BETTER BENEFITS FOR LESS ™

Especially Custom-Designed For

In Strategic Alliance With
&
Officially Recommended By

Alabama Tire Dealers Association
"The Tire Professionals"

Securely Arrive.

SafeBridge BENEFITS

Better Benefits For Less

SafeBridge Benefits™ always seeks to deliver ***Better Benefits for Less*** solutions for every client. And our team has established a very successful track record in achieving this primary objective for our Employer Group Benefits & Owner-Executive Benefits clients.

After all *Your* Success… IS… *Our* Success.

"We do not work for any of America's top providers. They work for us, so that we can best work for you."

Charles W. Allen, Founder & CEO –
The SafeBridge Group, P.C.

***Our* Bottom Line? Increasing *Yours*.™**

SafeBridge Benefits Alliance Headquarters
4000 Eagle Point Corporate Drive, Suite 210
Birmingham, AL 35242
205.980.8408 or 205.266.7270
info@safebridgebenefits.com

Principal®

Policyholder: Gray's Tire & Service Center

BI-WEEKLY RATES

EE $8.58
EE+1 $16.95
FAM $29.13

Voluntary Dental PPO Benefit Summary

Effective Date: 06/01/2020

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
Job Class	ALL MEMBERS

Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		**Coinsurance (Policy Pays)**	
	In-Network	**Non-Network**	**In-Network**	**Non-Network**
Unit 1 – Preventive	$0	$0	100%	100%
Unit 2 – Basic	$25	$25	80%	80%
Unit 3 – Major	$25	$25	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are $1,000 per person. Non-network Calendar year maximums are $1,000 per person.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or $1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			

How Are Dental Procedures Covered?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

Unit 1 – Preventive Procedures	• Routine exams - one per six months • Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – one treatment each calendar year (covered only for dependent children under age 16) • Sealants – on first and second permanent molars for dependent children under age 16; one each tooth each 36 months • X-rays - Bitewing (one set every calendar year), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
Unit 2 – Basic Procedures	• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment;one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Emergency exams – one per six months • Space maintainers - covered only for dependent children under age 16; repairs not covered • Harmful Habit Appliance - covered only for dependent children under age 16 • Fillings and stainless steel crowns • General Anesthesia (covered only for specific procedures)/IV Sedation • Simple Oral Surgery • Complex Oral Surgical Procedures • Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.) • Periodontal Surgical Procedures – one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth) • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
Unit 3 – Major Procedures	• Crowns – each 60 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 60 months per tooth • Bridges - Initial placement / Replacement of bridges 60 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

Principal®

Policyholder: Gray's Tire & Service Center

BIWEEKLY RATES
EE: $2.53 ES $5.69
EC $5.69 FAM $7.96

Voluntary Vision Benefit Summary

Effective Date: 06/01/2020

This chart provides you a brief summary of the key benefits of the vision coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your vision coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
Job Class	ALL MEMBERS

Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	**Benefit**	**Frequency**
Exams	$10 copay	One exam every 12 months
Prescription Glasses	$25 copay	
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18 Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.***	Two lenses (one pair) every 12 months
Frames*	$130 allowance for a wide selection of frames; 20% off amount over allowance***	One set every 24 months
Elective Contacts	Up to $60 copay for your elective contact lens exam (fitting and evaluation) $130 allowance for elective contacts	Once every 12 months Contacts are instead of frames and lenses
Necessary Contacts**	$25 copay Covered in full for members who have specific conditions	Once every 12 months Contacts are instead of frames and lenses

Additional Savings ***	
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Other Providers (Non-Network)		
Covered Charges	**Scheduled Benefit Amount**	**Frequency**
Vision Exams	Up to $45	One per 12 month period
Single Vision lenses	Up to $30	One pair per 12 month period
Lined bifocal lenses	Up to $50	One pair per 12 month period
Lined trifocal lenses	Up to $65	One pair per 12 month period
Lenticular lenses	Up to $100	One pair per 12 month period
Frames	Up to $70	One set per 24 month period
Elective Contacts	Up to $105	In lieu of lenses and frame benefits
Necessary Contacts**	Up to $210	In lieu of lenses and frame benefits

*VSP has agreements established with some Participating Retail Chain Providers that may also provide benefits for this covered service. Up to a $70 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

** Necessary contact lenses are prescribed to correct extreme visual problems that cannot be corrected with regular lenses.
*** Based on applicable laws; benefits may vary by doctor location.

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

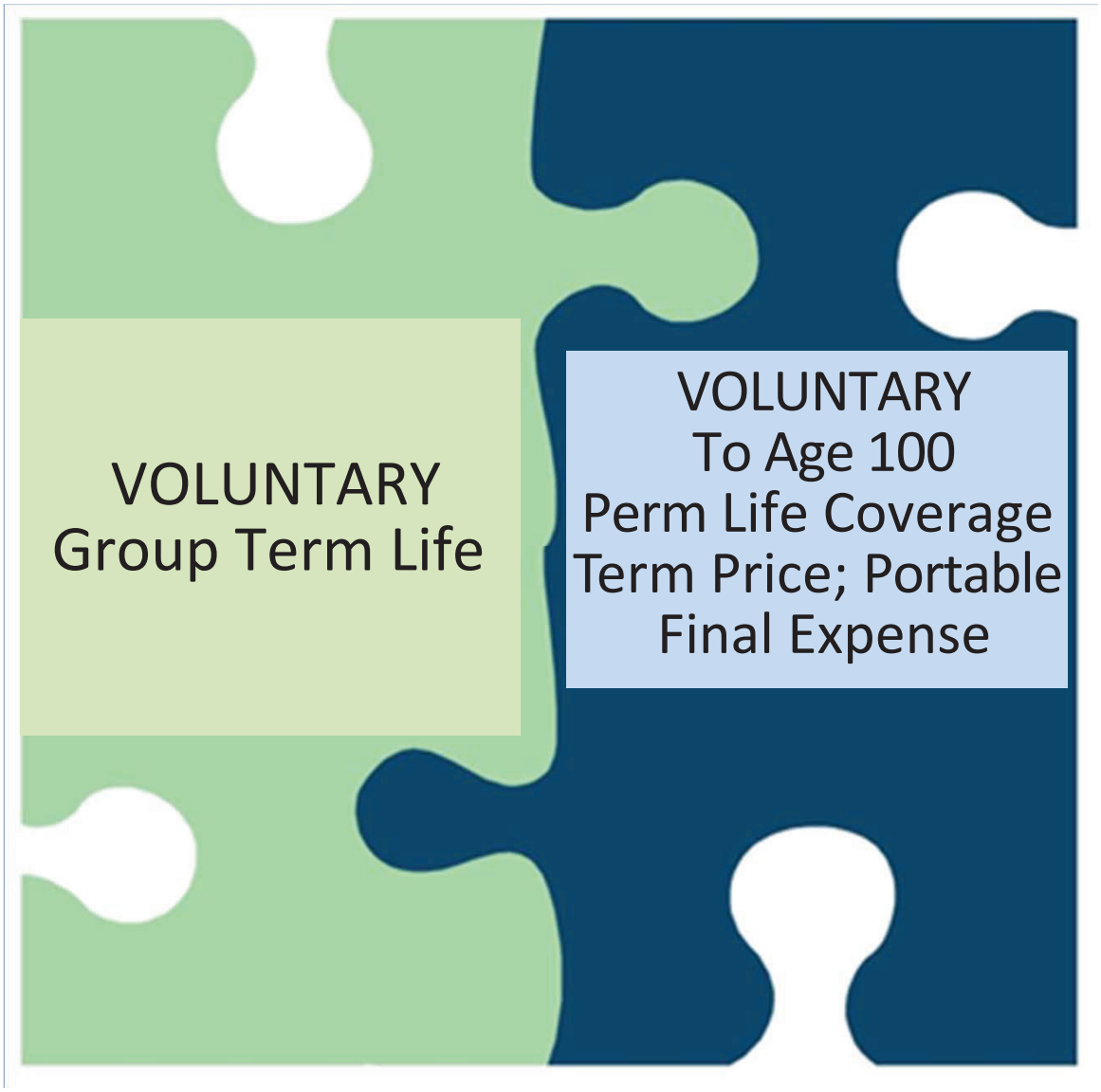
WHAT ARE SUPPLEMENTAL BENEFITS?

