Benefits Proposal

This proposal has been prepared for:

New Horizon Baking Company

Presented by:
Aflac Group

Proposal State:
Ohio

Presentation Date: 05/30/2023

Expires on 09/01/2023



Continental American Insurance Company (CAIC) A proud member of the Aflac family of insurers.

Policy Form Series C22000

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Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions (specific benefit provisions may vary by situs state)				
Benefit Amounts	See Premium Rates and Plan Benefits for available options			
Spouse Coverage	Up to 50% of the face amount elected by the employee			
Child Coverage	Up to 50% of the face amount elected by the employee			
Guaranteed Issue Amounts	Employee: Spouse: Participation Requiremen	Up to \$30,000 Up to \$15,000 nt: 0%		
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums			
Payment Method	Payroll Deducted			
Pre-existing Condition Exclusion	None			
Waiting Period	There is no waiting period			
Benefit Reductions	No reduction at any age			
Rate Guarantee	2 Year(s)			
Portability/Continuation	Standard			
Rate Type	Attained Age			
Eligibility	Work Week Hours: Length of Employment:	Employee must work at least 16 hours per week No minimum requirement; set by employer		
Waiver of Premium	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate			
Successor Insured Waiver of Premium	Not Included			
Separation Period - Additional Diagnosis/ Reoccurrence	Additional Diagnosis: Reoccurrence:	6 consecutive months 6 consecutive months		
Successor Insured	Included			
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26			
Termination Age	None			
Certificate Effective Date	Coverage is effective on the	e billing effective date		

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Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits					
Heart Attack (Myocardial Infarction)	100%				
Sudden Cardiac Arrest	100%				
Coronary Artery Bypass Surgery	100%				
Major Organ Transplant*	100%				
Bone Marrow Transplant (Stem Cell Transplant)	100%				
Kidney Failure (End-Stage Renal Failure)	100%				
Stroke (Ischemic or Hemorrhagic)	100%				
Type I Diabetes	100%				

^{*25%} of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits				
Cancer (Internal or Invasive)	100%			
Non-Invasive Cancer	25%			
Skin Cancer	\$1000 per calendar year			
Metastatic Cancer	25%			

Health Screening Benefit					
Health Screening (payable for employee and spouse only)	\$50				
Health Screening (payable for dependent children)	100% of the Health Screening Amount				
Payable per calendar year	1				

Please request a sample policy for full benefit provisions and descriptions.

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Premium Rates

Employee Uni-Tobacco Weekly Premiums						
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	\$0.46	\$0.91	\$1.37	\$1.82	\$2.28	\$2.74
26-30	\$0.63	\$1.27	\$1.90	\$2.54	\$3.17	\$3.81
31-35	\$0.83	\$1.66	\$2.50	\$3.33	\$4.16	\$4.99
36-40	\$1.10	\$2.20	\$3.30	\$4.40	\$5.49	\$6.59
41-45	\$1.46	\$2.91	\$4.37	\$5.83	\$7.28	\$8.74
46-50	\$1.94	\$3.87	\$5.81	\$7.74	\$9.68	\$11.61
51-55	\$3.03	\$6.06	\$9.10	\$12.13	\$15.16	\$18.19
56-60	\$3.68	\$7.35	\$11.03	\$14.71	\$18.39	\$22.06
61-65	\$5.99	\$11.97	\$17.96	\$23.95	\$29.94	\$35.92
66+	\$9.55	\$19.11	\$28.66	\$38.22	\$47.77	\$57.32

Spouse Uni-Tobacco Weekly Premiums						
Spouse Uni-Tobacco Weekly Premiums						
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	
18-25	\$0.46	\$0.68	\$0.91	\$1.14	\$1.37	
26-30	\$0.63	\$0.95	\$1.27	\$1.59	\$1.90	
31-35	\$0.83	\$1.25	\$1.66	\$2.08	\$2.50	
36-40	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	
41-45	\$1.46	\$2.19	\$2.91	\$3.64	\$4.37	
46-50	\$1.94	\$2.90	\$3.87	\$4.84	\$5.81	
51-55	\$3.03	\$4.55	\$6.06	\$7.58	\$9.10	
56-60	\$3.68	\$5.52	\$7.35	\$9.19	\$11.03	
61-65	\$5.99	\$8.98	\$11.97	\$14.97	\$17.96	
66+	\$9.55	\$14.33	\$19.11	\$23.89	\$28.66	

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Benefits Summary

(Benefit provisions vary by situs state)

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Health Screening Benefit

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

*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

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Limitations & Exclusions

Exclusions

We will not pay for loss due to:

- Self-Inflicted Injuries injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- · Suicide committing or attempting to commit suicide, while sane or insane

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.

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Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

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

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