

VOLUNTARY BENEFITS 2021



Accident Coverage

Critical Illness



Identity Theft Protection



Pet Insurance

GROUP ACCIDENT INSURANCE

| HOSPITALIZATION BENEFITS | BENEFIT AMOUNT |
|--|---|
| HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment. | \$1,000 Per Confinement |
| HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility. | \$300 Per Day |
| HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit. | \$250 Per Day |
| INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE / CHILD | |
| INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following: Hospital emergency room with X-Ray / without X-Ray Urgent care facility with X-Ray / without X-Ray Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray | \$350 / \$200 \$300 / \$150 \$300 / \$150 |
| AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury. | \$200 Ground \$1,000 Air |
| MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center. | \$200 |
| EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury. | \$100 Each 24 hour period |
| ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment. | \$50 |
| THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist. | \$50 |

GROUP ACCIDENT INSURANCE

Benefit Amount

INITIAL TREATMENT BENEFIT EMPLOYEE / SPOUSE & CHILD

FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.

| | |
|---|-------------------|
| Hip / Thigh | \$6,000 / \$3,000 |
| Vertebrae (except processes) | \$5,400 / \$2,700 |
| Pelvis | \$4,800 / \$2,400 |
| Skull (depressed) | \$4,500 / \$2,250 |
| Sternum | \$4,050 / \$2,025 |
| Leg | \$3,600 / \$1,800 |
| Forearm / Hand / Wrist / Foot / Ankle / Kneecap | \$3,000 / \$1,500 |
| Shoulder Blade / Collar Bone / Lower Jaw (mandible) | \$2,400 / \$1,200 |
| Skull (simple) / Upper Arm / Upper Jaw | \$2,100 / \$1,050 |
| Facial Bones (except teeth) | \$1,800 / \$900 |
| Vertebral Processes | \$1,200 / \$600 |
| Sacral / Sacrum | \$900 / \$450 |
| Coccyx / Rib / Finger / Toe | \$480 / \$240 |

DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

| | |
|--------------|---------|
| Hip | \$2,000 |
| Knee | \$1,300 |
| Shoulder | \$1,000 |
| Foot / Ankle | \$800 |
| Hand | \$700 |
| Lower Jaw | \$600 |
| Wrist | \$500 |
| Elbow | \$400 |
| Finger / Toe | \$160 |

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$100
per day

TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

\$300 Plane
\$150 Any ground
transportation

GROUP ACCIDENT INSURANCE

| | Benefit Amount |
|---|---|
| OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | \$400 |
| OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount. | \$25 |
| INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | \$750 |
| APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace, Cervical Collar Walking Boot, Knee Scooter, Body Jacket Wheelchair, Back Brace, Walker, Crutches, Leg Brace | \$20 \$50 \$100 |
| FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center). | \$50 |
| EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia. | \$50 |
| EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident. | \$50 Extraction \$150 Repair with a crown |
| COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident. | \$5,000 |
| CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident. | \$100 |
| BLOOD/PLASMA /PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury. | \$100 |
| BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered. | |
| Second Degree Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more | \$100 \$200 \$500 \$1,000 |
| Third Degree Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more | \$1,000 \$5,000 \$10,000 \$20,000 |
| RESIDENCE / VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; The use of one hand/arm; or The use of one foot/leg. | \$500 |

