Percentage of face amount
Cancer *(invasive)*	100%
Carcinoma in situ *(non-invasive)*	25%
Skin cancer	$1,000
Recurrence cancer *(invasive)* diagnosis	100%
Recurrence carcinoma in situ *(non-invasive)* diagnosis	100%

Note: Maximum 1 skin cancer diagnosis per lifetime.
Note: Recurrence *(same)* cancer diagnoses must occur at least 180 treatment-free days after initial diagnosis.

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Critical illness plan

Health screening benefit

Covered benefit	Benefit amount
Health screening benefit *(pays once per member per plan year for covered preventive tests)*	$75

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Critical Illness Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and tobacco usage.

Non-tobacco rates

Option 1 face amount: $5,000

Age	You only	You + spouse	You + children	You + family
<30	$3.11	$6.05	$3.11	$6.05
30-39	$5.28	$9.82	$5.28	$9.82
40-49	$8.57	$14.85	$8.57	$14.85
50-59	$11.10	$19.33	$11.10	$19.33
60-69	$13.26	$22.61	$13.26	$22.61
70+	$17.00	$27.64	$17.00	$27.64

Option 2 face amount: $10,000

Age	You only	You + spouse	You + children	You + family
<30	$5.28	$9.67	$5.28	$9.67
30-39	$9.04	$16.06	$9.04	$16.06
40-49	$15.05	$25.34	$15.05	$25.34
50-59	$20.00	$34.17	$20.00	$34.17
60-69	$24.61	$41.43	$24.61	$41.43
70+	$32.69	$52.73	$32.69	$52.73

Option 3 face amount: $15,000

Age	You only	You + spouse	You + children	You + family
<30	$7.45	$13.28	$7.45	$13.28
30-39	$12.80	$22.30	$12.80	$22.30
40-49	$21.53	$35.83	$21.53	$35.83
50-59	$28.90	$49.01	$28.90	$49.01
60-69	$35.96	$60.25	$35.96	$60.25
70+	$48.37	$77.82	$48.37	$77.82

Option 4 face amount: $20,000

Age	You only	You + spouse	You + children	You + family
<30	$9.63	$16.90	$9.63	$16.90
30-39	$16.57	$28.55	$16.57	$28.55
40-49	$28.02	$46.31	$28.02	$46.31
50-59	$37.80	$63.85	$37.80	$63.85
60-69	$47.32	$79.06	$47.32	$79.06
70+	$64.06	$102.91	$64.06	$102.91

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Option 5 face amount: $25,000

Age	You only	You + spouse	You + children	You + family
<30	$11.80	$20.51	$11.80	$20.51
30-39	$20.33	$34.79	$20.33	$34.79
40-49	$34.50	$56.80	$34.50	$56.80
50-59	$46.70	$78.68	$46.70	$78.68
60-69	$58.67	$97.88	$58.67	$97.88
70+	$79.75	$127.99	$79.75	$127.99

Option 6 face amount: $30,000

Age	You only	You + spouse	You + children	You + family
<30	$13.98	$24.13	$13.98	$24.13
30-39	$24.09	$39.98	$24.09	$39.98
40-49	$40.98	$67.28	$40.98	$67.28
50-59	$55.60	$93.52	$55.60	$93.52
60-69	$70.02	$116.69	$70.02	$116.69
70+	$95.44	$153.08	$95.44	$153.08

Option 7 face amount: $35,000

Age	You only	You + spouse	You + children	You + family
<30	$16.78	$27.95	$16.78	$27.95
30-39	$27.88	$44.55	$27.88	$44.55
40-49	$49.31	$80.79	$49.31	$80.79
50-59	$67.00	$112.57	$67.00	$112.57
60-69	$84.54	$140.77	$84.54	$140.77
70+	$115.44	$185.09	$115.44	$185.09

Option 8 face amount: $40,000

Age	You only	You + spouse	You + children	You + family
<30	$18.35	$30.25	$18.35	$30.25
30-39	$31.00	$49.00	$31.00	$49.00
40-49	$56.05	$91.68	$56.05	$91.68
50-59	$76.25	$127.98	$76.25	$127.98
60-69	$96.33	$160.32	$96.33	$160.32
70+	$131.73	$211.15	$131.73	$211.15

Option 9 face amount: $45,000

Age	You only	You + spouse	You + children	You + family
<30	$19.80	$32.50	$19.80	$32.50
30-39	$34.00	$53.50	$34.00	$53.50
40-49	$65.20	$105.60	$65.20	$105.60
50-59	$125.20	$199.80	$125.20	$199.80
60-69	$145.50	$210.20	$145.50	$210.20
70+	$175.00	$276.00	$175.00	$276.00

