



Vance-Granville

Community College

2024-2025 Employee Benefits Guide

Offered By:

NBC Benefits, Inc.
4020 Shipyard Boulevard
Wilmington, NC 28403



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Cafeteria Plan Information 2024-2025

Eligibility:

Full-time employees working 30 hours or more per week.

Benefit Plan Year and Enrolling for Benefits:

The Benefit plan year is July 1, 2024 through June 30, 2025. Benefits offered are only available to employees during open enrollment. New hires will have 31 days following the date of hire, to enroll for benefits.

General Employee Information:

Spending Accounts

Enrolling in flexible spending accounts is required during open enrollment to either accept or decline the opportunity to participate in these benefits and declare your participation level.

Pre-taxed Cafeteria Insurance Plans

You must enroll or decline pre-tax cafeteria plan benefits during open enrollment.

Payroll Deductions

Spending Accounts and Insurance Products

Deductions will begin monthly with your pay period in July 2024.

Benefits Effective July 1, 2024

Spending Accounts

- Health Flexible Spending Account fully funded on the first day of the plan year
- You should plan your expenses. Do not set aside more funds than you can use by June 30, 2025.
- Dependent Care Spending Account funds will not be available until deposited into your account
- Employees taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the Flexible Benefits Program until the next plan year. Please contact your Benefit Administrator for specific information.
- Changes in plans and contribution amounts are generally not available during the plan year.

Insurance Plans

- Benefits effective July 1, 2024
 - Employees must be active at work (not on disability or FMLA)
 - If not at work on July 1, 2024, benefits become effective on the first day back at work performing regular duties on a full-time basis. Contact your plan administrator.

Enrollment Information

Benefit Counselor Meeting

Face-to-Face enrollment

Your benefit counselor meetings provide an opportunity to have questions answered while enrolling for benefits selected for you and your family. The counselor will complete the submission for you assuring accurate and timely activation of benefits. Please review the information made available to you prior to your meeting.

Family Information for Enrollment

When enrolling your spouse and/or children please have their dates of birth and social security numbers available.

Benefit Summary of Coverage

After enrolling in one or more of the benefit plans, the Provider may issue a policy or certificate of coverage. Insurance certificates are 40 pages or more in length. The carrier may issue a single certificate for all insureds and have it available at the office of human resources for viewing. Certificates are also available via PDF files, and online. Having the policy or certificate online makes it easy to determine the benefits of your plan 24 hours a day.

Certificate and/or Policy Information

Coverage provided by the various voluntary supplemental benefits may have limitations and exclusions. Please refer to your policy or certificate for specific coverage.

Even though several policies are deducted from your pay before taxes, the benefits may be subject to federal and/or state tax. Please contact your tax advisor if you have questions.

Plans offered in this Employee Benefit Guide.

Coverage provided by the various voluntary supplemental benefits contained herein are available through NBC Benefits, Inc. If you have a question or need information, please reach out to NBC. Contact information is included on the back page of this booklet.

IMPORTANT NOTE & DISCLAIMER

This is neither an insurance contract nor a Summary Plan Description; actual policy provisions apply. Information in this booklet, including premiums quoted, is subject to change. Policy descriptions are for information purposes only. Your actual policies may be different from the policies described in this booklet.

Basic Life Insurance



*Even among people who have life insurance, about **1 in 5** say they don't have enough.¹*

▶ PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

▶ PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

BENEFITS

For you

\$10,000. No medical questions asked, **up to the Guaranteed Issue amount of \$10,000.**

Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.

1. LIMRA, Facts about Life 2018.

VANCE GRANVILLE COMMUNITY COLLEGE

All Eligible Employees

POLICY # 945690

Sun Life Assurance Company of Canada

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Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

Important Information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate, and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01. © 2019 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

Read the *Important information* section for more details including limitations and exclusions.

Flexible Spending Accounts from HealthEquity

You must re-enroll every year to participate in FSA's!

Register to learn more about your options.

Covered employees should register for online administration. You will be able to file and follow claims, check account balances, establish payments for dependent care, and more.

Debit Card for Flexible Spending Account – Maximum Annual Available is \$3200 for 2024

Health FSA participants will receive a new HealthEquity debit card to use for qualified purchases. If you lose or misplace your card, you may file claims using the procedures provided in the back of this booklet.

Benefit elections made during open enrollment cannot be changed after enrollment closes unless there is a qualifying event as defined by the Internal Revenue Code. Examples of qualifying events are marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of a spouse's employment, or certain changes of a spouse's employment. You have 30 days from the date of the qualifying event to request a change in benefits.

Flexible Spending Account expenses must be incurred during the Plan Year to be eligible for reimbursement.

Filing claims timely can prevent loss of funds. If employment terminates during the plan year, the employee's plan year ends the day employment ends. All claims should be submitted immediately upon termination.

Dependent Care Flexible Spending Account – Maximum Available for 2024 is \$5,000

The Dependent Care Flexible Spending Account maximum reimbursement is equal to your account balance. You cannot be reimbursed more than the amount in your account.

Benefit Accessibility

You will have access to your annual Medical FSA election on the first day of the plan year.

You will have access to your Dependent Care FSA after deductions are made and the funds have been transmitted to your account.

Use it or Lose it

Make sure you plan the use of your FSA. If you contribute funds to your Medical FSA and do not use all the money, you may carryover up to \$640 for next year. Funds exceeding \$640 will be lost. Be sure to submit claims immediately after the end of the plan year.

1. USE YOUR CARD WHENEVER POSSIBLE

2. USE YOUR FSA TO PAY FOR YOUR SPOUSE & DEPENDENTS

3. PAY FOR ELIGIBLE DENTAL AND VISION EXPENSES

4. CHECK AND KNOW YOUR FSA BALANCE

Dependent Care Flexible Spending Account

Setting aside tax-free money for eligible dependent care expenses
Up to \$5,000 for 2024-2025 Plan Year

PAY FOR DEPENDENT CARE EXPENSES



Daycare



Nursery School



Preschool



Summer Day
Camp



Before or
After School
Programs



Elder Day Care

Eligible dependents

Individuals are considered dependents for a DCRA if they live with you for more than half of the year and are:

- Your children under the age of 13, which includes stepchildren and eligible foster children.
- Your legally married spouse or a tax dependent who is physically and/or mentally incapable of self-care.