GROUP ACCIDENT INSURANCE

Benefit Amount

| | |
|---|-------------------------------|
| <p>PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p> | \$500 |
| <p>PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia</p> | <p>\$2,500 \$5,000</p> |
| <p>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.</p> <p>Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.</p> | |
| <p>ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.</p> | \$25,000 |
| <p>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT Payable if the insured: <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. </p> | \$50,000 |
| <p>The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)</p> | |
| <p>DISMEMBERMENT (once per accident, within 6 months after the accident)</p> <p>Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means: <ul style="list-style-type: none"> • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). <p>If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.</p> </p> | LIFE CHANGING EVENTS BENEFITS |
| <p>SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)</p> | |
| Employee | \$12,500 |
| Spouse | \$5,000 |
| Child(ren) | \$2,500 |
| <p>DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)</p> | |
| Employee | \$25,000 |
| Spouse | \$10,000 |
| Child(ren) | \$5,000 |
| <p>LOSS OF ONE OR MORE FINGERS OR TOES</p> | |
| Employee | \$1,250 |
| Spouse | \$500 |
| Child(ren) | \$250 |
| <p>PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)</p> | |
| Employee | \$100 |
| Spouse | \$100 |
| Child(ren) | \$100 |
| <p>WELLNESS BENEFIT (once per calendar year) Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter</p> | \$50 |



Aflac

Accident Insurance

| Benefits At A Glance | | Monthly Premiums | |
|--|---|---|---------|
| Initial Doctor Visit at Urgent Care or Doctors Office | \$150 without x-ray \$300 with x-ray | Employee Only | \$14.45 |
| Emergency Room Visit | \$200 without x-ray \$350 with x-ray | Employee & Spouse | \$21.19 |
| Follow Up Treatment | \$50 | Employee & Children | \$25.10 |
| Physical Therapy | \$50 | Family | \$31.84 |
| Ambulance | Ground: \$200 Air: \$1,000 | YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY! Wellness Benefit -> \$50 (per person per year) | |
| Blood / Plasma | \$100 | | |
| Prosthesis | \$500 | Employee Only -> \$14.45 monthly Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00 Adjusted Monthly Cost = \$6.67 | |
| Appliance | Up to \$100 | | |
| Injury Specific | \$50-\$13,500 (up to \$9,000 x 200%) | | |
| Family Lodging (100+ miles) | \$100 / night | Employee & Spouse -> \$21.19 monthly Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$7.56 | |
| Transportation (100+ miles) | Ground: \$150 Air: \$300 | | |
| Accidental Death | \$25,000/\$12,500/\$2,500 | | |
| Accidental Dismemberment | \$200 - \$25,000 | Employee & Children -> \$25.10 monthly Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$10.49 | |
| Hospital Admission | \$1000 | | |
| Regular Room | \$300 / per day | | |
| Intensive Care | \$550 / per day | Family -> \$31.84 monthly Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00 Adjusted Monthly Cost = \$11.38 | |
| *Wellness Benefit examples are figured on minimum amount of participants per plan. | | | |

AFLAC GROUP CRITICAL

Benefits Overview - Lump Sum Benefit Amount That you Choose

COVERED CRITICAL ILLNESSES:

| | |
|--|------|
| CANCER (Internal or Invasive) | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% |
| STROKE (Ischemic or Hemorrhagic) | 100% |
| MAJOR ORGAN TRANSPLANT | 100% |
| KIDNEY FAILURE (End-Stage Renal Failure) | 100% |
| BONE MARROW TRANSPLANT (Stem Cell Transplant) | 100% |
| SUDDEN CARDIAC ARREST | 100% |
| SEVERE BURNS* | 100% |
| PARALYSIS** | 100% |
| COMA** | 100% |
| LOSS OF SPEECH / SIGHT / HEARING** | 100% |
| NON-INVASIVE CANCER | 25% |
| CORONARY ARTERY BYPASS SURGERY | 25% |

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

OPTIONAL BENEFITS RIDER (Included)

| | |
|-------------------------------------|------|
| BENIGN BRAIN TUMOR | 100% |
| ADVANCED ALZHEIMER'S DISEASE | 25% |
| ADVANCED PARKINSON'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 optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASES RIDER

| | |
|--|------|
| AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease) | 100% |
| SUSTAINED MULTIPLE SCLEROSIS | 100% |

