



EMPLOYEE BENEFITS SUMMARY | 50000795 YADKIN COUNTY EMPLOYEES

FOR ALL ELIGIBLE FULL TIME ACTIVE EMPLOYEES

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

EMPLOYER CONTRIBUTION: 100%

AMOUNT OF COVERAGE: Pays a benefit of \$25,000 without evidence of insurability.

Benefits reduce, based on your age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.

GROUP TERM LIFE insurance is designed to provide benefits to your designated beneficiary for loss of life.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Seat Belt/Air Bag Benefit
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Travel Assistance

DEPENDENT LIFE

EMPLOYER CONTRIBUTION: 0%

Spouse: You may purchase coverage for your eligible spouse in the amount of \$5,000.

Children: You may purchase coverage for your eligible children between the ages of 6 months and 26 years in the amount of \$2,500. Benefits are reduced to \$500 for children from Live Birth to 6 months.

Benefits terminate when you are no longer eligible or your retirement, whichever occurs first.

VOLUNTARY GROUP TERM LIFE

EMPLOYER CONTRIBUTION: 0%

Employee: If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$150,000 until age 69, and \$0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of \$300,000 is available with evidence of insurability. Coverage cannot exceed 5 times your Basic Annual Earnings.

Benefits reduce, based on your age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Spouse: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible spouse, age 69 or younger, in units of \$5,000 to a maximum of \$50,000 until age 69, and \$0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of \$150,000 is available with evidence of insurability. Coverage cannot exceed 100% of your benefit.

Benefits reduce, based on spouse's age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Child: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from \$1,000 to \$10,000 in increments of \$1,000. Benefits reduce to \$1,000 for children from live birth to 6 months.

Benefits terminate when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY GROUP TERM LIFE (VGTL) If you need additional term life protection for you and your eligible family members, think about US Able Life's low cost VGTL coverage. You select the benefit amounts to suit your specific situation and premium payments are made through payroll deduction.

VOLUNTARY GROUP TERM LIFE ALSO INCLUDES THE FOLLOWING:

- Accelerated Benefit
- Portability
- Extended Life Insurance Benefit (Waiver of Premium)

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

EMPLOYER CONTRIBUTION: 0%

Employee: You may purchase coverage in units of \$10,000 to a maximum of \$300,000 without evidence of insurability. Coverage cannot exceed 5 times your Basic Annual Earnings.

Benefits reduce, based on your age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Spouse: If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible spouse in units of \$5,000 to a maximum of \$150,000 without evidence of insurability. Coverage cannot exceed 100% of your benefit.

Benefits reduce, based on spouse's age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.

Child: If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from \$1,000 to \$10,000 in increments of \$1,000. Benefits reduce to \$1,000 for children from live birth to 6 months.

Benefits terminate when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) coverage allows you to purchase benefits to provide protection in the event of an unexpected loss of accidental death or dismemberment. Protection is issued on a 24-hour basis for you and your eligible family members and covers you as the result of a covered accident anywhere in the world.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Seat Belt/Air Bag Benefit
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit

VOLUNTARY SHORT TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Weekly Earnings to a maximum of \$500 per week, less offsets for other income. Benefits begin on the 15th day of a covered disability resulting from an accident, and on the 15th day of a covered disability resulting from sickness, and are payable up to a maximum of 26 weeks for any one covered disability.

Benefit does not reduce, and terminates when you are no longer eligible or your retirement, whichever occurs first.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 0 n/a month period immediately preceding the effective date of coverage, and which begins in the first 0 n/a months after the effective date of coverage.

VOLUNTARY SHORT TERM DISABILITY (VSTD) is designed to provide partial income replacement should you become disabled as the result of sickness or injury. USABLE Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician due to sickness or injury; including pregnancy or complications of pregnancy.

VOLUNTARY SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Recurrent Disability
- Waiver of Premium Benefit

VOLUNTARY LONG TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Monthly Earnings to a maximum of \$5,000 per month, less offsets for other income. Benefits begin on the 181st day of a covered disability and are payable for 2 years if you are disabled from your own occupation, or to your Social Security Normal Retirement Age (SSNRA) if you are disabled from any occupation.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 3 month period immediately preceding the effective date of coverage, and which begins in the first 12 months after the effective date of coverage, unless the insured goes 6 months treatment-free after the effective date.

VOLUNTARY LONG TERM DISABILITY (VLTD) is designed to provide partial income replacement for you should you become disabled as the result of a covered sickness or injury.

VOLUNTARY LONG TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Return to Work Incentive
- Survivor Benefit
- Waiver of Premium Benefit

Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the

coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USABLE Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by USABLE Life on 4/18/2019 at 1:58 PM and may not reflect changes recently submitted to USABLE Life.



EMPLOYEE BENEFITS SUMMARY | 50000795 YADKIN COUNTY EMPLOYEES

FOR RETIREES WITH 30 YEARS OF SERVICE

GROUP TERM LIFE	EMPLOYER CONTRIBUTION: 100%
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AMOUNT OF COVERAGE: Pays a benefit of \$10,000 without evidence of insurability.

Benefits reduce, based on your age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.

GROUP TERM LIFE insurance is designed to provide benefits to your designated beneficiary for loss of life.