Eligible expenses

Typically, your DCRA can be used for dependent care that enables you (and your spouse) to be gainfully employed.

- Qualified: Preschool, daycare, after-school programs, and nanny or babysitter services.
- Not qualified: School tuition, overnight camps, and supplies billed separately from care.

For a list of eligible expenses, see IRS Publication 503, available on the IRS website.



Benefit Better.

FSA Store is the worry-free zone for spending your pre-tax dollars.

Did you know that your FSA covers more than bandages and over the counter medicines?



Funds stretch far to cover 2,500+ items including physician visits, hi-tech kits, and plenty of items you'd never expect.

Try out FSA Store with an exclusive savings of \$5 at:
fsastore.com/healthequity.

Use code HealthEquity5 (1 per customer, expires June 2024)

In addition to our products, tools, and services, FSA experts are available 24/7 via phone and chat.



They are able to answer general questions about year-end deadlines, maximum contributions, order statuses, returns, exchanges, products, and pricing.



Last but not least, FSA Store makes payment processing seamless with no purchase verification when using your FSA card.

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		OPTION 1	OPTION 2
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		OPTION 1	OPTION 2
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident within 90 days	\$100	\$150
Accident Prevention Benefit	Once per year for each covered person	\$75	\$75
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident within 365 days	\$75	\$100
Ambulance – Air	Once per accident within 72 hours	\$2,000	\$2,500
Ambulance – Ground	Once per accident within 90 days	\$700	\$1,000
Blood/Plasma/Platelets	Once per accident within 90 days	\$300	\$400
Child Care	Up to 30 days per accident while insured is confined	\$35	\$50
Daily Hospital Confinement	Up to 365 days per lifetime	\$400	\$600
Daily ICU Confinement	Up to 30 days per accident	\$600	\$800
Diagnostic Exam	Once per accident within 90 days	\$300	\$400
Emergency Dental	Once per accident within 90 days	Up to \$450	Up to \$600
Emergency Room	Once per accident within 72 hours	\$200	\$250
Hospital Admission	Once per accident within 90 days	\$1,500	\$2,000
Initial Physician Office Visit	Once per accident within 90 days	\$100	\$150
Lodging	Up to 30 nights per lifetime	\$150	\$175
Medical Appliance	Once per accident within 90 days	\$200	\$300
Physical Therapy	Up to 10 Visits/accident within 90 days	\$75	\$100
Rehabilitation Facility	Up to 15 days per lifetime within 90 days	\$300	\$450
Transportation	Up to 3 trips per accident	\$600	\$800
Urgent Care	Once per accident within 72 hours	\$150	\$200
X-ray	Once per accident within 90 days	\$150	\$200

SPECIFIED INJURY & SURGERY		OPTION 1	OPTION 2
Abdominal/Thoracic Surgery	Once per accident within 90 days	\$3,000	\$4,000
Arthroscopic Surgery	Once per accident within 90 days	\$500	\$750
Burn	Once per accident within 72 hours	Up to \$15,000	Up to \$20,000
Burn – Skin Graft	Once per accident	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year within 72 hours	\$200	\$250
Dislocation	Once per joint per lifetime	Up to \$8,000	Up to \$12,000
Eye Injury	Once per accident within 90 days	Up to \$750	Up to \$1,000
Fracture	Once per bone per accident within 90 days	Up to \$10,000	Up to \$12,000
Hernia Repair	Once per accident within 364 days	\$400	\$600
Joint Replacement	Once per accident within 90 days	\$4,000	\$6,000
Knee Cartilage	Once per accident within 12 months	Up to \$2,000	Up to \$3,000
Laceration	Once per accident within 72 hours	Up to \$1,000	Up to \$1,500
Ruptured Disc	Once per accident within 365 days	\$2,000	\$3,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$2,000	Up to \$3,000
CATASTROPHIC		OPTION 1	OPTION 2
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$75,000	\$100,000
Common Carrier Death	Within 90 days	2 times death benefit	3 times death benefit
Coma	Once per accident within 90 days	Up to \$15,000	Up to \$20,000
Dismemberment	Once per accident within 90 days; spouse @ 100% and child @ 100%	Up to \$75,000	Up to \$100,000
Home Health Care	Up to 30 days per accident	\$75	\$100
Paralysis	Once per accident	Up to \$75,000	Up to \$100,000
Prosthesis	Once per accident	Up to \$3,000	Up to \$4,000
Organized Amateur Sports Injury Enhancement Benefit		25% of non- catastrophic benefits	

Premium Worksheet

VOLUNTARY ACCIDENT INSURANCE Monthly Premium Amount (Cost per Pay Period – 12 / Year)		
COVERAGE TIER	<u>OPTION 1</u>	<u>OPTION 2</u>
Employee Only	\$11.91	\$16.55
Employee & Spouse/Partner	\$18.77	\$26.07
Employee & Child(ren)	\$20.38	\$28.16
Employee & Family	\$31.88	\$44.09

Rates and/or benefits may be changed on a class basis.

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll from 4/15/2024 to 5/10/2024.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 7/1/2024.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

⁴Rates and/or benefits may be changed on a class basis.

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LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The Buck's Got Your Back®

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Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases

THINK ABOUT THIS



Early detection, improved treatments and access to care are factors that influence cancer survival[†]



The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030^{††}

Coverage offered to the employees of:

Vance-Granville Community College

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance from Allstate Benefits can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum cash benefit via check or direct deposited that you can use however you wish

Protecting Your Finances

You've worked hard for your savings - don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be continued; refer to your certificate for details

[†], ^{††}Cancer Treatment & Survivorship Facts & Figures, 2019-2021.



Meet TJ

CHOOSE

TJ signs up for Allstate Benefits Cancer Insurance during his employer's Open Enrollment.

USE

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:



Pre-Op Testing

TJ undergoes PSA testing at a hospital 300 miles from his home



Surgery

He is admitted to the hospital for laparoscopic prostate cancer surgery



Post-Surgery

After surgery, he spends several hours in the recovery waiting room



Hospital Stay

He's transferred to his room and visited by his doctor during a 2-day hospital stay



Recovery

TJ visits his doctor regularly during a 2 month recovery period

CLAIM

TJ files a claim on his Allstate Benefits Cancer Insurance coverage through the convenient web portal, **MyBenefits***.