- NOT health insurance DOES NOT replace health insurance
- DO NOT pay doctor/hospital, **PAYS $$ TO YOU**, regardless of other insurance
- You determine how to best spend your benefits;
    - Pay rent/mortgage; Pay car payment/insurance; Pay utility bills
    - Cover any medical cost not paid for by your health insurance.
- Benefits are NOT TAXED
- Cost is PRE-TAXED through the Cafeteria Plan
- Plans are offered at discounted group rates
- Most plans are portable at the group rate
- Rates or Plan don't change unless you make a change

WHY SUPPLEMENTAL BENEFITS?

Financial Stability-bills don't stop because your paycheck does.

IDEAL LIFE INSURANCE COMBINATION



Principal®

Policyholder: Gray's Tire & Service Center

Voluntary Term Life Benefit Summary

Effective Date: 06/01/2020

This chart provides you a brief summary of the key benefits of the life coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your life coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility			
Job Class	ALL MEMBERS		
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
	Employee Life Benefits	**Spouse Life Benefits**	**Child Life Benefits**
Benefit Amount	You may choose to purchase benefits in increments of $10,000	You may choose to purchase benefits in $5,000 increments	For eligible children 14 days or older, you may choose to purchase a benefit of • $10,000 Eligible children under 14 days of age receive $1,000.
Minimum	$10,000	$5,000	Not Applicable
Maximum	$300,000	$100,000	Not Applicable
		Cannot exceed 100% of your benefit amount	
Proof of Good Health	Proof of good health is required for life insurance amounts greater than: If you are under age 70: $100,000 If you are age 70 and over: $10,000	Proof of good health is required for life insurance amounts greater than: If your spouse is under age 70: $30,000 If your spouse is age 70 and over: $10,000	Not Applicable
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at 70 Age reductions apply to the benefit amount after proof of good health.		Not Applicable
Additional Employee Benefits			
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived for you and your covered dependents.		
Accelerated Death Benefit	If you become terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.		

Open Enrollment	One month before the policy anniversary date, you can request to add or increase existing life insurance coverage for yourself or eligible dependents up two benefit increments without providing proof of good health to not exceed the maximum life insurance benefit allowed. You can also request higher amounts of coverage which will require approval of proof of good health.
Individual Purchase Rights	If you terminate employment, you may be able to convert benefits to an individual policy.
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
Limitations & Exclusions	
Suicide Exclusion	Benefits are not paid if you or your dependents commit suicide within the first 24 months of coverage 24.
Coverage Outside of the US	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.

Accidental Death & Dismemberment (AD&D) Coverage	
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. AD & D coverage does not apply to children.
Benefit Amount	Your employee benefit is equal to your voluntary term life benefit amount, if loss is due to accident or injury. Your spouse's benefit is equal to their voluntary term life benefit amount, if loss is due to accident or injury. If loss is due to exposure to the elements or disappearance, the loss may be covered. Benefits may be paid: • **Full benefit** when you or your spouse lose: your life / both hands / both feet / sight of both eyes / one hand and sight of one eye / one foot and sight of one eye / one hand and one foot. • **Half of the benefit** when you or your spouse lose: one hand / one foot / sight of one eye. • **One-fourth of the benefit** when you or your spouse lose the thumb and index finger on the same hand. The loss must occur within 365 days of the accident.
Additional Benefits	
Seatbelt /Airbag	$10,000 if wearing a seatbelt or are protected by an airbag and die in an automobile accident
Education	$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of death
Repatriation	Up to $2,000 for preparation and transportation of the body if the insured dies at least 100 miles from their permanent residence
Loss of Use/Paralysis	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
Loss of Speech and/or Hearing	When loss is irrevocable and continues for 12 consecutive months the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Limitations & Exclusions	
Occupational Coverage	For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit
Other Limitations	This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Understanding Your Voluntary Term Life Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You will be considered actively at work if you are able and available for active performance of all of your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered active work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

Are My Dependents Eligible For Coverage?

If you are covered as a member, your dependents may also be eligible. Additional eligibility requirements may apply.

Eligible dependents include your spouse (if not also enrolled as an employee), if not hospital or home confined and provided they do not elect benefits as an employee, and children.

Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility.

Additional eligibility requirements may apply.

What Additional Benefits Are Included?

Coverage During Disability	If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for 12 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first.
Accelerated Death Benefit	If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum, not to exceed $250,000, as long as: • Your life expectancy is 12 months or less (as diagnosed by a physician), and • Your death benefit is at least $10,000. If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.
Individual Purchase Rights	If you terminate employment, you, your spouse and your children may be able to convert coverage to individual life coverage. Upon coverage termination, your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation.

Gray's Tire & Service Center

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 05/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$10,000	$0.66	$0.71	$0.95	$1.41	$2.24	$3.46	$5.25	$8.02
$20,000	$1.32	$1.42	$1.91	$2.81	$4.47	$6.93	$10.50	$16.05
$30,000	$2.00	$2.14	$2.87	$4.23	$6.72	$10.40	$15.76	$24.08
$40,000	$2.66	$2.84	$3.82	$5.63	$8.95	$13.87	$21.01	$32.11
$50,000	$3.32	$3.55	$4.78	$7.04	$11.19	$17.33	$26.26	$40.13
$60,000	$3.98	$4.26	$5.73	$8.44	$13.43	$20.79	$31.51	$48.15
$70,000	$4.66	$4.98	$6.69	$9.86	$15.67	$24.27	$36.77	$56.19
$80,000	$5.32	$5.69	$7.64	$11.26	$17.91	$27.73	$42.02	$64.21
$90,000	$5.98	$6.40	$8.60	$12.67	$20.15	$31.19	$47.27	$72.23
$100,000	$6.64	$7.10	$9.55	$14.07	$22.38	$34.66	$52.52	$80.26
$110,000	$7.32	$7.82	$10.51	$15.49	$24.63	$38.13	$57.78	$88.29
$120,000	$7.98	$8.53	$11.47	$16.89	$26.86	$41.60	$63.03	$96.32
$130,000	$8.64	$9.24	$12.42	$18.30	$29.10	$45.06	$68.28	$104.34
$140,000	$9.30	$9.95	$13.37	$19.71	$31.34	$48.52	$73.53	$112.36
$150,000	$9.96	$10.66	$14.33	$21.11	$33.57	$51.99	$78.78	$120.39
$160,000	$10.64	$11.38	$15.29	$22.53	$35.82	$55.46	$84.04	$128.42
$170,000	$11.30	$12.08	$16.24	$23.93	$38.05	$58.93	$89.29	$136.45
$180,000	$11.96	$12.79	$17.20	$25.34	$40.29	$62.39	$94.54	$144.47
$190,000	$12.62	$13.50	$18.15	$26.74	$42.53	$65.85	$99.79	$152.49
$200,000	$13.30	$14.22	$19.11	$28.16	$44.77	$69.33	$105.05	$160.53
$210,000	$13.96	$14.93	$20.06	$29.56	$47.01	$72.79	$110.30	$168.55
$220,000	$14.62	$15.64	$21.02	$30.97	$49.25	$76.25	$115.55	$176.57
$230,000	$15.28	$16.34	$21.97	$32.37	$51.48	$79.72	$120.80	$184.60
$240,000	$15.96	$17.06	$22.93	$33.79	$53.73	$83.19	$126.06	$192.63
$250,000	$16.62	$17.77	$23.89	$35.19	$55.96	$86.66	$131.31	$200.66
$260,000	$17.28	$18.48	$24.84	$36.60	$58.20	$90.12	$136.56	$208.68
$270,000	$17.94	$19.19	$25.79	$38.01	$60.44	$93.58	$141.81	$216.70
$280,000	$18.60	$19.90	$26.75	$39.41	$62.67	$97.05	$147.06	$224.73
$290,000	$19.28	$20.62	$27.71	$40.83	$64.92	$100.52	$152.32	$232.76
$300,000	$19.94	$21.32	$28.66	$42.23	$67.15	$103.99	$157.57	$240.79