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

INITIAL DIAGNOSIS

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

ADDITIONAL DIAGNOSIS

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

AFLAC GROUP CRITICAL

| | Benefit Amount |
|--|----------------|
| <p>REOCCURRENCE</p> <p>We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.</p> | |
| <p>CHILD COVERAGE AT NO ADDITIONAL COST</p> <p>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.</p> | |
| <p>SKIN CANCER BENEFIT</p> <p>We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.</p> | \$250 |
| <p>WAIVER OF PREMIUM</p> <p>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.</p> | |
| <p>SUCCESSOR INSURED BENEFIT</p> <p>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.</p> | |
| <p>HEALTH SCREENING BENEFIT (Employee and Spouse only)</p> <p>We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.</p> <p>This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.</p> <p>COVERED HEALTH SCREENING TESTS INCLUDE:</p> <ul style="list-style-type: none"> •Blood test for triglycerides •CEA (blood test for colon cancer) •Flexible sigmoidoscopy •Bone marrow testing •Chest X-ray •Hemocult stool analysis •Breast ultrasound •Colonoscopy •Mammography •Spiral CT screening for lung cancer •DNA stool analysis •Pap smear •Thermography •Fasting blood glucose test •Stress test on a bicycle or treadmill •CA 125 (blood test for ovarian cancer) •PSA (blood test for prostate cancer) •CA 15-3 (blood test for breast cancer) •Serum cholesterol test to determine level of HDL and LDL •Serum protein electrophoresis (blood test for myeloma) | \$50 |



Critical Illness Insurance

| Benefits At A Glance | | Monthly Rates | | | |
|--|---------------------|-------------------------|----------|----------|----------|
| | | NON-TOBACCO -- Employee | | | |
| Cancer | 100% | Issue Age | \$10,000 | \$20,000 | \$30,000 |
| Heart Attack | 100% | 18-30 | \$5.31 | \$9.25 | \$13.18 |
| Stroke | 100% | 31-40 | \$8.08 | \$14.78 | \$21.48 |
| Kidney Failure | 100% | 41-50 | \$14.26 | \$27.15 | \$40.03 |
| Major Organ Transplant | 100% | 51-60 | \$25.54 | \$49.70 | \$73.85 |
| Bone Marrow Transplant | 100% | 61+ | \$46.78 | \$92.18 | \$137.58 |
| Sudden Cardiac Arrest | 100% | | | | |
| Coronary Artery Bypass Surgery | 25% | NON-TOBACCO -- Spouse | | | |
| Non-Invasive Cancer | 25% | Issue Age | \$10,000 | \$20,000 | \$30,000 |
| Skin Cancer | \$250 | 18-30 | \$5.31 | \$9.25 | \$13.18 |
| Severe Burn | 100% | 31-40 | \$8.08 | \$14.78 | \$21.48 |
| Coma | 100% | 41-50 | \$14.26 | \$27.15 | \$40.03 |
| Paralysis | 100% | 51-60 | \$25.54 | \$49.70 | \$73.85 |
| Loss of Sight / Hearing / Speech | 100% | 61+ | \$46.78 | \$92.18 | \$137.58 |
| Benign Brain Tumor | 100% | | | | |
| Advanced Alzheimer's Disease | 25% | TOBACCO -- Employee | | | |
| Advanced Parkinson's Disease | 25% | Issue Age | \$10,000 | \$20,000 | \$30,000 |
| Amyotrophic Lateral Sclerosis | 25% | 18-30 | \$7.00 | \$12.61 | \$18.23 |
| Sustained Multiple Sclerosis | 100% | 31-40 | \$11.88 | \$22.38 | \$32.88 |
| Health Screening Benefit | \$50 (EE + SP Only) | 41-50 | \$21.63 | \$41.88 | \$62.13 |
|   | | 51-60 | \$40.48 | \$79.58 | \$118.68 |
| | | 61+ | \$72.06 | \$142.75 | \$213.43 |
| | | | | | |
| | | TOBACCO -- Spouse | | | |
| | | Issue Age | \$10,000 | \$20,000 | \$30,000 |
| | | 18-30 | \$7.00 | \$12.61 | \$18.23 |
| | | 31-40 | \$11.88 | \$22.38 | \$32.88 |
| | | 41-50 | \$21.63 | \$41.88 | \$62.13 |
| | | 51-60 | \$40.48 | \$79.58 | \$118.68 |
| | | 61+ | \$72.06 | \$142.75 | \$213.43 |

Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.