He receives cash benefits for:

- Wellness Benefit
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: mybenefits.allstate.com

Here are some of the ways TJ can use his cash benefits



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted



Travel

Can help pay for expenses while receiving treatment in another city



Home

Can help pay the mortgage, continue rental payments, or afford home repairs for after care



Expenses

Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 and 4.

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$300
Government or Charity Hospital (daily)	\$100	\$300
Private Duty Nursing Services (daily)	\$100	\$300
Extended Care Facility (daily)	\$100	\$300
At Home Nursing (daily)	\$100	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$300 \$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$12,500
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$12,500
Hematological Drugs ¹ (every 12 months)	\$100	\$250
Medical Imaging ¹ (every 12 months)	\$250	\$625
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500
3. Non-autologous (Leukemia)	\$2,500	\$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 0.40/Mile	\$50 0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$5,000	\$5,000
Wellness Benefit	\$100	\$100

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

Offered to the employees of:
Vance-Granville Community College

OPTION PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$17.48	\$27.81	\$24.20	\$34.50

OPTION PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$30.30	\$47.10	\$42.73	\$59.50

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

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

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-1Hosp; 2Rad; 1Surg; 1Misc; 5Nit; 0ICU; 4Well; 0Prog

Opt 2-3Hosp; 5Rad; 2Surg; 1Misc; 5Nit; 0ICU; 4Well; 0Prog

V.2024.03.29 FA Rate Insert Creation Date: 4/4/2024



For use in enrollments situated in: NC. This rate insert is part of the approved brochure for Vance-Granville Community College and is not to be used on its own. This material is valid as long as information remains current, but in no event later than April 4, 2027. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2024 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ30590-3 - Insert - 75625

Benefits - Benefits paid for the following (subject to maximums as listed on pages 3 and 4)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other

surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia,

or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered or partial mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication on outpatient basis

Waiver of Premium (employee only) - must be disabled 90 days in a row due to cancer, as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Wellness Benefit - once per year for one of 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer);

Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including

Breast Ultrasound; Cervical Cancer Screening; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis,

Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid

Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

DEFINITIONS

Actual Charge - amount billed for a treatment or service before any insurance discounts or payments

Actual Cost - amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage - Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation - We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. This exclusion will not apply to your newborn, adopted child, or foster child under age 18 if we are notified within 31 days of the child's birth or date of placement. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

Exclusions and Limitations - We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

Hospice Care Team Limitation - Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation - Does not include immunoglobulins or blood replaced by donors.

Surgery, New or Experimental Treatment and Prosthesis Benefits - We pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

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

Intensive Care Exclusions and Limitations - Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments situated in NC. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than April 04, 2027. Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

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



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AFLAC GROUP CRITICAL ILLNESS

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How It Works:

Aflac Group Critical Illness coverage is selected.

You experience chest pains and numbness in the left arm.

You visit the emergency room.

A physician determines that you have suffered a heart attack.

Aflac Group Critical Illness pays an Initial Diagnosis Benefit of:

\$10,000

Amount payable based on \$10,000 Initial Diagnosis Benefit.

This plan does not contain comprehensive adult wellness benefits as defined by law.

COVERED CRITICAL ILLNESS BENEFITS:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	100%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%

INITIAL DIAGNOSIS BENEFIT

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS BENEFIT

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

REOCCURRENCE BENEFIT

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

SKIN CANCER BENEFIT

We will pay \$1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

ACCIDENT BENEFIT

Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis

100%

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT (In Missouri, Conversion Privilege (Successor Insured))

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

HEALTH SCREENING BENEFIT (Employee, Spouse and Dependent Children)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee, spouse and dependent child(ren).

PROGRESSIVE BENEFITS RIDER

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	25%
CROHN'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

The Progressive Disease benefit is payable only once per disease.

For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

SPECIFIED DISEASES RIDER

	Percentage of Face Amount
TIER I SPECIFIED DISEASE BENEFIT Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
TIER II SPECIFIED DISEASE BENEFIT Covered Diseases: Human Coronavirus	10% if confined to a hospital for 4-9 days 25% if confined to a hospital for 10 or more days 40% if confined to an intensive care unit

Group Critical Illness Insurance

Premium Rates

Employee Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$3.55	\$7.09	\$10.64	\$14.19	\$17.73	\$21.28
30-39	\$5.60	\$11.19	\$16.79	\$22.38	\$27.98	\$33.57
40-49	\$9.68	\$19.37	\$29.05	\$38.74	\$48.42	\$58.11
50-59	\$15.91	\$31.82	\$47.73	\$63.64	\$79.55	\$95.46
60+	\$27.78	\$55.55	\$83.33	\$111.11	\$138.89	\$166.66

Spouse Non-Tobacco Monthly Premiums

Spouse Non-Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-29	\$3.55	\$5.32	\$7.09	\$8.87	\$10.64
30-39	\$5.60	\$8.39	\$11.19	\$13.99	\$16.79
40-49	\$9.68	\$14.53	\$19.37	\$24.21	\$29.05
50-59	\$15.91	\$23.86	\$31.82	\$39.77	\$47.73
60+	\$27.78	\$41.67	\$55.55	\$69.44	\$83.33

Employee Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10
30-39	\$8.17	\$16.35	\$24.52	\$32.70	\$40.87	\$49.05
40-49	\$15.48	\$30.95	\$46.43	\$61.91	\$77.38	\$92.86
50-59	\$28.72	\$57.44	\$86.16	\$114.88	\$143.60	\$172.33
60+	\$50.05	\$100.10	\$150.15	\$200.20	\$250.25	\$300.29

Spouse Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-29	\$4.35	\$6.52	\$8.70	\$10.87	\$13.05
30-39	\$8.17	\$12.26	\$16.35	\$20.44	\$24.52
40-49	\$15.48	\$23.22	\$30.95	\$38.69	\$46.43
50-59	\$28.72	\$43.08	\$57.44	\$71.80	\$86.16
60+	\$50.05	\$75.07	\$100.10	\$125.12	\$150.15

Dental

Metropolitan Life Insurance Company

Plan Design for: Vance Granville Community College

Original Plan Effective Date: July 1, 2024

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

Coverage Type:	In-Network¹ % of Negotiated Fee ²	Out-of-Network¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum - Ortho applies to Adult and Child	Up to dependent age limit	
	\$1500 per Person	\$1500 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
<p>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.</p> <p>2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</p> <p>3. Applies to Type B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary Charge is based on the lesser of:</p> <ul style="list-style-type: none"> • the dentist's actual charge (the 'Actual Charge') or • the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 99th percentile. 		