Reduced benefit	65-69
$6,500	$8.42
$13,000	$16.83
$19,500	$25.25
$26,000	$33.66
$32,500	$42.08
$39,000	$50.49
$45,500	$58.90
$52,000	$67.32
$58,500	$75.73
$65,000	$84.15
$71,500	$92.57
$78,000	$100.98
$84,500	$109.40
$91,000	$117.81
$97,500	$126.23
$104,000	$134.64
$110,500	$143.05
$117,000	$151.47
$123,500	$159.88
$130,000	$168.30
$136,500	$176.72
$143,000	$185.13
$149,500	$193.55
$156,000	$201.96
$162,500	$210.38
$169,000	$218.79
$175,500	$227.20
$182,000	$235.62
$188,500	$244.03
$195,000	$252.45

Reduced benefit	70 & over
$5,000	$10.70
$10,000	$21.40
$15,000	$32.10
$20,000	$42.80
$25,000	$53.50
$30,000	$64.21
$35,000	$74.90
$40,000	$85.61
$45,000	$96.31
$50,000	$107.01
$55,000	$117.71
$60,000	$128.41
$65,000	$139.11
$70,000	$149.81
$75,000	$160.51
$80,000	$171.21
$85,000	$181.91
$90,000	$192.61
$95,000	$203.32
$100,000	$214.01
$105,000	$224.72
$110,000	$235.42
$115,000	$246.12
$120,000	$256.82
$125,000	$267.52
$130,000	$278.22
$135,000	$288.92
$140,000	$299.62
$145,000	$310.32
$150,000	$321.02

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

Principal®

GP55136-10 | 03/2019 | ©2019 Principal Financial Services, Inc.

Gray's Tire & Service Center

Voluntary-term life/AD&D - spouse

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 05/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$5,000	$0.34	$0.36	$0.48	$0.71	$1.12	$1.74	$2.63	$4.02
$10,000	$0.66	$0.71	$0.95	$1.41	$2.24	$3.46	$5.25	$8.02
$15,000	$1.00	$1.07	$1.43	$2.11	$3.36	$5.20	$7.88	$12.04
$20,000	$1.32	$1.42	$1.91	$2.81	$4.47	$6.93	$10.50	$16.05
$25,000	$1.66	$1.78	$2.39	$3.52	$5.60	$8.66	$13.13	$20.06
$30,000	$2.00	$2.14	$2.87	$4.23	$6.72	$10.40	$15.76	$24.08
$35,000	$2.32	$2.48	$3.34	$4.92	$7.83	$12.13	$18.38	$28.09
$40,000	$2.66	$2.84	$3.82	$5.63	$8.95	$13.87	$21.01	$32.11
$45,000	$3.00	$3.20	$4.30	$6.34	$10.08	$15.60	$23.64	$36.12
$50,000	$3.32	$3.55	$4.78	$7.04	$11.19	$17.33	$26.26	$40.13
$55,000	$3.66	$3.91	$5.26	$7.74	$12.31	$19.07	$28.89	$44.15
$60,000	$3.98	$4.26	$5.73	$8.44	$13.43	$20.79	$31.51	$48.15
$65,000	$4.32	$4.62	$6.21	$9.15	$14.55	$22.53	$34.14	$52.17
$70,000	$4.66	$4.98	$6.69	$9.86	$15.67	$24.27	$36.77	$56.19
$75,000	$4.98	$5.33	$7.16	$10.56	$16.79	$25.99	$39.39	$60.19
$80,000	$5.32	$5.69	$7.64	$11.26	$17.91	$27.73	$42.02	$64.21
$85,000	$5.64	$6.04	$8.12	$11.96	$19.02	$29.46	$44.64	$68.22
$90,000	$5.98	$6.40	$8.60	$12.67	$20.15	$31.19	$47.27	$72.23
$95,000	$6.32	$6.76	$9.08	$13.38	$21.27	$32.93	$49.90	$76.25
$100,000	$6.64	$7.10	$9.55	$14.07	$22.38	$34.66	$52.52	$80.26

Reduced benefit	65-69
$3,250	$4.21
$6,500	$8.42
$9,750	$12.62
$13,000	$16.83
$16,250	$21.04
$19,500	$25.25
$22,750	$29.46
$26,000	$33.66
$29,250	$37.87
$32,500	$42.08
$35,750	$46.28
$39,000	$50.49
$42,250	$54.69
$45,500	$58.90
$48,750	$63.11
$52,000	$67.32
$55,250	$71.53
$58,500	$75.73
$61,750	$79.94
$65,000	$84.15

Reduced benefit	70 & over
$2,500	$5.35
$5,000	$10.70
$7,500	$16.05
$10,000	$21.40
$12,500	$26.75
$15,000	$32.10
$17,500	$37.46
$20,000	$42.80
$22,500	$48.15
$25,000	$53.50
$27,500	$58.86
$30,000	$64.21
$32,500	$69.56
$35,000	$74.90
$37,500	$80.25
$40,000	$85.61
$42,500	$90.96
$45,000	$96.31
$47,500	$101.65
$50,000	$107.01

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) *--Child(ren) are covered until age 26*
$10,000 $0.92

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

Principal®

GP55136-10 | 03/2019 | ©2019 Principal Financial Services, Inc.

Leaders Lifestyle Lifetime Plan

LeadersLife WORKPLACE BENEFITS

Term Life Insurance to Age 100

PLAN FACTS*

PORTABILITY allows you to continue this valuable coverage with no loss of benefits or increase of cost should you terminate your employment.

SECURITY means you, "the employee", own this valuable coverage. This coverage cannot be canceled by the employer or insurance company as long as premiums are paid.

TERM LIFE INSURANCE TO AGE 100 offers a guaranteed level premium to age 100 and a guaranteed level death benefit for the first 10 years. Afterwards, the policy provides a non-guaranteed death benefit enhancement to purchase one-year term additions designed to maintain level death benefits to age 100.

FAMILY PROTECTION – Individual coverage is available for you, your spouse, children and/or grandchildren. *(Children and grandchildren must be under age 26 at time of application.)*

CONTINGENT GUARANTEED ISSUE# - two simple medical questions may qualify you, "the employee", for $100,000 in coverage on initial offering. CGI also applies to spouse and children at reduced levels. Amounts over $100,000, late enrollees, and applicants answering yes to medical questions will be underwritten on a simplified issue basis.

AFFORDABLE PREMIUMS with coverage amounts ranging from $10,000 to $150,000.

AVAILABLE OPTIONS AND BENEFITS*

CHILD TERM RIDER provides $10,000 of coverage to all eligible unmarried children *(natural, step, or legally adopted)* who are dependents of the insured, under age 26, and are listed on the application. After issue, additional children born or legally adopted are automatically* covered 30 days after birth.

At age 26, each covered child may convert the benefit to five times the face amount – guaranteed.

Child Term Rider Rates	
Weekly	**Monthly**
$1.25	$5.42

(Note: Purchase limited to one rider per family. Rider expires when last known child reaches age 26.)

ACCIDENTAL DEATH BENEFIT doubles the individual policy face amount in the event of death due to an accident*. Premium is 3¢ per thousand, per week and is available for applicants ages 18-60. *(Rider expires at age 65. Benefit is not available or applicable to the Child Term Rider.)*

RESIDENCY REQUIREMENTS – All individual insureds, including riders, must legally reside within the United States.

** Refer to policy for conditions and limitations that apply.*
 # CGI requires minimum employee participation by group size

Underwritten by

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer
Home Office: P.O. Box 35768 Tulsa, OK 74153
(800) 725-5433 E-Fax: (866) 621-3269 LeadersLife.com

Providing the means for a more secure future.