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Option 10 face amount: $50,000

Age	You only	You + spouse	You + children	You + family
<30	$21.40	$34.70	$21.40	$34.70
30-39	$37.10	$58.40	$37.10	$58.40
40-49	$72.50	$115.20	$72.50	$115.20
50-59	$135.20	$210.50	$135.20	$210.50
60-69	$199.80	$325.70	$199.80	$325.70
70+	$210.50	$375.60	$210.50	$375.60

Tobacco rates

Option 1 face amount: $5,000

Age	You only	You + spouse	You + children	You + family
<30	$4.37	$8.22	$4.37	$8.22
30-39	$7.56	$13.80	$7.56	$13.80
40-49	$12.78	$22.14	$12.78	$22.14
50-59	$17.22	$30.35	$17.22	$30.35
60-69	$21.44	$37.01	$21.44	$37.01
70+	$28.79	$46.92	$28.79	$46.92

Option 2 face amount: $10,000

Age	You only	You + spouse	You + children	You + family
<30	$7.81	$14.01	$7.81	$14.01
30-39	$13.60	$24.02	$13.60	$24.02
40-49	$23.47	$39.91	$23.47	$39.91
50-59	$32.25	$56.21	$32.25	$56.21
60-69	$40.98	$70.22	$40.98	$70.22
70+	$56.27	$91.28	$56.27	$91.28

Option 3 face amount: $15,000

Age	You only	You + spouse	You + children	You + family
<30	$11.25	$19.80	$11.25	$19.80
30-39	$19.64	$33.88	$19.64	$33.88
40-49	$34.17	$57.69	$34.17	$57.69
50-59	$47.27	$82.07	$47.27	$82.07
60-69	$60.51	$103.43	$60.51	$103.43
70+	$83.76	$135.63	$83.76	$135.63

Option 4 face amount: $20,000

Age	You only	You + spouse	You + children	You + family
<30	$13.98	$23.55	$13.98	$23.55
30-39	$25.55	$41.05	$25.55	$41.05
40-49	$44.87	$75.46	$44.87	$75.46
50-59	$62.29	$107.93	$62.29	$107.93
60-69	$80.05	$136.64	$80.05	$136.64
70+	$111.24	$179.99	$111.24	$179.99

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Option 5 face amount: $25,000

Age	You only	You + spouse	You + children	You + family
<30	$15.90	$26.35	$15.90	$26.35
30-39	$30.25	$48.15	$30.25	$48.15
40-49	$55.57	$93.23	$55.57	$93.23
50-59	$77.31	$133.79	$77.31	$133.79
60-69	$99.58	$169.86	$99.58	$169.86
70+	$138.72	$224.35	$138.72	$224.35

Option 6 face amount: $30,000

Age	You only	You + spouse	You + children	You + family
<30	$17.75	$29.35	$17.75	$29.35
30-39	$35.05	$55.45	$35.05	$55.45
40-49	$66.26	$111.00	$66.26	$111.00
50-59	$92.33	$159.64	$92.33	$159.64
60-69	$119.12	$203.07	$119.12	$203.07
70+	$166.20	$268.71	$166.20	$268.71

Option 7 face amount: $35,000

Age	You only	You + spouse	You + children	You + family
<30	$19.75	$32.25	$19.75	$32.25
30-39	$39.88	$62.60	$39.88	$62.60
40-49	$79.95	$133.78	$79.95	$133.78
50-59	$111.53	$192.71	$111.53	$192.71
60-69	$144.04	$245.46	$144.04	$245.46
70+	$201.20	$325.23	$201.20	$325.23

Option 8 face amount: $40,000

Age	You only	You + spouse	You + children	You + family
<30	$21.65	$35.15	$21.65	$35.15
30-39	$44.65	$69.75	$44.65	$69.75
40-49	$91.06	$152.24	$91.06	$152.24
50-59	$127.13	$219.57	$127.13	$219.57
60-69	$164.33	$279.96	$164.33	$279.96
70+	$229.75	$371.31	$229.75	$371.31

Option 9 face amount: $45,000

Age	You only	You + spouse	You + children	You + family
<30	$23.55	$38.05	$23.55	$38.05
30-39	$49.50	$77.00	$49.50	$77.00
40-49	$102.17	$170.70	$102.17	$170.70
50-59	$142.74	$246.43	$142.74	$246.43
60-69	$184.62	$314.46	$184.62	$314.46
70+	$258.30	$417.39	$258.30	$417.39