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
and follow the easy registration instructions.

IMPORTANT RATE INFORMATION

Monthly Premium Payment	
Employee	\$40.17
Employee + Spouse	\$79.22
Employee + Child(ren)	\$107.64
Employee + Family	\$147.83

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

IMPORTANT ENROLLMENT INFORMATION

You may only enroll for Dental Expense Benefits within 31 days of your Personal Benefits Eligibility Date, or if you have a Qualifying Event or during the Plan's Annual Open Enrollment Period.

Qualifying Event: Request to be covered, or to change your coverage, upon a Qualifying Event

If there is a Qualifying Event you may request to be covered, or to change your coverage, only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under this Plan because of a loss of the prior dental coverage. If you make a request to be covered under this Plan or request a change(s) in coverage under this Plan within thirty-one days of a Qualifying Event, your coverage or the change(s) in coverage will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	2 in a year
Full Mouth X-rays	1 in 3 years
Bitewing X-rays (Adult/Child)	2 in a year
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	1 in a year - Children to age 18
Sealants	1 in 60 months - Children to age 16
Space Maintainers	1 per lifetime per tooth area - Children up to age 14

Type B - Basic Restorative

How Many/How Often:

Amalgam and Composite Fillings	1 in 24 months.
Repairs	1 in 12 months
Periodontal Maintenance	2 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 5 years
Prefabricated Crowns	1 per tooth in 5 years
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Bridges	1 in 5 years
Dentures	1 in 5 years
General Anesthesia	
Consultations	1 in 12 months
Implant Services	1 service per tooth in 5 years - 1 repair per 5 years

Type D – Orthodontia

- Adult and Child Coverage. Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments.

For NY Sitused Groups, this exclusion does not apply.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

For North Carolina and Virginia Sitused Groups, this exclusion does not apply.
14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
 - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
 - or for persons who are not covered in North Carolina, services paid or payable under any workers compensation or occupational disease law.

This exclusion only applies for North Carolina Sitused Groups.
15. Services:
 - for which the employer of the person receiving such services is required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

This exclusion only applies for North Carolina Sitused Groups.
16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.

This exclusion only applies for Virginia Sitused Groups.
17. Services:
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.

This exclusion only applies for Virginia Sitused Groups.
18. Services covered under other coverage provided by the Employer.
19. Temporary or provisional restorations.
20. Temporary or provisional appliances.
21. Prescription drugs.
22. Services for which the submitted documentation indicates a poor prognosis.
23. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
24. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.

For NY Sitused Groups, this exclusion does not apply.
25. Caries susceptibility tests.
26. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Other fixed Denture prosthetic services not described elsewhere in this certificate.
28. Precision attachments, except when the precision attachment is related to implant prosthetics.
29. Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
30. Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

32. Implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
33. Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
34. Fixed and removable appliances for correction of harmful habits.¹
35. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.¹
36. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹
37. Repair or replacement of an orthodontic device.¹
38. Duplicate prosthetic devices or appliances.
39. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
40. Intra and extraoral photographic images.
41. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms "Referral", "Health Care Practitioner", "Health Care Entity", "Beneficial Interest" and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

This exclusion only applies for Maryland Sitused Groups

¹Some of these exclusions may not apply. Please see your Certificate of Insurance.

Common Questions ... Important Answers

Who is a participating dentist?

A participating, or network, dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

In addition to the standard MetLife network, your employer may provide you with access to a select network of dental providers that may be unique to your employer's dental program. When visiting these providers, you may receive a better benefit, have lower out-of-pocket costs and/or have access to care at facilities at your worksite. Please sign into MyBenefits for more details.

* Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit a dentist and the cost of services rendered. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/dental or call 1-800-275-4638 to have a list faxed or mailed to you.

What services are covered by my plan?

Please see your Certificate of Insurance for a list of covered services.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating (out-of-network) dentist, your out-of-pocket costs may be greater than your out-of-pocket costs when visiting an in-network dentist.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

* Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-275-4638.

Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. (AXA Assistance). AXA Assistance provides dental referral services only. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.

** Refer to your Certificate of Insurance for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

Do I need an ID card?

No, You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in a MetLife Dental Plan. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select?

No. You and your dependents each have the freedom to choose any dentist.

AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Successor Insured Benefit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions

Benefits Overview

BENEFIT AMOUNT

HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)

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

\$1,000

We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

\$150

HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

\$150

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

INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.

\$75

Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

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

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation (In North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the

military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.

- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.

- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In Arizona: this exclusion does not apply.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children (in Texas, adopted children), or children placed for adoption. (In Florida, coverage may be provided for the children of custodial and non-custodial parents.) Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina) are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (In Arizona, on the effective date of coverage and in Louisiana and Illinois, unmarried). See certificate for details.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina - Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In Arizona, however, a doctor who is your family member may treat you. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



HEALTH SCREENING BENEFIT / \$50 PER CALENDAR YEAR

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for each insured.

In Wyoming, the plan does not contain comprehensive adult wellness benefits as defined by law.

For a complete list of limitations and exclusions please refer to the brochure.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

This piece is intended to be used in conjunction with the product brochure for Policy Series C80000 and is subject to the terms, conditions, and limitations of the plan.

Continental American Insurance Company • Columbia, South Carolina



Group Hospital Indemnity Insurance

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$20.10
Employee and Spouse	\$40.48
Employee and Child(ren)	\$32.20
Family	\$52.58

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

Vision Care Plan for Vance-Granville Community College

Benefits through Superior National network



Frequency	
Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)

Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting²
(standard and specialty):

\$25

Specialty In-network allowance:

\$50



Frames

In-network allowance:

\$150



Materials¹

Materials copay:

\$10



Contacts⁴ in lieu of glasses

In-network allowance:

\$150

Monthly Premiums

Employee only:	\$9.22
Employee + 1 dependent:	\$17.86
Employee + family:	\$26.22

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$34
Bifocal	Covered-in-full	Up to \$48
Trifocal	Covered-in-full	Up to \$64
Progressives	See description ³	Up to \$64

Shop with convenience while using your benefits through these in-network online retailers.