Non-Tobacco* Uni-Gender Weekly Rates by Face Value
(*No tobacco use for 12 consecutive months prior to the date of application)

Age on Signature Date	$10,000 Life Insurance	$15,000 Life Insurance	$25,000 Life Insurance	$50,000 Life Insurance	$75,000 Life Insurance	$100,000 Life Insurance	$125,000 Life Insurance	$150,000 Life Insurance
0-10	NA	NA	2.68	4.21	NA	NA	NA	NA
11	NA	NA	2.72	4.29	NA	NA	NA	NA
12	NA	NA	2.76	4.37	NA	NA	NA	NA
13	NA	NA	2.80	4.44	NA	NA	NA	NA
14	NA	NA	2.80	4.44	NA	NA	NA	NA
15	NA	NA	2.80	4.44	NA	NA	NA	NA
16	NA	NA	2.80	4.44	NA	NA	NA	NA
17	NA	NA	2.80	4.44	NA	NA	NA	NA
18	NA	NA	2.80	4.44	6.09	7.73	9.38	11.02
19	NA	NA	2.80	4.44	6.09	7.73	9.38	11.02
20	NA	NA	2.80	4.44	6.09	7.73	9.38	11.02
21	NA	NA	2.84	4.52	6.20	7.88	9.57	11.25
22	NA	NA	2.87	4.58	6.29	8.00	9.71	11.42
23	NA	NA	2.87	4.58	6.29	8.00	9.71	11.42
24	NA	NA	2.87	4.58	6.29	8.00	9.71	11.42
25	**NA**	**NA**	**2.87**	**4.58**	**6.29**	**8.00**	**9.71**	**11.42**
26	NA	NA	3.00	4.86	6.71	8.56	10.41	12.26
27	NA	NA	3.08	5.00	6.92	8.85	10.77	12.69
28	NA	NA	3.15	5.14	7.14	9.13	11.13	13.13
29	NA	NA	3.22	5.29	7.36	9.42	11.49	13.56
30	**NA**	**NA**	**3.31**	**5.46**	**7.62**	**9.77**	**11.92**	**14.08**
31	NA	NA	3.38	5.62	7.85	10.08	12.31	14.54
32	NA	NA	3.47	5.79	8.11	10.42	12.74	15.06
33	NA	NA	3.53	5.90	8.28	10.65	13.03	15.40
34	NA	NA	3.66	6.16	8.67	11.17	13.68	16.18
35	**2.22**	**2.76**	**3.83**	**6.50**	**9.17**	**11.85**	**14.52**	**17.19**
36	2.39	3.01	4.24	7.33	10.41	13.50	16.59	19.67
37	2.43	3.07	4.35	7.55	10.75	13.94	17.14	20.34
38	2.50	3.17	4.51	7.87	11.22	14.58	17.93	21.29
39	2.53	3.22	4.59	8.03	11.47	14.90	18.34	21.78
40	**2.65**	**3.40**	**4.90**	**8.64**	**12.39**	**16.13**	**19.88**	**23.63**
41	2.67	3.42	4.93	8.71	12.49	16.27	20.05	23.83
42	2.76	3.57	5.17	9.19	13.21	17.23	21.25	25.27
43	2.86	3.71	5.41	9.66	13.92	18.17	22.43	26.68
44	2.95	3.85	5.65	10.14	14.64	19.13	23.63	28.13
45	**3.02**	**3.96**	**5.83**	**10.50**	**15.17**	**19.85**	**24.52**	**29.19**
46	3.29	4.36	6.50	11.85	17.19	22.54	27.88	33.23
47	3.33	4.41	6.59	12.02	17.45	22.88	28.32	33.75
48	3.49	4.65	6.99	12.82	18.65	24.48	30.31	36.14
49	3.59	4.81	7.25	13.34	19.43	25.52	31.61	37.70
50	**3.68**	**4.94**	**7.46**	**13.76**	**20.06**	**26.37**	**32.67**	**38.97**
51	3.95	5.34	8.13	15.12	22.10	29.08	36.06	43.04
52	3.99	5.41	8.25	15.36	22.46	29.56	36.66	43.76
53	4.13	5.62	8.60	16.04	23.48	30.92	38.37	45.81
54	4.27	5.83	8.94	16.73	24.52	32.31	40.10	47.88
55	**4.52**	**6.20**	**9.57**	**17.98**	**26.39**	**34.81**	**43.22**	**51.63**
56	5.19	7.21	11.24	21.33	31.41	41.50	51.59	61.67
57	5.30	7.38	11.52	21.89	32.26	42.63	53.00	63.38
58	5.53	7.72	12.10	23.04	33.98	44.92	55.87	66.81
59	5.77	8.08	12.70	24.25	35.80	47.35	58.89	70.44
60	**6.07**	**8.52**	**13.44**	**25.72**	**38.00**	**50.29**	**62.57**	**74.86**
61	6.38	8.99	14.22	27.28	40.34	53.40	66.47	79.53
62	6.71	9.49	15.04	28.93	42.82	56.71	70.60	84.49
63	7.05	10.00	15.90	30.65	45.40	60.15	74.90	89.65
64	7.41	10.54	16.80	32.45	48.10	63.75	79.40	95.05
65	**8.08**	**11.54**	**18.46**	**35.76**	**53.06**	**70.37**	**87.67**	**104.97**
66	12.05	17.49	28.38	55.62	82.85	110.08	137.31	164.54
67	12.56	18.26	29.66	58.16	86.67	115.17	143.68	172.18
68	13.56	19.76	32.16	63.16	94.17	125.17	156.18	187.18
69	14.62	21.35	34.82	68.49	102.16	135.83	169.50	203.16
70	**15.74**	**23.03**	**37.61**	**74.07**	**110.52**	**146.98**	**183.44**	**219.89**

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer

* *Initial insurance amounts are based on age at application. The amounts shown are guaranteed for the first ten (10) years of the policy. Please refer to the minimum coverage amount table in your policy for additional information. Death benefits are projected to remain level after the first ten (10) years due to the term additions paid by a non-guaranteed benefit enhancement.*

Tobacco Uni-Gender Weekly Rates by Face Value

Age on Signature Date	$10,000 Life Insurance	$15,000 Life Insurance	$25,000 Life Insurance	$50,000 Life Insurance	$75,000 Life Insurance	$100,000 Life Insurance	$125,000 Life Insurance	$150,000 Life Insurance
18	NA	NA	2.83	4.50	6.17	7.85	9.52	11.19
19	NA	NA	3.22	5.29	7.36	9.42	11.49	13.56
20	NA	NA	3.30	5.45	7.60	9.75	11.90	14.05
21	NA	NA	3.39	5.63	7.86	10.10	12.33	14.57
22	NA	NA	3.48	5.81	8.13	10.46	12.79	15.12
23	NA	NA	3.58	6.00	8.42	10.85	13.27	15.69
24	NA	NA	3.67	6.19	8.71	11.23	13.75	16.27
25	**NA**	**NA**	**3.78**	**6.40**	**9.03**	**11.65**	**14.28**	**16.90**
26	NA	NA	4.17	7.18	10.20	13.21	16.23	19.24
27	NA	NA	4.28	7.41	10.54	13.67	16.80	19.93
28	NA	NA	4.40	7.65	10.90	14.15	17.40	20.65
29	NA	NA	4.53	7.90	11.28	14.65	18.03	21.40
30	**NA**	**NA**	**4.66**	**8.17**	**11.68**	**15.19**	**18.70**	**22.21**
31	NA	NA	4.80	8.45	12.10	15.75	19.40	23.05
32	NA	NA	4.95	8.75	12.55	16.35	20.14	23.94
33	NA	NA	5.11	9.06	13.01	16.96	20.91	24.87
34	NA	NA	5.27	9.38	13.50	17.62	21.73	25.85
35	**2.87**	**3.73**	**5.44**	**9.73**	**14.02**	**18.31**	**22.60**	**26.88**
36	3.20	4.22	6.27	11.38	16.50	21.62	26.73	31.85
37	3.28	4.34	6.46	11.77	17.08	22.38	27.69	33.00
38	3.36	4.46	6.67	12.18	17.70	23.21	28.73	34.24
39	3.45	4.60	6.89	12.63	18.36	24.10	29.83	35.57
40	**3.54**	**4.73**	**7.12**	**13.08**	**19.04**	**25.00**	**30.96**	**36.92**
41	3.63	4.88	7.36	13.56	19.76	25.96	32.16	38.37
42	3.74	5.03	7.61	14.07	20.52	26.98	33.44	39.89
43	3.84	5.19	7.88	14.60	21.32	28.04	34.76	41.48
44	3.95	5.35	8.15	15.15	22.15	29.15	36.15	43.15
45	**4.07**	**5.53**	**8.44**	**15.73**	**23.02**	**30.31**	**37.60**	**44.88**
46	4.50	6.17	9.52	17.88	26.25	34.62	42.98	51.35
47	4.64	6.38	9.87	18.59	27.30	36.02	44.74	53.45
48	4.79	6.61	10.25	19.35	28.44	37.54	46.63	55.73
49	4.96	6.86	10.66	20.16	29.67	39.17	48.68	58.18
50	**5.14**	**7.13**	**11.11**	**21.07**	**31.02**	**40.98**	**50.94**	**60.89**
51	5.55	7.75	12.15	23.15	34.15	45.15	56.15	67.15
52	5.71	7.98	12.53	23.91	35.29	46.67	58.05	69.43
53	5.86	8.21	12.91	24.67	36.43	48.19	59.95	71.71
54	6.01	8.44	13.30	25.45	37.60	49.75	61.90	74.05
55	**6.17**	**8.68**	**13.70**	**26.25**	**38.80**	**51.35**	**63.89**	**76.44**
56	6.82	9.66	15.33	29.50	43.67	57.85	72.02	86.19
57	7.10	10.07	16.02	30.88	45.75	60.62	75.48	90.35
58	7.45	10.60	16.90	32.65	48.40	64.15	79.90	95.65
59	7.83	11.17	17.85	34.55	51.25	67.94	84.64	101.34
60	**8.26**	**11.81**	**18.92**	**36.68**	**54.45**	**72.21**	**89.98**	**107.74**
61	10.08	14.54	23.46	45.76	68.06	90.37	112.67	134.97
62	10.58	15.29	24.71	48.27	71.83	95.38	118.94	142.50
63	11.08	16.05	25.98	50.80	75.62	100.44	125.26	150.09
64	11.58	16.80	27.23	53.31	79.38	105.46	131.54	157.62
65	**12.09**	**17.56**	**28.50**	**55.86**	**83.21**	**110.56**	**137.91**	**165.26**
66	16.65	24.40	39.90	78.65	117.40	156.15	194.90	233.65
67	17.57	25.78	42.20	83.24	124.28	165.33	206.37	247.41
68	18.52	27.20	44.56	87.96	131.37	174.77	218.17	261.58
69	20.01	29.43	48.29	95.42	142.56	189.69	236.83	283.96
70	**21.57**	**31.78**	**52.19**	**103.23**	**154.27**	**205.31**	**256.35**	**307.38**