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Option 10 face amount: $50,000

Age	You only	You + spouse	You + children	You + family
<30	$25.50	$40.88	$25.50	$40.88
30-39	$54.15	$84.15	$54.15	$84.15
40-49	$113.28	$189.16	$113.28	$189.16
50-59	$158.34	$273.29	$158.34	$273.29
60-69	$204.92	$348.96	$204.92	$348.96
70+	$286.85	$463.48	$286.85	$463.48

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Aetna Critical Illness Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and Schedule of Benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.
Exclusions: Benefits under the Policy will not be payable for any critical illness that is diagnosed or for which care was received outside the United States and its territories, or for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Act of war, riot, war;
2. Care provided by immediate family members or any household member;
3. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
4. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. **If you have any questions, call member services at 1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM.

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Accident Insurance

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The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





Cover your bases

Aetna Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

What is the Aetna Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and more serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans pay ***doctors and hospitals*** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

The Aetna Accident Plan pays benefits directly to ***you***. You'll get extra cash when you need it most. The plan can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way ***you*** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered injury or treatment. We will pay benefits directly to you by check or direct deposit.

Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.

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"What ifs" are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **$6,620**[1]. Home accidents injure **one person every four seconds** in the U.S.[2]

Because you never know

Miguel* didn't expect to get hit from behind in the middle of rush hour. But it happened. Now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits were deposited directly into his bank account. He used some of the money to pay out-of-pocket medical costs. The rest went toward getting his car back into shape.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM.



[1]Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: https://pubmed.ncbi.nlm.nih.gov/31888976/. Accessed June 17, 2022.

[2]About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.

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Benefit Summary

Aetna On/Off-Job Accident Plan

Cape Fear Community College

6501015

The accident plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Be ready for when real life happens.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. Limits apply to the number of times a benefit is paid, as specified in your Certificate of Coverage. If a service or injury falls in more than one category, the plan will pay only one benefit, and the highest benefit that applies. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage. This policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Note: The Aetna Accident Plan pays benefits for specific care, treatment and services related to a covered accident. The plan doesn't pay benefits for care, treatment or services related to an accident that occurs before the plan's coverage effective date.

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Accident plan

Initial care

Covered Benefit	Low	High
Ground ambulance	$300	$300
Air ambulance	$1,500	$1,500
Max trips per accident, air and ground combined	*1*	*1*
Emergency room/Hospital	$200	$300
Physician's office/Urgent care facility	$200	$300
Walk-in clinic/Telemedicine	$50	$50
Max visits for all places of service per accident	*1*	*1*
Max visits for all places of service per plan year	*3*	*3*
X-ray	$150	$175
Lab	$150	$175
Medical Imaging	$225	$250

Follow-up care

Covered benefit	Low	High
Emergency room/Hospital	$50	$75
Physician's office/Urgent care facility	$50	$75
Walk-in clinic/Telemedicine	$25	$25
Max visits for all places of service per accident	*3*	*4*
Max visits for all places of service per plan year	*9*	*12*
Major appliances	$200	$300
Minor appliances	$100	$150
Maximum appliances per accident, major & minor combined	*1*	*1*
Chiropractic treatment/Alternative therapy	$40	$45
Max combined visits per accident	*10*	*10*
Max combined visits per plan year	*30*	*30*
Pain management *(epidural anesthesia)*	$100	$150
Prescription drugs	$10	$10
One prosthetic device/Artificial limb	$750	$1,500
Multiple prosthetic devices/Artificial limbs	$1,500	$3,000
Max prosthetic benefits per accident	*1*	*1*
Repair or replace *(percentage of Prosthetic device/ Artificial limb benefit amount)*	25%	25%
Max repair or replace per plan year	*1*	*1*
Therapy services	$40	$45
Max therapy services per accident	*10*	*10*
Max therapy visit per plan year	*30*	*30*

Note: Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.
Note: Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

Accident plan

Hospital care

Hospital and all other stays related to a covered accident.