Lens Add-On Discounts ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$44
Eye exam (OD)	Up to \$39
Frame	Up to \$77
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

North Carolina residents: Please contact our customer service department if you are unable to secure a timely (at least 30 days) appointment with your provider or need assistance finding a provider within a reasonable distance (30 miles) of your residence. Adjustments to your benefits may be available.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount is a member out-of-pocket feature and is not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.



24/7/365 Telemedicine & Teletherapy

Help When You Need it, Where You Need it.

Unlimited access to Board-Certified Licensed Physicians and Mental Health Therapists

Conditions We Treat:

Primary Care Telemedicine

- | | |
|----------------------------|----------------------------|
| ♥ Abdominal Pain/Cramps | ♥ Fever |
| ♥ Abscess | ♥ Flu |
| ♥ Acid Reflux | ♥ Gas |
| ♥ Allergies | ♥ Gout |
| ♥ Animal/Insect Bite | ♥ Headache/Migraine |
| ♥ Arthritis | ♥ Joint Pain/Swelling |
| ♥ Asthma | ♥ Laryngitis |
| ♥ Backache | ♥ Pink Eye |
| ♥ Blood Pressure Issues | ♥ Poison Ivy/Oak |
| ♥ Bronchitis | ♥ Rash/Skin Injury |
| ♥ Bowel/Digestive Issues | ♥ Respiratory Infection |
| ♥ Cellulitis | ♥ Sinusitis |
| ♥ Cold | ♥ Sore Throat |
| ♥ Constipation | ♥ Sprains & Strains |
| ♥ Cough/Croup | ♥ Strep |
| ♥ COVID Symptoms | ♥ Tonsillitis |
| ♥ Diarrhea | ♥ Vaginal/Menstrual Issues |
| ♥ Dizziness | ♥ Yeast Infection |
| ♥ Eye Infection/Irritation | ♥ And More! |

Mental & Behavioral Health

- | | |
|-------------------------------|----------------------------------|
| ♥ ADHD | ♥ Grief & Loss |
| ♥ Addictions | ♥ Life Changes |
| ♥ Anger Management | ♥ Nutrition Counseling |
| ♥ Anxiety | ♥ Panic Disorders |
| ♥ Bipolar Disorders | ♥ Parenting Issues |
| ♥ Bullying | ♥ Postpartum Depression |
| ♥ Career/Job Related Stresses | ♥ Relationship & Marriage Issues |
| ♥ Child and Adolescent Issues | ♥ Self-Image |
| ♥ Depression | ♥ Stress |
| ♥ Divorce | ♥ Substance Abuse |
| ♥ Eating Disorders | ♥ Trauma & PTSD |
| ♥ General Life Coaching | ♥ And More! |

HEALTHCARE FROM THE COMFORT OF YOUR HOME

Family \$6.00 per month

Set Up Health Profile

Enter conditions, medications and health information

SCHEDULE!

You're done! Easily schedule telemedicine & teletherapy consultations & more!

ACCESS 24-7-365



Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to handle matters how employees want

We want employees to get the help they need **and** how they want it. That’s why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.¹ With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

Wide range of coverage for a diverse workforce

LGBTQ+	<ul style="list-style-type: none"> • Adoption • Creating estate planning documents to recognize same-sex partners • Name and gender marker change
Caregivers	<ul style="list-style-type: none"> • Nursing home agreements • Reviewing Medicare/Medicaid documents • Reviewing parents’ estate planning documents
Veterans/ Military	<ul style="list-style-type: none"> • Assistance with real estate or rental issues • Guardianship • Updating or creating estate planning documents
International employees	<ul style="list-style-type: none"> • Access to attorneys out of the country² • Assistance with immigration issues • Translation services for Call Center and Attorneys
Those just starting out	<ul style="list-style-type: none"> • Assistance with rental issues and landlords • Reviewing leases • Student loan debt assistance

The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



Over 18,000 attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria



Best-in-class digital experience to find attorneys and complete estate planning



We’re focused on providing **exceptional customer service** and are appropriately staffed for peak call volume

Helping your employees navigate life's twists and turns.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Financial Wellness Programs³ Identity Restoration⁴ 	<ul style="list-style-type: none"> Identity Theft Defense Negotiations with Creditors Personal Bankruptcy 	<ul style="list-style-type: none"> Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Mortgages Property Tax Assessments Refinancing & Home Equity Loan Sale or Purchase of Home 	<ul style="list-style-type: none"> Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies 	<ul style="list-style-type: none"> Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship 	<ul style="list-style-type: none"> Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Issues 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Traffic & Other Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets⁵ Driving Privileges Restoration 	<ul style="list-style-type: none"> Habeas Corpus License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession
Rate⁶	Benefit-Eligible Employees: 100-999 Cost per employee per month (covers spouse and dependents): Employee Paid: \$18.00		
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get four additional hours of network attorney time and services per plan year. ⁷		
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.		
Over 1,700 self-help documents⁸ are available to members and potential members on our website.			

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.
- MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.
- Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
- Does not cover DUI.
- Rate is standard and subject to change. A minimum enrollment of two employees is required.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.



Protect today.
Thrive tomorrow.



Vance Granville Community College is offering complete identity protection with PrivacyArmor Plus®

Your identity is made up of more than your Social Security number and your bank accounts. That's why PrivacyArmor Plus does more than monitor your credit reports and scores. We safeguard your personal information, the data you share, and the relationships you treasure.

And now PrivacyArmor Plus is better than ever. We've teamed up with Allstate to provide the next generation of protection. Our new proprietary tools stay one step ahead — allowing us to catch fraud as it happens. In the event of wrongdoing, you have a dedicated Privacy Advocate® available 24/7 to fully manage your recovery and restore your identity.

- ✓ Identity monitoring and alerts
- ✓ Full-service remediation
- ✓ Identity theft reimbursement†
- ✓ iOS and Android app

**Sign up during
open enrollment**

MyPrivacyArmor.com

Questions?