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer

* *Initial insurance amounts are based on age at application. The amounts shown are guaranteed for the first ten (10) years of the policy. Please refer to the minimum coverage amount table in your policy for additional information. Death benefits are projected to remain level after the first ten (10) years due to the term additions paid by a non-guaranteed benefit enhancement.*

Lifestyle Wage Protector Plan

LeadersLife WORKSITE BENEFITS

Voluntary Short-term Disability Rate Chart

More security for you

Worksite products designed for your lifestyle

Underwritten by

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer

Providing the means for a more secure future.

LeadersLife INSURANCE COMPANY

LIFESTYLE WAGE PROTECTOR

Short-Term Disability **BI-WEEKLY** Rate Sheet* - **Occupation Class IV**

Rates shown are for Illustration Puposes only and do not imply coverage. For a summary of benefits, conditions and limitations please refer to your policy.

Accident/Sickness Elimination Period: **7/7 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$8.10	$9.72	$11.34	$12.96	$14.58	$16.20	$17.82	$19.44	$21.06	$22.68
	50-69	$9.70	$11.64	$13.58	$15.52	$17.46	$19.40	$21.34	$23.28	$25.22	$27.16
26 Wks	18-49	$10.55	$12.66	$14.77	$16.89	$19.00	$21.11	$23.22	$25.33	$27.44	$29.55
	50-69	$13.54	$16.25	$18.95	$21.66	$24.37	$27.08	$29.78	$32.49	$35.20	$37.91
52 Wks	18-49	$13.00	$15.61	$18.21	$20.81	$23.41	$26.01	$28.61	$31.21	$33.81	$36.41
	50-69	$18.33	$22.00	$25.67	$29.34	$33.00	$36.67	$40.34	$44.00	$47.67	$51.34
104 Wks	18-49	$16.20	$19.44	$22.68	$25.92	$29.17	$32.41	$35.65	$38.89	$42.13	$45.37
	50-69	$25.58	$30.70	$35.82	$40.93	$46.05	$51.17	$56.28	$61.40	$66.52	$71.63

Accident/Sickness Elimination Period: **0/7 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$8.85	$10.62	$12.39	$14.16	$15.93	$17.70	$19.46	$21.23	$23.00	$24.77
	50-69	$14.92	$17.91	$20.89	$23.88	$26.86	$29.85	$32.83	$35.82	$38.80	$41.79
26 Wks	18-49	$11.62	$13.94	$16.27	$18.59	$20.91	$23.24	$25.56	$27.89	$30.21	$32.53
	50-69	$14.92	$17.91	$20.89	$23.88	$26.86	$29.85	$32.83	$35.82	$38.80	$41.79
52 Wks	18-49	$14.28	$17.14	$20.00	$22.85	$25.71	$28.57	$31.42	$34.28	$37.14	$40.00
	50-69	$20.15	$24.18	$28.21	$32.24	$36.26	$40.29	$44.32	$48.35	$52.38	$56.41
104 Wks	18-49	$17.91	$21.49	$25.07	$28.65	$32.24	$35.82	$39.40	$42.98	$46.56	$50.14
	50-69	$28.14	$33.77	$39.40	$45.03	$50.66	$56.28	$61.91	$67.54	$73.17	$78.80

Accident/Sickness Elimination Period: **14/14 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$6.50	$7.80	$9.10	$10.40	$11.70	$13.00	$14.31	$15.61	$16.91	$18.21
	50-69	$8.10	$9.72	$11.34	$12.96	$14.58	$16.20	$17.82	$19.44	$21.06	$22.68
26 Wks	18-49	$8.74	$10.49	$12.24	$13.99	$15.73	$17.48	$19.23	$20.98	$22.73	$24.47
	50-69	$11.73	$14.07	$16.42	$18.76	$21.11	$23.45	$25.80	$28.14	$30.49	$32.83
52 Wks	18-49	$11.09	$13.30	$15.52	$17.74	$19.96	$22.17	$24.39	$26.61	$28.82	$31.04
	50-69	$16.20	$19.44	$22.68	$25.92	$29.17	$32.41	$35.65	$38.89	$42.13	$45.37
104 Wks	18-49	$14.18	$17.01	$19.85	$22.68	$25.52	$28.35	$31.19	$34.03	$36.86	$39.70
	50-69	$23.24	$27.89	$32.53	$37.18	$41.83	$46.48	$51.12	$55.77	$60.42	$65.07

Accident/Sickness Elimination Period: **0/14 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$7.68	$9.21	$10.75	$12.28	$13.82	$15.35	$16.89	$18.42	$19.96	$21.49
	50-69	$9.49	$11.38	$13.28	$15.18	$17.08	$18.97	$20.87	$22.77	$24.67	$26.56
26 Wks	18-49	$10.23	$12.28	$14.33	$16.37	$18.42	$20.47	$22.51	$24.56	$26.61	$28.65
	50-69	$13.75	$16.50	$19.25	$22.00	$24.75	$27.50	$30.25	$33.00	$35.75	$38.50
52 Wks	18-49	$13.00	$15.61	$18.21	$20.81	$23.41	$26.01	$28.61	$31.21	$33.81	$36.41
	50-69	$19.08	$22.90	$26.71	$30.53	$34.35	$38.16	$41.98	$45.79	$49.61	$53.43
104 Wks	18-49	$16.63	$19.96	$23.28	$26.61	$29.93	$33.26	$36.58	$39.91	$43.24	$46.56
	50-69	$27.29	$32.75	$38.20	$43.66	$49.12	$54.58	$60.04	$65.49	$70.95	$76.41

Accident/Sickness Elimination Period: **30/30 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$3.94	$4.73	$5.52	$6.31	$7.10	$7.89	$8.68	$9.47	$10.25	$11.04
	50-69	$5.86	$7.04	$8.21	$9.38	$10.55	$11.73	$12.90	$14.07	$15.24	$16.42
26 Wks	18-49	$5.44	$6.52	$7.61	$8.70	$9.79	$10.87	$11.96	$13.05	$14.13	$15.22
	50-69	$8.63	$10.36	$12.09	$13.82	$15.54	$17.27	$19.00	$20.72	$22.45	$24.18
52 Wks	18-49	$7.25	$8.70	$10.15	$11.60	$13.05	$14.50	$15.95	$17.40	$18.85	$20.30
	50-69	$12.37	$14.84	$17.31	$19.78	$22.26	$24.73	$27.20	$29.68	$32.15	$34.62
104 Wks	18-49	$9.70	$11.64	$13.58	$15.52	$17.46	$19.40	$21.34	$23.28	$25.22	$27.16
	50-69	$18.23	$21.87	$25.52	$29.17	$32.81	$36.46	$40.10	$43.75	$47.39	$51.04