Covered benefit	Low	High
Non-ICU hospital admission *(initial day)*	$1,000	$1,500
ICU hospital admission *(initial day)*	$2,000	$3,000
Non-ICU hospital stay — daily	$200	$300
Step down intensive care unit hospital stay— daily	$300	$450
ICU hospital stay — daily	$400	$600
Max days per accident (combined for all stays due to the same accident)	*365*	*365*
Rehabilitation unit stay — daily	$100	$150
Max days for rehabilitation stay per accident	*30*	*30*
Observation unit *(one day per plan year)*	$100	$100

Note: Hospital daily stay begins on day 2, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

Surgical care

Covered benefit	Low	High
Blood/Plasma/Platelets	$400	$500
Eye injury — surgical repair	$300	$400
Eye injury — removal of foreign object	$150	$200
Surgery *(without repair)* — arthroscopic or exploratory	$250	$250
Cranial, open abdominal & *thoracic (surgery with repair)*	$1,500	$2,000
Hernia *(surgery with repair)*	$250	$300
Ruptured disc *(surgery with repair)*	$750	$1,000
Tendon/Ligament/Rotator cuff — single repair *(surgery with repair)*	$750	$1,000
Tendon/Ligament/Rotator cuff — multiple repairs *(surgery with repair)*	$1,500	$2,000
Torn knee cartilage *(surgery with repair)*	$750	$1,000
Inpatient surgery *(non-specified with repair)*	$250	$300
Outpatient surgery *(non-specified with repair)*	$250	$300
Max benefits per accident, combined for all surgery (with and without repair)	*2*	*2*

Note: Surgical benefits must be related to a covered accident.

Lodging/Transportation

Covered benefit	Low	High
Lodging	$200	$200
Max lodging days per accident	*30*	*30*
Transportation	$300	$300
Max trips per accident	*3*	*3*

Note: Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

Accident plan

Dislocations- closed reduction *(non-surgical)*

Covered benefit	Low	High
Hip	$3,000	$6,000
Knee	$1,500	$3,000
Ankle — bone or bones of the foot other than toes	$750	$1,500
Collarbone — sternoclavicular	$600	$1,200
Lower jaw	$600	$1,200
Shoulder — glenohumeral	$600	$1,200
Elbow	$600	$1,200
Wrist	$600	$1,200
Bone or bones of the hand other than fingers	$600	$1,200
Collarbone — acromioclavicular and separation	$150	$300
Rib	$150	$300
One toe or one finger	$150	$300
Partial dislocation *(percentage of named dislocation)*	25%	25%
Max dislocations per accident	*3*	*3*

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Fractures- closed reduction *(non-surgical)*

Covered benefit	Low	High
Skull except bones of the face or nose, depressed	$4,125	$8,250
Skull except bones of the face or nose, non-depressed	$4,125	$8,250
Hip or thigh *(femur)*	$1,725	$3,450
Vertebrae — excluding vertebral processes	$1,125	$2,250
Pelvis — including ilium, ischium, pubis, acetabulum except coccyx	$1,125	$2,250
Leg — tibia and/or fibula malleolus	$1,125	$2,250
Bones of the face or nose except mandible or maxilla	$600	$1,200
Upper Jaw, maxilla *(except alveolar process)*	$600	$1,200
Upper arm between elbow and shoulder *(humerus)*	$600	$1,200
Lower jaw, mandible *(except alveolar process)*	$600	$1,200
Collarbone *(clavicle, sternum)*	$600	$1,200
Shoulder blade *(scapula)*	$600	$1,200
Vertebral process	$600	$1,200
Forearm *(radius and/or ulna)*	$450	$900
Kneecap *(patella)*	$450	$900
Hand/foot *(except fingers, toes)*	$450	$900
Ankle/wrist	$450	$900
Rib	$225	$450
Coccyx	$225	$450
Finger, toe	$225	$450
Chip fracture *(percentage of named fracture)*	25%	25%
Max fractures per accident	*3*	*3*

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Accident plan

Accidental death

Covered benefit	Low	High
Employee	$50,000	$100,000
Covered dependent spouse	$25,000	$50,000
Covered dependent children	$25,000	$50,000

Accidental death common carrier

Covered benefit	Low	High
Employee	$100,000	$200,000
Covered dependent spouse	$50,000	$100,000
Covered dependent children	$50,000	$100,000

Note: Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

Accidental dismemberment

Covered benefit	Low	High
Loss of arm	$10,000	$10,000
Loss of hand	$10,000	$10,000
Loss of leg	$10,000	$10,000
Loss of foot	$10,000	$10,000
Loss of sight	$10,000	$10,000
Loss of ability to speak	$30,000	$30,000
Loss of hearing	$10,000	$10,000
Max dismemberments per accident (non-finger, toe)	*2*	*2*
Loss of finger	$1,500	$1,500
Loss of toe	$1,500	$1,500
Max dismemberments per accident (finger, toe)	*4*	*4*

Paralysis *(complete, total & permanent loss)*

Covered benefit	Low	High
Quadriplegia	$10,000	$20,000
Triplegia	$7,500	$15,000
Paraplegia	$5,000	$10,000
Hemiplegia	$5,000	$10,000
Diplegia	$5,000	$10,000
Monoplegia	$2,500	$5,000