1.800.789.2720

Plans and pricing

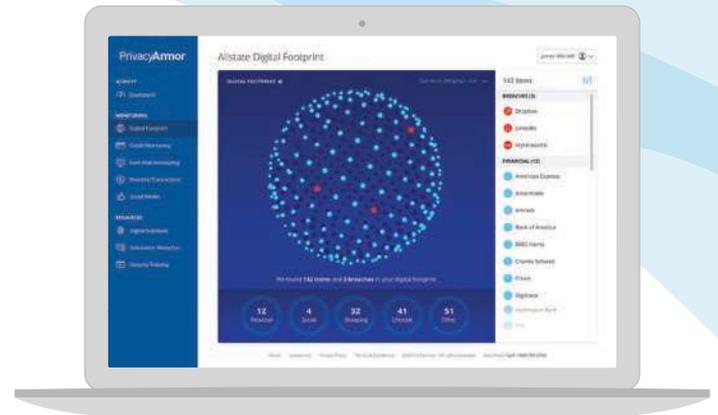
PrivacyArmor Plus

\$9.95 per person / month

\$17.95 per family / month

The most comprehensive identity protection plan available

-  Run your personalized Allstate Digital Footprint and see your digital exposure
-  Check your identity health score
-  View, manage, and clear alerts in real time
-  Monitor your credit scores and reports for any changes or errors
-  Receive alerts for cash withdrawals, balance transfers, and large purchases from any linked bank account
-  Monitor linked social media accounts for questionable content and signs of account takeover
-  Reduce solicitation attempts by opting out of credit card offers, telemarketing calls, commercial mail and email, and unrequested coupons
-  Protect your account with biometric authentication security in iOS and Android
-  Get reimbursed for stolen 401(k) & HSA funds; we'll also advance fraudulent tax returns[†]



NEW! Allstate Digital Footprint™

All the incredible things you can do online require something from you — data. A “digital footprint” is a collection of all the data you’ve left behind that might expose your identity. Our new tool offers a simple way for you to see and secure your information, and help stop identity theft before it starts.

How it works

- 1 Enroll in PrivacyArmor Plus**
You're protected from your effective date. Our auto-on credit monitoring alerts, and support require no additional setup.
- 2 Get to know us**
Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.
- 3 We're on the job**
Our human operatives see more — like when your personal information is sold on the dark web. If you've been compromised, we alert you.
- 4 We'll do the heavy lifting**
In the event of identity theft or fraud, Privacy Advocates® are available 24/7. They won't stop until you're in the clear.
- 5 We've got your back**
Our \$1 million identity theft insurance policy covers out-of-pocket costs associated with identity restoration.[†]

[†]Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

PrivacyArmor is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

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Group Disability Insurance

INSURANCE PLAN — NON-OCCUPATIONAL

A disabling illness or injury may be unpredictable.

We'll help make sure they don't affect your financial plans, too.



THIS IS NOT A MEDICARE SUPPLEMENT POLICY. THIS IS A LEGAL CONTRACT. PLEASE READ YOUR CONTRACT CAREFULLY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company. Insureds may be subject to a waiting period for certain covered services.

Important Cancellation Information — Please Read The Provision Entitled Plan Termination

AFLAC GROUP DISABILITY

Aflac can help you protect one of your most important assets. Your income.

All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

What most of us don't realize is that in addition to accidental injuries, conditions such as arthritis, heart disease, diabetes, and even pregnancy are some of the leading causes of disability that can keep you out of work and affect your income.

That's where Aflac group disability insurance can help.

Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work. Our plan was created with you in mind and includes:

- **Off-the-job coverage.**
- **Benefits that help you maintain your standard of living.**

But it doesn't stop there, having group short-term disability insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses such as rent, mortgage or car payments.

The Aflac group disability plan benefits:

- **Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary (up to 40% in states with state disability).**
- **Minimum and Maximum Total Monthly Benefit – \$300 to \$3,000.**
- **Premium payments are waived after 90 days of total disability (not available on 3 month benefit period).**
- **Partial Disability Benefit.**

Features:

- **Benefits are paid directly to you unless otherwise assigned.**
- **Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).**
- **Payroll Deduction – Premiums are paid through convenient payroll deduction.**

How It Works:

Aflac Group Disability Non-occupational coverage is selected with a 60% of salary benefit.

The certificate holder hurts his back helping his friend move over the weekend.

A physician determines the certificateholder will be out of work for 1 month while recovering.

Aflac Group Disability pays the certificate holder

60%

of his salary for the length of disability after the elimination period.

BENEFITS OVERVIEW:

TOTAL DISABILITY

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

PARTIAL DISABILITY

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

WAIVER OF PREMIUM

Premiums are waived after 90 days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force. This benefit is not available on plans with a 3-month benefit period.

PORTABILITY

If you cease employment with your employer, you may elect to continue your coverage. In order to continue your coverage you must meet all of the requirements listed below.

- You must work full-time for another employer.
- You must make a written application and pay the required premium to us within 31 days after the date your insurance would otherwise terminate.
- You must continue to pay any required premiums.

The coverage you may continue is that which you had on the date your employment terminated. If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate shown in your certificate as previously issued will apply. Coverage may not be continued if you fail to pay any required premium or if the master policy terminates. Instructions for continuing coverage will be provided within your certificate of coverage.

Care and attendance may not require the insured to be under the care of a physician on a regular basis if it can be shown that the insured has reached his maximum point of recovery yet is still disabled under the terms of this contract. This does not restrict the right of the insurer, at its own expense, to periodically examine or cause to have examined the insured according to the terms of this contract.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Group Short-Term Disability Insurance