Accident/Sickness Elimination Period: **0/30 days**

Benefit Period	Amount Age	$500 Per Mth	$600 Per Mth	$700 Per Mth	$800 Per Mth	$900 Per Mth	$1,000 Per Mth	$1,100 Per Mth	$1,200 Per Mth	$1,300 Per Mth	$1,400 Per Mth
13 Wks	18-49	$5.44	$6.52	$7.61	$8.70	$9.79	$10.87	$11.96	$13.05	$14.13	$15.22
	50-69	$8.21	$9.85	$11.49	$13.13	$14.77	$16.42	$18.06	$19.70	$21.34	$22.98
26 Wks	18-49	$7.68	$9.21	$10.75	$12.28	$13.82	$15.35	$16.89	$18.42	$19.96	$21.49
	50-69	$12.05	$14.45	$16.86	$19.27	$21.68	$24.09	$26.50	$28.91	$31.32	$33.73
52 Wks	18-49	$10.13	$12.15	$14.18	$16.20	$18.23	$20.25	$22.28	$24.30	$26.33	$28.35
	50-69	$17.27	$20.72	$24.18	$27.63	$31.08	$34.54	$37.99	$41.45	$44.90	$48.35
104 Wks	18-49	$13.54	$16.25	$18.95	$21.66	$24.37	$27.08	$29.78	$32.49	$35.20	$37.91
	50-69	$25.48	$30.57	$35.67	$40.76	$45.86	$50.95	$56.05	$61.14	$66.24	$71.34

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPESATIONS LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATINO LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Leaders Lifestyle
Secure Group Accident Insurance

LeadersLife WORKSITE BENEFITS

24-Hour Insurance with Additional Benefits Rider

Basic Plan

Benefit		Advantage	Elite
The Accident Medical Expense[1] "Bucket of Money"			
Outpatient Physician Expense[2]		$50	$50
Immediate Hospitalization[3]		$1,000	$1,500
Dislocation or Fracture[4] (Schedule)	*(up to)*	$1,500	$3,000
Daily Hospital Confinement[5]		$200	$300
Daily Hospital ICU Confinement[6]		$400	$600
Ground\Air Ambulance Service		$300/$900	$400/$1,200
Accidental Death & Dismemberment	*(up to)*	Common carrier pays 4X's the benefits below[8]	
Employee		$20,000	$30,000
Spouse[7]		$10,000	$15,000
Child[7]		$5,000	$7,500

1. Actual charges, as defined in the policy, up to the maximum shown, per covered person/per accident.
2. Limited to 2 visits per calendar year per covered person. Maximum of 4 visits per calendar year per family if dependent coverage is selected.
3. Pays amount shown once per calendar year upon first confinement that is within 5 days of a covered accident.
4. Up to max amount shown, see benefit schedule in policy. Multiple losses from same injury pays 150% of largest benefit applicable.
5. Payable up to 90 days per covered accident when confinement is within 90 days of a covered accident.
6. Payable up to 90 days per covered accident when confinement is within 5 days of a covered accident.
7. Amounts apply only when purchasing dependent coverage (employee/spouse, employee/child or family).
8. Must be a fare-paying passenger on a scheduled common carrier (plane, bus, taxi, boat, etc.).

For Complete Dislocation of:

All covered members for option selected:

Hip	100%
Knee *(Except Patella)*	50%
Foot, Other than Toes	35%
Ankle, Shoulder	35%
Hand, Other than Fingers	20%
Lower Jaw	20%
Wrist, Elbow	20%
Finger, Toe	6%

For Fracture of Bone or Bones of:

All covered members for option selected:

Hip Bone (pelvis) or Femur	100%
Vertebrae	75%
Skull *(depressed or ping pong fracture)*	65%
Leg (tibia or fibula)	50%
Bones of the Foot, Ankle or Kneecap *(patella)*	40%
Bones of the Hand or Wrist	40%
Forearm *(Radius or Ulna)*	40%
Lower Jaw, Shoulder blade, Collar Blade	35%
Upper Arm, Upper Jaw	25%
Skull *(Simple, non-depressed fracture)*	25%
Facial Bones *(or nose)*	20%
Finger, Toe, Rib, Coccyx	6%

For Dismemberment of:

	Primary Insured	Spouse*	Child*
Both Hands or Both Feet or Sight of Both Eyes	100%	100%	100%
Both Arms or Both Legs	100%	100%	100%
One Hand or Arm and One Foot or Leg	100%	100%	100%
Sight of One Eye	50%	50%	50%
One Hand or One Arm	50%	50%	50%
One Foot or One Leg	50%	50%	50%
One or More Entire Toes	5%	5%	5%
One or More Entire Fingers	4%	4%	4%

** Applies if coverage is selected*

Premium Schedule

Advantage Plan with ABR

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$ 3.78	$ 6.89	$ 8.18	$ 10.31
Monthly	$16.38	$29.87	$35.43	$44.66

ElitePlan with ABR

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$ 5.22	$ 9.45	$10.95	$ 13.70
Monthly	$22.64	$40.96	$47.47	$59.39

Enhanced AD&D Premium Schedule†

Option 1 (EE $25,000/Spouse $12,500/Child $6,250)

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$0.35	$0.46	$0.52	$0.58
Monthly	$1.50	$2.00	$2.25	$2.50

Option 2 (EE $50,000/Spouse $25,000/Child $12,500)

Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	$0.69	$0.92	$1.04	$1.15
Monthly	$3.00	$4.00	$4.50	$5.00

† *Tier must match Basic Accident coverage selected*

Underwritten by

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer

Leaders Lifestyle

Secure Group Accident Insurance

LeadersLife WORKSITE BENEFITS

24-Hour Accident Only Insurance with Additional Benefits Rider

Optional Benefit Riders

Additional Benefit Rider - Schedule of Benefits

Benefit Schedule	We Will Pay	Maximum Benefit Period
Abdominal or Thoracic Surgery	$1,000 to repair internal injuries $100 for exploratory with no repair	Once per covered person per covered accident
Accident Follow-up Treatment	$50 per visit	4 treatments per covered person per covered accident
Appliance	$125 when prescribed by physician	Once per covered person per covered accident
Blood and Plasma	$300 for required transfusion	Once per covered person per covered accident
Brain Injury Diagnosis	$150 for first diagnosis following traumatic brain injuries	Once per covered person
Burn	$100 if burns cover ≤15% of body $500 if burns cover >15% of body	Once per covered person per covered accident
Coma	$15,000 lasting 5 or more consecutive days	Once per covered person per covered accident
Eye Injury	$100 for surgery or removal of foreign object	Once per covered person per covered accident
Family Member Lodging	$100 per day for one family member	30 days per covered accident
Laceration (cuts)	$50 when treated by a physician within 3 days of a covered accident	Once per covered person per calendar year
Non Local Transportation	$300 when treatment is prescribed by a physician	3 times per covered accident
Paralysis	$10,000 for paraplegia $20,000 for quadriplegia (Confirmed by physician within 3 days and lasting at least 90 consecutive days)	Once per covered person per lifetime
Physical Therapy	$30 per day	6 treatments per covered person per covered accident
Prosthesis (hand, foot or eye only)	$500 for 1 device $1,000 for 2 devices	Once per covered person per covered accident
Ruptured Disk	$500 when diagnosed within 180 days of the date of a covered accident	Once per covered person per covered accident
Skin Graft (added to Burn Benefit of this rider)	50% of the Burn Benefit when the covered burn requires a skin graft	Once per covered person per covered accident
Tendon, Ligament Rotator Cuff or Knee Cartilage (when torn, ruptured or severed)	$500 for surgical repair $150 for exploratory with no repair	Once per covered person per covered accident

Underwritten by

LeadersLife INSURANCE COMPANY
An A.M. Best A Rated Insurer

Group Critical Illness Insurance

Underwritten by MetLife

Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Heart Attack and Stroke
- Coronary Bypass Surgery
- Major Organ Transplant
- Cancer
- End Stage Renal Failure
- Alzheimer's Dementia

Benefits

Heart Attack Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

Heart Transplant Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

Stroke Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

Coronary By Pass Surgery Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

Angioplasty
We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

Invasive Cancer or Malignant Melanoma Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Invasive Cancer.