GROUP TERM LIFE ALSO INCLUDES THE FOLLOWING:

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Travel Assistance

Important Note
<p>If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of US Able Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.</p> <p>This benefit summary was generated by US Able Life on 4/18/2019 at 2:10 PM and may not reflect changes recently submitted to US Able Life.</p>

PREMIUMS BASED ON 24 PAYROLL DEDUCTIONS PER YEAR

Benefit is 60% of Basic Weekly Earnings to a maximum of \$500

MONTHLY RATES PER \$10 WEEKLY BENEFIT:

UNDER 35	\$0.550	45-49	\$0.660	60-64	\$1.230
35-39	\$0.560	50-54	\$0.810	65+	\$1.360
40-44	\$0.580	55-59	\$0.990		

STEP 1 - CALCULATE BENEFIT

ANNUAL SALARY ÷ 52 = WEEKLY SALARY	60% x WEEKLY SALARY = WEEKLY BENEFIT	DOES THE WEEKLY BENEFIT EXCEED \$500?	IF NO, ENTER CALCULATED WEEKLY BENEFIT. IF YES, ENTER MAX WEEKLY BENEFIT \$500.
EXAMPLE: \$30,000.00 ÷ 52 = \$576.92	60% x \$576.92 = \$346.15	NO	\$346.15

1 ANNUAL SALARY ÷ 52 = \$ WEEKLY SALARY

2 60% x WEEKLY SALARY = \$ WEEKLY BENEFIT

3 DOES THE WEEKLY BENEFIT EXCEED \$500? YES or NO

4 IF NO, ENTER WEEKLY BENEFIT FROM BOX 2. IF YES, ENTER MAX WEEKLY BENEFIT (\$500)

\$ YOUR WEEKLY BENEFIT

STEP 2 - CALCULATE COST

FIND YOUR RATE ABOVE	RATE x YOUR WEEKLY BENEFIT AMOUNT (STEP 1, BOX 4)	DIVIDE BY \$10	MULTIPLY MONTHLY COST BY 12 = ANNUAL COST	DIVIDE ANNUAL COST BY 24 PAY PERIODS = COST PER PAY PERIOD
EXAMPLE: \$0.55	\$0.55 x \$346.15 = \$190.38	\$190.38 ÷ \$10 = \$19.04	\$19.04 x 12 = \$228.46	\$228.46 ÷ 24 = \$9.52

1 FIND YOUR RATE ABOVE \$

2 RATE x WEEKLY BENEFIT \$

3 DIVIDE BY \$10 \$ MONTHLY COST

4 MULTIPLY BY 12 \$ ANNUAL COST

5 DIVIDE BY 24 PAY PERIODS \$ COST PER PAY PERIOD

The above rates are subject to change. This is not part of an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

PREMIUMS BASED ON 24 PAYROLL DEDUCTIONS PER YEAR

Benefit is 60% of Basic Monthly Earnings to a maximum of \$5,000

MONTHLY RATES PER \$100 MONTHLY PAYROLL:

UNDER 25	\$0.150	30-34	\$0.250	40-44	\$0.610	50-54	\$1.030	60+	\$1.270
25-29	\$0.160	35-39	\$0.410	45-49	\$0.760	55-59	\$1.210		

STEP 1 - CALCULATE BENEFIT

ANNUAL SALARY ÷ 12 = MONTHLY SALARY	60% x MONTHLY SALARY = MONTHLY BENEFIT	DOES THE MONTHLY BENEFIT EXCEED \$5,000?	IF NO, ENTER CALCULATED MONTHLY BENEFIT. IF YES, ENTER MAX MONTHLY BENEFIT \$5,000.
EXAMPLE: \$30,000.00 ÷ 12 = \$2,500.00	60% x \$2,500.00 = \$1,500.00	NO	\$1,500.00

1 ANNUAL SALARY ÷ 12 = \$ MONTHLY SALARY
2 60% x MONTHLY SALARY = \$ MONTHLY BENEFIT
3 DOES THE MONTHLY BENEFIT EXCEED \$5,000? YES or NO
4 IF NO, ENTER MONTHLY BENEFIT FROM BOX 2. IF YES, ENTER MAX MONTHLY BENEFIT (\$5,000)
 \$ YOUR MONTHLY BENEFIT

STEP 2 - CALCULATE COST

Find your rate above: \$

DIVIDE YOUR MONTHLY BENEFIT AMOUNT (STEP 1, BOX 4) BY \$100	MULTIPLY BY YOUR RATE TO FIND YOUR MONTHLY PREMIUM	MULTIPLY MONTHLY COST BY 12 TO FIND YOUR ANNUAL COST	DIVIDE ANNUAL COST BY 24 PAY PERIODS TO FIND YOUR COST PER PAY PERIOD
\$1,500.00 ÷ 100 = \$15.00	\$15.00 x \$0.15 = \$2.25	\$2.25 x 12 = \$27.00	\$27.00 ÷ 24 = \$1.13

1 MONTHLY BENEFIT ÷ 100 = \$
2 MULTIPLY BY RATE = \$ MONTHLY COST
3 MULTIPLY BY 12 = \$ ANNUAL COST
4 DIVIDE BY 24 PAY PERIODS = \$ 24 PAY PERIOD COST

The above rates are subject to change. This is not part of an insurance policy and only the actual provisions of an issued policy control. USable Life's policies set forth the rights and obligations of covered persons and USable Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.