Monthly Rates per \$100 of monthly benefit

Age Band	18-49	50-64	65-74
Premium Rate	\$3.75	\$4.26	\$5.92

Benefit Duration 12 Months
Elimination Period 14/14 Days

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74
\$9,000 or more	\$300	\$11.26	\$12.77	\$17.76
\$9,000 to \$9,999	\$400	\$15.01	\$17.03	\$23.67
\$10,000 to \$11,999	\$500	\$18.78	\$21.29	\$29.59
\$12,000 to \$13,999	\$600	\$22.53	\$25.54	\$35.50
\$14,000 to \$15,999	\$700	\$26.28	\$29.80	\$41.42
\$16,000 to \$17,999	\$800	\$30.04	\$34.06	\$47.33
\$18,000 to \$19,999	\$900	\$33.79	\$38.32	\$53.26
\$20,000 to \$21,999	\$1,000	\$37.55	\$42.56	\$59.18
\$22,000 to \$23,999	\$1,100	\$41.30	\$46.82	\$65.09
\$24,000 to \$25,999	\$1,200	\$45.05	\$51.08	\$71.01
\$26,000 to \$27,999	\$1,300	\$48.81	\$55.33	\$76.92
\$28,000 to \$29,999	\$1,400	\$52.57	\$59.59	\$82.85
\$30,000 to \$31,999	\$1,500	\$56.32	\$63.85	\$88.76
\$32,000 to \$33,999	\$1,600	\$60.08	\$68.11	\$94.68
\$34,000 to \$35,999	\$1,700	\$63.83	\$72.36	\$100.59
\$36,000 to \$37,999	\$1,800	\$67.58	\$76.62	\$106.51
\$38,000 to \$39,999	\$1,900	\$71.34	\$80.88	\$112.42
\$40,000 to \$41,999	\$2,000	\$75.09	\$85.14	\$118.35
\$42,000 to \$43,999	\$2,100	\$78.84	\$89.39	\$124.27
\$44,000 to \$45,999	\$2,200	\$82.60	\$93.65	\$130.18
\$46,000 to \$47,999	\$2,300	\$86.36	\$97.91	\$136.10
\$48,000 to \$49,999	\$2,400	\$90.12	\$102.17	\$142.01
\$50,000 to \$51,999	\$2,500	\$93.87	\$106.42	\$147.94
\$52,000 to \$53,999	\$2,600	\$97.62	\$110.68	\$153.85
\$54,000 to \$55,999	\$2,700	\$101.38	\$114.94	\$159.77
\$56,000 to \$57,999	\$2,800	\$105.13	\$119.19	\$165.68
\$58,000 to \$59,999	\$2,900	\$108.88	\$123.44	\$171.60
\$60,000 or more	\$3,000	\$112.64	\$127.70	\$177.52

LIMITATIONS AND EXCLUSIONS

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

We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

A. We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of active participation in a riot; this does not include terrorism; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined; 7. Alcoholism or drug addiction; 8. An Injury that arises from any employment; 9. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

TERMS YOU NEED TO KNOW

Actively at Work refers to your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Benefit Period is the maximum number of days after the Elimination Period, if any, for which you can be paid benefits for any period of disability. Each new Benefit Period is subject to a new Elimination Period.

Effective Date is the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you are actively at work as an eligible employee

Elimination Period is the number of continuous days at the beginning of your Period of Disability for which no benefits are payable. Each new Benefit Period is subject to a new Elimination Period.

Injury refers to a bodily injury not otherwise excluded that is directly caused by a covered accident, is not caused by Sickness, disease, bodily infirmity, or any other cause, and occurs while coverage is in force.

Mental Illness is defined as a Total Disability resulting from psychiatric or psychological conditions, regardless of cause. Mental Illnesses and Emotional Disorders includes but are not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, personality disorders and adjustment disorders or other condition usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

Partial Disability refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Partial Disability, you are able to work at any job earning less than 80 percent of the Annual Income of your Full-Time Job at the time you became disabled.

Sickness refers to a covered illness, disease, infection, or any other abnormal physical condition that is not caused by an Injury, first manifested and first treated after the Effective Date of coverage, and occurs while coverage is in force.

Termination Coverage will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date you cease to meet the definition of an employee as defined in the master policy, (4) the date you no longer belong to an eligible class, (5) age 75.

Plan Termination The plan may terminate for any of the following reasons the premium is not paid before the end of the grace period, we cancel the plan any time after the end of the first policy year. To do this, we must give 45 days' written notice, or the number of participating employees is less than the number that was agreed upon between us and the policyholder in the signed master application. The policyholder has the sole responsibility to notify you of the termination of the plan. If the plan terminates, it — as well as all certificates and riders issued under the plan — will end on the stated termination date. The termination occurs as of 12:01 a.m. at the policyholder's address.

If the Plan ends, we will provide coverage for claims arising from disabilities that were first diagnosed while the plan was in force.

Reinstatement If any renewal premium is not paid on time (as outlined in the initial payment agreement) for the plan, we may accept the late premium and reinstate the plan without requiring a new application.

However, if we do require an application for reinstatement and issues a conditional receipt for the premium tendered, the plan will be reinstated upon our approval or lacking such approval or upon the 45th day following the date of the conditional receipt (unless we have previously notified the policyholder in writing of our disapproval of the application).

The reinstated plan covers only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than 10 days after such date. In all other respects, the policyholder and we will have the same rights they had under the plan immediately before the due date of the defaulted premium (subject to any provisions endorsed with or attached to the reinstatement).

Any premium accepted with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Total Disability refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Total Disability, you may not be working at any job.

You and Your refers to an employee as defined in the Plan.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is subject to the terms, conditions, and limitations of Policy Form C50000NC.

Plan Highlights

Voluntary Group Term Life



2024 Vance-Granville Community College

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you, under age 70 on application date.
- ▶ Your legally-recognized domestic or civil union partner
- ▶ Your unmarried financially dependent children birth to 20 years (to 26 years if full-time student).
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover dependent children.

BENEFIT AMOUNT

Voluntary Life: Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments; subject to a salary cap of 10 times base annual earnings.

Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

Child(ren): Birth but less than 6 months: \$1,000; 6 months through age 20: A choice of \$2,500, \$5,000, \$7,500, or \$10,000 (up to age 26 if a full-time student.)

GUARANTEED ISSUE

Initial eligibility period only

Employee:

Under age 60: \$200,000

Age 60 but less than age 70: \$200,000

Age 70 and over: \$200,000

Spouse:

Under age 60: \$50,000

Age 60+: none

Child(ren): \$10,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

At Age Face Amount Reduces To

75-79	60% of available or in force amount at age 74
80-84	35% of available or in force amount at age 74
85-89	27.5% of available or in force amount at age 74
90-94	20% of available or in force amount at age 74
95-99	7.5% of available or in force amount at age 74
100 +	5% of available or in force amount at age 74

RATES PER \$10,000

18-39: \$0.80

40-59: \$1.80

60+: \$2.50

Child(ren) per month:

\$2,500: \$0.42

\$5,000: \$0.82

\$7,500: \$1.22

\$10,000: \$1.62

FEATURES

Portability

Waiver of Premium

RELIANCE STANDARD
LIFE INSURANCE COMPANY

www.reliancestandard.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-8349, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Important Information

AFLAC Benefits and Wellness Claims

PO Box 84075
Columbus, GA 31993

Benefits:

Critical Illness Insurance, Hospital Indemnity Insurance, Short Term Disability Income (No Wellness)

Phone: 800-443-3036

Fax: 866-849-2970

Email: groupclaimfiling@aflac.com

Allstate Cancer and Wellness Claims

Toll Free: 1-800-521-3535

Policy number

Employee's name

Employee's date of birth

File claims quickly using 'MyBenefits'

If new to MyBenefits click 'Create an Account' at the bottom of the page

Login at <https://mybenefits.allstate.com>

After login, click on 'File a Claim' to begin.