Carcinoma in Situ Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Carcinoma in Situ.

Major Organ Transplant Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

End Stage Renal Failure Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from End Stage Renal Failure.

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

Gray's Tire & Service Center

Group Critical Illness - Bi-Weekly* Rates

**Final implemented rates my vary slightly due to rounding.*

Effective Date - 06/01/2020

Situs State - AL

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$1.24	$2.20	$1.50	$2.46
36 - 49	$2.89	$4.70	$3.14	$4.95
50 - 59	$6.28	$11.03	$6.53	$11.27
60 - 64	$10.86	$15.58	$11.08	$15.81
65 - 69	$11.05	$17.90	$11.26	$18.11

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$1.54	$2.67	$1.80	$2.94
36 - 49	$4.45	$7.04	$4.71	$7.29
50 - 59	$10.44	$18.14	$10.68	$18.38
60 - 64	$18.21	$25.63	$18.43	$25.85
65 - 69	$18.04	$28.92	$18.26	$29.13

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$5,000	$2,500	$1,250
Cancer	$5,000	$2,500	$1,250
Other	$5,000	$2,500	$1,250
Recurrence	$1,250	$625	$313
Health Screening	$50	$50	$50

Benefit Details	
Recurrence Benefit	25%
Recurrence Waiting Period	12 Months
Vascular Benefits	
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%
Cancer Benefits	
Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits	
Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Gray's Tire & Service Center

Group Critical Illness - Bi-Weekly* Rates

**Final implemented rates my vary slightly due to rounding.*

Effective Date - 06/01/2020

Situs State - AL

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$1.89	$3.24	$2.28	$3.63
36 - 49	$5.03	$7.91	$5.39	$8.27
50 - 59	$11.58	$20.09	$11.93	$20.45
60 - 64	$20.55	$28.83	$20.86	$29.13
65 - 69	$20.92	$33.45	$21.21	$33.73

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$2.49	$4.19	$2.88	$4.57
36 - 49	$8.16	$12.60	$8.52	$12.96
50 - 59	$19.89	$34.31	$20.25	$34.66
60 - 64	$35.24	$48.91	$35.55	$49.21
65 - 69	$34.92	$55.49	$35.20	$55.78

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$10,000	$5,000	$2,500
Cancer	$10,000	$5,000	$2,500
Other	$10,000	$5,000	$2,500
Recurrence	$2,500	$1,250	$625
Health Screening	$50	$50	$50

Benefit Details	
Recurrence Benefit	25%
Recurrence Waiting Period	12 Months
Vascular Benefits	
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%
Cancer Benefits	
Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits	
Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Gray's Tire & Service Center

Group Critical Illness - Bi-Weekly* Rates

**Final implemented rates my vary slightly due to rounding.*

Effective Date - 06/01/2020

Situs State - AL

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$2.55	$4.28	$3.06	$4.79
36 - 49	$7.17	$11.12	$7.64	$11.59
50 - 59	$16.88	$29.16	$17.33	$29.62
60 - 64	$30.24	$42.07	$30.63	$42.46
65 - 69	$30.80	$49.00	$31.16	$49.36

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	$3.44	$5.70	$3.95	$6.21
36 - 49	$11.87	$18.15	$12.34	$18.62
50 - 59	$29.35	$50.49	$29.81	$50.94
60 - 64	$52.28	$72.19	$52.67	$72.58
65 - 69	$51.79	$82.07	$52.15	$82.43

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	$15,000	$7,500	$3,750
Cancer	$15,000	$7,500	$3,750
Other	$15,000	$7,500	$3,750
Recurrence	$3,750	$1,875	$938
Health Screening	$50	$50	$50

Benefit Details	
Recurrence Benefit	25%
Recurrence Waiting Period	12 Months
Vascular Benefits	
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%
Cancer Benefits	
Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits	
Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

The Cancer ADVANTAGE

Cancer Indemnity Insurance

WHY CANCER INSURANCE?

- Consider these 2017 American Cancer Society statistics:
- 1 in 2 men and 1 in 3 women will get cancer.
- Over 60% of costs to fight cancer are non-medical indirect costs, not covered by traditional insurance.

BI-WEEKLY RATE EXAMPLES

AGE	EE	ES	EC	FAM
20	14.38	27.60	17.30	30.02
40	21.92	42.16	26.64	46.26

BH7509AL

For the state of Alabama

Underwritten by: Life Insurance Company of Alabama

Understanding Cancer

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

A substantial proportion of cancers could be prevented. All cancers caused by tobacco use and heavy alcohol consumption could be prevented completely. In 2017 in the U.S., there will be an estimated 1,688,780 new cancer cases and 600,920 cancer deaths. Every day, that's 4,630 new cancer cases and 1,650 deaths from cancer.

Source: Cancer Facts and Figures 2017

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you* ***Read Your Policy Carefully.*** If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Pays an indemnity benefit of **$100** per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **$50** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is **$50.00** per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **$200** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **$500** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	TOTAL 1ST MONTH BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
☐ Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	$2,000 $200	$2,000 $200	$4,000 $400	$26,000 $2,600	$24,000 $2,400
☐ Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	$1,000 $100	$1,000 $100	$2,000 $200	$13,000 $1,300	$12,000 $1,200
☐ Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	$500 $50	$500 $50	$1,000 $100	$6,500 $650	$6,000 $600

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.
Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.
12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT
Pays an indemnity benefit not to exceed **$6,500** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. **NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT
Pays an indemnity benefit of **$300** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. **NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT
Pays an indemnity benefit not to exceed **$800** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. **NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT
Pays an indemnity benefit of **$350** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT
Pays an indemnity benefit of **$3,000** for surgically implanted prosthetic devices or pays an indemnity benefit of **$300** per occurrence for non-surgically implanted prosthetic devices that are prescribed *(examples of* non-surgically implanted prosthetic devices *are voice boxes, hair pieces, and removable breast prosthesis)* as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT
Pays an indemnity benefit of up to **$2,500** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT
Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **$0.50** per mile round trip. The Transportation Benefit is limited to a maximum of **$1,500** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT
Pays an indemnity benefit of **$100 per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT
Pays an indemnity benefit of **$300** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **$1,500** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT
Pays an indemnity benefit of **$10,000** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT
Pays an indemnity benefit of **$1,000** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT
Choose a benefit of ☐ **$300,** ☐ **$200** or ☐ **$100 per day.** Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. **The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer.** NO LIMIT ON NUMBER OF DAYS. **NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT
Pays an indemnity benefit of **$200** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. NO LIMIT ON NUMBER OF DAYS. **NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT
Pays an indemnity benefit of **$150 per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT
Pays an indemnity benefit of **$200 per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT
Pays an indemnity benefit of **$100 per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM
After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC84O0109 & HC85F0109 Four Units

LEVEL VERSION - Pays a benefit of **$5,000** when the Primary Insured or Spouse or **$7,000** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **$5,000** when the Primary Insured or Spouse or **$7,000** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **$100** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **$200 per day** for confinement in a hospital due to a Specified Disease. Pays **$500 per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **$200,000** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

- **Pays ☐$600 ☐$450** or **☐$300 per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

- **Pays a benefit of one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

- **Pays Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

- **First Day Coverage -** Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

- **Pays benefits for up to 30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