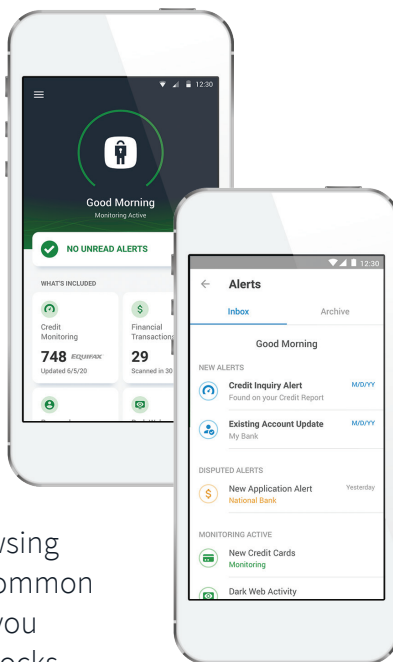
Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

No one can prevent all identity theft or cybercrime.

[†] We do not monitor all transactions at all businesses.

¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.



Identity

LifeLock Identity Alert™ System†

- Identity Verification Monitoring†**
- Telecom & Cable Applications for New Service
- Payday - Online Lending Alerts†
- Credit Alerts & Social Security Alerts†

Dark Web Monitoring**

Home Title Monitoring

USPS Address Change Verification

Stolen Wallet Protection

Social Media Monitoring*

Data Breach Notifications

Bank & Credit Card Activity Alerts†**

Checking & Savings Account Application Alerts†**

Bank Account Takeover Alerts†**

401k & Investment Account Activity Alerts†**

Prior Identity Theft Remediation³

This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.

U.S.-based Identity Restoration Specialists

24/7 Live Member Support

Million Dollar Protection™ Package***

- Stolen Funds Reimbursement
- Personal Expense Compensation
- Coverage for Lawyers and Experts

Credit Application Alerts²**

Credit Monitoring¹**

Annual Credit Reports & Credit Scores¹**

The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

- Identity Lock¹, 5

Monthly Credit Score Tracking¹**

The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

Credit, Bank & Utility Account Freezes**

Benefit Premier

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Up to
\$1 Million each

One-Bureau¹

Three-Bureau¹

On Demand – Three-Bureau¹

●

One-Bureau¹

●



Device Security

Secures PCs, Mac & mobile devices**

Online Threat Protection**

Password Manager**

Smart Firewall**

Cloud Backup³**

Up to 5 devices
(Family gets 10 devices)

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●

●

50 GB



Home & Family

Parental Control⁴**

●



Online Privacy

Norton Secure VPN**

Privacy Monitor

SafeCam³**

●

●

●

Benefit Plan - Monthly Rates

👤 Employee Only (18+ Years Old)

👤👤 Employee + Family⁴

Benefit Premier

¹ If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

² If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

³ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor).

⁴ Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android – via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

⁵ Looking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your TransUnion file will be unlocked if your subscription is downgraded or cancelled.

⁶ The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

⁷ The LifeLock Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

***Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: [NortonLifeLock.com/legal](https://www.nortonlifelock.com/legal).

* Does not include monitoring of chats or direct messages.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

⁸ Subject to eligibility requirements defined in [Terms & Conditions](#). NortonLifeLock reserves the right to change and/or cease services at any time.

No one can prevent all identity theft or cybercrime.

Not all products, services and features are available on all devices or operating systems. System requirement information on [Norton.com](https://www.norton.com).

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Nationwide[®] pet insurance

My Pet Protection[®] plan summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.



My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit



Included with every policy

vet^help^line[®]

- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

PetRxExpressSM

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today.

• 877-738-7874

*Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

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