Follow the claim system prompts to provide information about your claim.

Submit your completed claim.

Other ways to file a claim Toll Free

- Fax claim submissions: 1 (866) 424-8482
- Wellness Claims: 1 (800) 430-4188

Mail:

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, FL 32224

Allstate – Privacy Armor Plus

Dedicated Privacy Advocate to protect you 24/7

Go to MyPrivacyArmor.com

Questions? Call 1-800-789-2720

HealthEquity – Spending Account Administration

Participating employees contact:

Member Services Toll Free: 1-877-924-3967

Email: relationship.management@healthequity.com

HealthEquity Member Services - Weekdays, 8:00 a.m. to 8:00 p.m. Eastern Time

- Access member support via online chat or CSR between 8 a.m. until 8 p.m. Eastern Time
- HealthEquity toll-free interactive voice response (IVR) system 24/7

HealthEquity Member Portal

The Member portal captures a record of the member's account activity on the account dashboard.

Other account activity is displayed as transaction details and history. Members can monitor and follow claims transactions and reimbursement activity.

- Online claims submission for direct reimbursement or provider payments
- On-demand, printable statements of activity and claim forms
- Savings calculators
- Order additional debit cards
- Alerts and messages

HealthEquity Claims Processing

- 99% of claims are processed within two business days
- Members can opt-in to receive email or text messages when a claim is received, processed, and payment is made.
- Members can pay providers directly from their account, using the 'pay my provider' feature.

MetLife Dental – 1-800-275-4638

Once you're enrolled you may take advantage of online self-service capabilities with

Register at MyBenefits and follow the easy instructions.

www.metlife.com/mybenefits

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- View your Explanation of Benefits online

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed.

If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-275-4638.

MetLife Legal Plans

Upon enrollment in the MetLife Legal Plan, you will receive a link to the "MetLife Law Firm E-Panel®" to register for legal plan access. Once registered you created login and password, you will have access to over 1,700 self-help legal documents and over 18,000 attorneys.

The plan covers employee, spouse and dependents for the same low price.

Reliance Standard Life Insurance Company - Group Term Life Insurance

Your beneficiary and your employer will complete the appropriate claim forms and submit them to RSLI. Reliance Standard Life will notify your beneficiary upon completion of all the beneficiary requirements.

Contact NBC Benefits for appropriate forms. Claims should be submitted to:

Reliance Standard Life Insurance Company

Attn: Group Life Claims

P.O. Box 7307

Philadelphia, PA 19101-7307

Phone: 1-800-351-7500

Fax: 1-267-256-3518

Email: LifeClaimsScan@rsli.com

Sun Life – Basic Group Term – 1-800-247-6875

How does my beneficiary file a death claim?

Your beneficiary and your employer will complete the appropriate claim forms and submit them to Sun Life. Sun Life will notify your beneficiary upon completion of all the beneficiary requirements.

To receive a claim form, contact NBC Benefits or use the link below:

<https://www.sunlife.com/us/en/about/support/find-a-form/>

Superior Vision Care Plan 1-800-507-3800

SuperiorVision.com

Download the free Superior Vision App for Android and Apple devices.

Create your account – check your eligibility and benefits- find providers – view your Member ID Card Benefits through 'Superior National Network'

The Hartford - Accident Claim Procedure

- **ONLINE**
 - Visit the Supplemental Insurance Claims Portal at:
TheHartford.com/benefits/myclaim.
 - **Register** for access if you have not done so already. We must have dependent information if covered.
 - Log in to the portal.
 - Click on "**Complete Your Claim Form Online**" under the Quick Links section.
 - Follow the prompts to complete and submit a claim.
- **FILE A CLAIM OVER THE PHONE**
 - (Applicable to Health Screening Benefit/Accident Protection Benefit Only)
 - File your claim by calling **866-547-4205.**
 - Available Monday through Friday, 8:00 a.m. - 6:00 p.m. EST.
- **SUBMIT A CLAIM VIA MAIL OR FAX**
 - Download a claim form at **TheHartford.com/benefits/myclaim:**
 - Complete the form and mail or fax it to:
The Hartford Supplemental Insurance Benefit Department
P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

For assistance in filing your claim, call 866-547-4205.

WebDocUSA – TeleHealth Medical and Behavioral Health

Upon enrollment in the plan, you will receive an email with a link to register for TeleHealth access. Please use the link to register and provide employee and dependent medical information since the plan covers your family.

After registration you will be provided contact information for services available from physicians and consultants.

Please contact NBC Benefits if you have further questions.

Questions about your coverage or benefits?

NBC Benefits, Inc.
4020 Shipyard Boulevard
Wilmington, NC 28403

Toll Free 1-844-515-2203
Fax 1-815-377-3556
Email jim@nbc007.com
Website www.nbc007.com

We are here to assist you and answer your questions!

✓	<i>Aflac - Critical Illness Insurance</i>
✓	<i>Aflac - Hospital Indemnity</i>
✓	<i>Aflac - Short Term Disability Income</i>
✓	<i>Allstate - Cancer Insurance</i>
✓	<i>Allstate Privacy Armor - Identity Theft</i>
✓	<i>HealthEquity - Spending & Dependent Care Accounts</i>
✓	<i>MetLife - Dental Insurance</i>
✓	<i>MetLife - Legal Plan</i>
✓	<i>Sun Life - Basic Group Term Life</i>
✓	<i>Superior Vision - Eye Care Insurance</i>
✓	<i>The Hartford - Accident Insurance</i>
✓	<i>Reliance Standard - Group Term Life Insurance</i>
✓	<i>WebDocUSA - TeleHealth Virtual Medicine & Consulting</i>