- **Issued through age 70. Guaranteed renewable for life.**

- Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

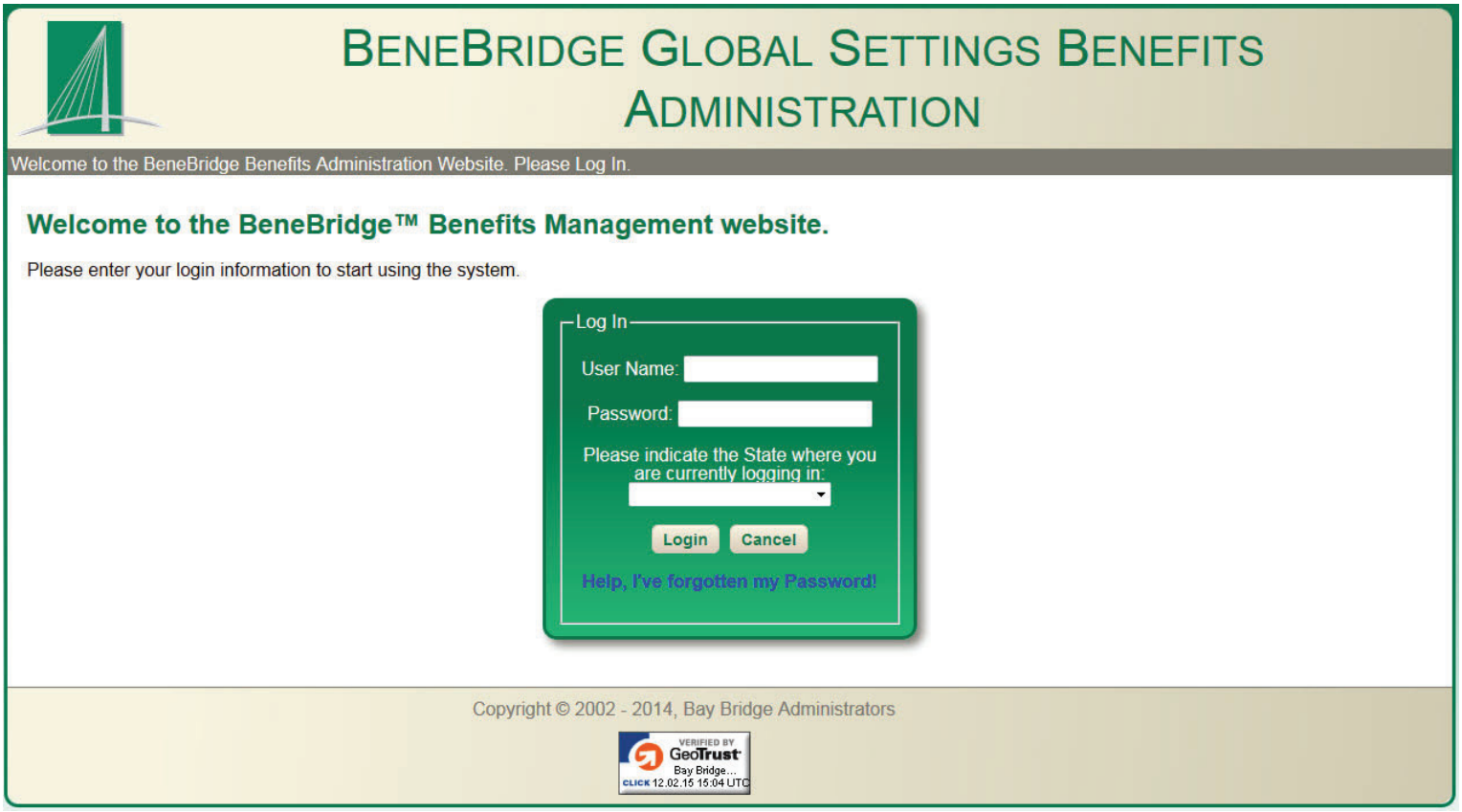
BETTER BENEFITS FOR LESS ™

UNIQUE VALUE ADDED BENEFITS

Logging In

Using your favorite browser, navigate to http://www.BeneBridge.com. You will be presented with a 'Log In' page in which you will enter your unique User Name & Password. (see figure below) For security reasons, the password you enter will not be displayed.

Once you have entered in your login credentials, click on the [Login] button below the password field. You will be directed to the home page of your default organization. If you have been set up to enroll for more than one organization, you will have the ability to switch between any of the groups you have been granted access to from the home page via a dynamic drop-down list located towards the bottom of the screen.



The User Name defaults to: (in all lower-case)

- 1st letter of the employees First Name
- Followed by, the first 3 letters of the employees Last Name
- Followed by, the last 4 digits of the employees SSN

The Password defaults to the employees full SSN

Discounts and services

Save money while improving your life

Everybody loves a discount! Use these to help improve your life — financially, mentally and physically. Offered by some of the most trusted companies in the U.S., these discounts and services are available through your group benefits from Principal®. **These discounts are not insurance.**

Laser Vision Correction	**Imagine your life free from glasses and contacts.** You, your spouse and dependent children save $800 off LASIK through the National Lasik Network, administered by LCA-Vision, Inc. principallasik.com | 888-647-3937
Hearing Aid Program	**Protect your hearing health to improve your quality of life.** You, your spouse, children, parents and grandparents can get exclusive discounts on hearing aids, with a 60-day trial to ensure your full satisfaction. You can also receive a free hearing consultation at any of their 3,000+ locations nationwide. principal.com/hearingbenefits/ahb | 877-890-4694

Available with your dental and vision insurance

Vision Care	**Protect and improve your family's vision.** You, your spouse and dependent children can get discounts on LASIK surgery from a nationwide network of VSP providers. You'll also receive discounts on eye exams, prescription glasses and lenses, and contact lens evaluations and fittings through VSP. principal.com/vsp | 800-877-7195
Dental Health Edge℠	**Get the information you need to make better decisions about oral health care.** You can go online and submit a dental care question and get a response from a dentist in one business day. A dental cost estimator shows approximate costs in a ZIP code. And you can access articles about dental health topics plus get information about how dental coverage works. http://c3.go2dental.com/scontent/

Available with your life insurance

Will & Legal Document Center	**Consider creating your simple legal documents online.** These online resources and tools, provided by ARAG®[1], are easy-to-use. You and your spouse can create, print and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and a personal information organizer. ARAGwills.com/Principal Contact your employer for your group policy number.
Identity Theft Kit	**Be proactive in protecting one of your most important assets – your identity.** If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it. ARAGwills.com/Principal Contact your employer for your group policy number.

Beneficiary Support

Get help coping with the death of a loved one. Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal®. Spouses and dependents receive three months of free online will preparation services provided by ARAG.[1]

Information is provided after the loss of a loved one.

principal.com

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. For group policies issued in New York: Travel Assistance, Will & Legal Document Center, Identity Theft Kit and Beneficiary Support are not available; Laser Vision Correction and Hearing Aid Program are only available with dental or vision insurance. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

If your benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

GP58554C-15 (SP1285C-15) 07/2019 © 2019 Principal Financial Services, Inc.

[1] The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney.

Principal and its affiliates are not responsible for any loss, injury, claim, liability or damages related to the use of the discounts and services.

Group life insurance

Protect your family, your finances — and your future

Create and store your important documents using the Will & Legal Document Center

If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that, with access to resources from the **Will & Legal Document Center** provided by ARAG®.

Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's free online resources, you and/or your spouse can create these documents:

- **Will** — Specify what happens to your property after you die, and appoint the person to execute your estate. You can also name a custodian for your minor children.
- **Healthcare power of attorney** — Grant someone permission to make medical decisions in case you're no longer able to make them yourself.
- **Durable power of attorney** — Grant someone permission to make financial decisions in case you're no longer able to make them yourself.
- **Living will** — Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.
- **Medical treatment authorization for minors** — Grant consent for medical personnel to treat your child(ren) if you're away.

Plus, you can also access:

- **Personal Information Organizer** — Record your personal and financial information – as well as funeral arrangements – in one convenient spot.
- **Estate planning education and tools** — Get access to a variety of articles and legal resources.

Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is, you can protect your identity with free online resources from ARAG, including:

- **An Identity Theft Prevention Kit** to help protect you from identity theft.
- **An Identity Theft Victim Action Kit** to help speed your recovery if you experience identity theft.

It's easy to get started

Follow these simple steps to start using these free resources today.

1 | Visit www.aragwills.com/principal.

2 | Register using your group policy number (your employer's account number with Principal). Find it by logging in on Principal.com, or ask your employer.

3 | You're in! Complete the forms or download the materials you need.

Let's connect

Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.

Principal®

Group term life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This value-added service is not a part of any insurance contract and may be changed or canceled at any time. Not available to group policies issued in New York. The use of services provided by ARAG® Services, LLC should not be considered a substitute for consultation with an attorney. Principal is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center. ARAG is not a member of the Principal Financial Group®.

Please remember that the legal documents are accurate and useful in many situations. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

GP54930-09 (SP1348-05) | 10/2018 | © 2018 Principal Financial Services, Inc.

THANK YOU!

We look forward to meeting and getting to know all of you.

Your SafeBridge Team