Accident plan

Other benefits

Covered benefit	Low	High
Home and vehicle alteration	$1,000	$1,500
Animal bite treatment — tetanus shot	$100	$100
Animal bite treatment — anti-venom shot	$200	$200
Animal bite treatment — rabies shot	$300	$300
Brain injury — concussion/mild traumatic brain injury	$200	$200
Brain injury — moderate/severe traumatic brain injury	$600	$600
Burn — second degree burn *(greater than 5% of total body surface)*	$1,000	$1,500
Burn — third degree burn *(less than 5% of total body surface)*	$1,500	$2,250
Burn — third degree burn *(between 5% and 10% of total body surface)*	$6,000	$9,000
Burn — third degree burn *(greater than 10% of total body surface)*	$18,000	$27,000
Burn skin graft *(percentage of the named burn benefit)*	50% of Burn	50% of Burn
Coma *(non-induced)*	$10,000	$20,000
Persistent vegetative state *(PVS)*	$10,000	$20,000
Coma *(induced)*	$250	$250
Dental extractions	$75	$100
Dental crown	$225	$300
Gunshot wound	$1,500	$2,000
Laceration without stitches	$25	$25
Laceration with stitches *(less than 7.5cm)*	$75	$75
Laceration with stitches *(between 7.6cm and 20cm)*	$300	$300
Laceration with stitches *(greater than 20cm)*	$600	$600
Posttraumatic stress disorder *(PTSD)*	$500	$500
Service dog	$1,500	$1,500
Waiver of premium	Included	Included

Note: Max 10 days per accident for coma/PVS benefits.
Note: Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.
Note: Service dog benefit is limited to 1 dog, per lifetime.

Other benefits

Organized sports benefit

The **organized sports benefit** pays an additional **25** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

Note: Organized sport benefit excludes the following benefits:

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service dog
- Burn skin graft
- Animal bite
- Burn

Accident plan

Health screening benefit

Covered benefit	Benefit amount
Health screening benefit *(pays once per member per plan year for covered preventive tests)*	$75

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

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Aetna Accident Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$9.16	$18.32	$19.24	$28.40

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$12.44	$24.89	$26.14	$38.59

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Hospital Indemnity Insurance

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Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!





Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, it's good to plan ahead. And to give yourself an extra financial cushion.

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay ***doctors and hospitals*** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

The Aetna Hospital Indemnity Plan pays benefits directly to ***you***. So, you'll have extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way ***you*** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered hospital stay. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

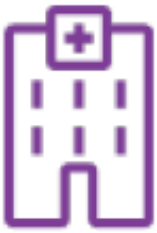
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Because it happens

$1.24 trillion was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses[1].

Ready ... or not



Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM.



[1]Debt.org. Hospital and Surgery Costs. October 2021. Available at: https://www.debt.org/medical/hospital-surgery-costs/. Accessed June 3, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.

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Benefit Summary

Aetna Hospital Indemnity Plan

Cape Fear Community College

6501015

The hospital indemnity plan helps financially

- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711),** Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).

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Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

Covered benefit	Low	High
Hospital admission *(initial day)*	$1,000	$1,500
Hospital daily stay — non-ICU	$150	$150
Hospital daily stay — ICU	$300	$300
Substance abuse daily stay	$100	$100
Mental disorder daily stay	$100	$100
Rehabilitation unit daily stay	$50	$50
Observation unit	$100	$100
Waiver of premium	Included	Included

Note for hospital admission benefits: No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day one and count toward the plan year 60-day combined max days.

Note for observation benefits: Max 1 day lump sum daily benefit per member per year for hospital observation visit. *(Non-admission into hospital.) Observation unit stays 24 hours or longer will be treated as an admission.*

Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	$100	$100

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Surgery protection benefits

Benefits below may be related to an accidental injury or illness.

Covered benefit	Low	High
Inpatient surgery	$500	$500
Maximum days per plan year	1	1
Outpatient surgery — hospital outpatient or ambulatory surgical center	$500	$500
Maximum days per plan year	1	1

Hospital indemnity plan

Other benefits

Covered benefit	Benefit amount
Health screening benefit *(pays once per member per plan year for covered preventive tests.)*	$50

Covered health screenings

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult and child immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$28.17	$56.34	$50.70	$78.87

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$33.31	$66.61	$59.95	$93.26

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COBRA

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

COBRA Highlights

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

First Financial Administrators, Inc. provides COBRA administration services for the following plans:
Dental, Vision, FSA, Group Cancer



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Employee Benefits Center:

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