

## Supplemental Benefits for

# Winning Wheels

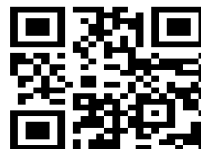
Administered by Assurity and American Public Life



Winning Wheels offers supplemental benefits through Assurity and American Public Life (APL). These benefits are designed to address financial vulnerabilities that may arise due to injuries, life-threatening illnesses, or death affecting you or a covered loved one. Assurity provides accident, critical illness, and APL provides term life insurance benefits to team members. All these benefits offer cash payments directly to you or a beneficiary, which can be used for various purposes such as deductibles, everyday living expenses, childcare, treatment-related travel expenses, final expenses, or any other needs you may have.

You can find your benefit summaries at the URL provided below, along with a URL and QR code to access an educational video about these plans. If you have any questions, please reach out to your agent. For filing a claim, please contact your claims advocate, whose details are also listed below.

To locate your education video visit link below or scan the QR code  
<http://bit.ly/winningwheelssupplementalbenefits>



To locate your benefit summaries please visit:  
<http://bit.ly/winningwheelssupplementalbrochures>

### Contact Information

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# Assurity Accident Expense Overview

OVERVIEW	Accident insurance provides a cash benefit that can be used for any purpose, not limited to deductibles, out-of-pocket maximums, or everyday living expenses, when an employee or their covered loved one experiences an injury due to an off-the-job accident. There are many examples such as sports injuries, slips and falls, burns, dislocations, and more. To qualify for benefits, seek treatment at a physician's office, urgent care, or emergency room; thereafter, it pays cash benefits for the specific injury, treatments, services, and more. Please contact your claims advocate for assistance with filing a claim. This plan is portable, meaning you can take it with you upon leaving employment, and it does not require any networks; benefits will be paid directly to you. Please refer to your benefit summaries for full plan details.	
The below benefits show ranges for the two plan options you may choose from.		
EMERGENCY CARE	Physician’s Office for Accident: \$150-\$200 Urgent Care for Accident: \$150-\$200 Emergency Room for Accident: \$300-\$400 Telemedicine Treatment: \$60-\$80 Ambulance Ground/Air: \$300/\$900-\$400/\$1,200	X-Ray: \$300-\$400 Diagnostic Exams: \$150-\$200 Blood/Plasma/Platelets: \$900-\$1,200 ER Observation: \$75/\$150-\$100/\$200
SUPPORTIVE & SPECIFIC INJURY CARE	Follow-Up Treatment: \$100-\$200 Physical/Occup./Speech Therapy: \$60-\$120 Chiropractic/Acupuncture: \$60-\$120 Epidural Pain Management: \$100-\$200 Medication or Medical Supplies: \$10-\$20	Appliance: \$250-\$500 Prosthetic Devices: \$1,000-\$2,000 Residence or Vehicle Modification: \$1,000-\$2,000 Transportation Ground/Air: \$200/\$500-\$400/\$1,000 Lodging: \$200-\$400
SPECIFIC INJURY CARE	Burns: \$1,125-\$2,000 Burns Skin Graft: 50% of Burn Benefit Child Organized Sports: Up to \$1,000 Coma: \$22,500-\$40,000 Concussion: \$56.25-\$100 Dental Emergency Crown/Extraction: \$225/\$67.50-\$400/\$120 Dislocation/Fracture Closed/Open Reduction: \$2,250/\$4,500-\$4,000/\$8,000	Ear/Eye Injury: \$225-\$400 Gunshot Wound: \$1,125-\$2,000 Laceration: \$113-\$200 Paralysis: \$16,875/\$33,750-\$30,000/\$60,000 Poisoning: \$56.25-\$100 PTSD: \$450-\$800 Traumatic Brain Injury: \$675-\$1,200
HOSPITAL ADMISSION CARE	Hospital Admission: \$1,000-\$2,000 Hospital Confinement: \$150-\$200 Intensive Care Unit: \$400-\$800	Sub-Acute Intensive Care Unit: \$300-\$600 Rehabilitation Unit: \$200-\$400 Hospital Confinement-Child Care: \$40-\$80

# Assurity Accident Expense Overview

<b>SURGICAL CARE</b>	Open Abdominal/Thoracic/Cranial Surgery: \$1,500-\$4,000 Tendon/Ligament/Rotator Cuff/Knee Cartilage Surgery: \$750-\$2,000 Ruptured Disc Surgery: \$750-\$2,000		Hernia Surgery: \$375-\$1,000 Exploratory Surgery: \$375-\$1,000 Misc Outpatient Surgery: \$150-\$400 Anesthesia: \$150-\$400
<b>ACCIDENT, DEATH &amp; DISMEMBERMENT</b>	Employee: \$40,000-\$80,000	Spouse: \$20,000-\$40,000	Child(ren): \$10,000-\$20,000

Semi-Monthly Rates	Plan 1	Plan 2
<b>EMPLOYEE</b>	<b>\$5.38</b>	<b>\$9.51</b>
<b>EMPLOYEE + SPOUSE</b>	<b>\$9.31</b>	<b>\$16.39</b>
<b>EMPLOYEE + CHILD(REN)</b>	<b>\$10.20</b>	<b>\$17.59</b>
<b>FAMILY</b>	<b>\$15.30</b>	<b>\$26.40</b>

# Assurity Critical Illness Benefits Overview

OVERVIEW	Critical illness insurance provides a cash benefit for a range of covered serious illnesses such as cancer, stroke, and heart attack, in addition to the conditions your medical insurance may cover. Payments can be used for any purpose, not limited to deductibles, out-of-pocket maximums, or everyday living expenses. If you or a covered loved one is diagnosed with one of the covered illnesses listed below while coverage is in force, please contact your claims advocate to assist you in filing a claim. This plan is portable, meaning you can take it with you upon leaving employment, and it does not require any networks; benefits will be paid directly to you. Please refer to your benefit summaries for full plan details.		
	Employee Coverage Options	Spouse Coverage	Child(ren) Coverage
<b>MULTIPLES OF MINIMUM ELECTION GUARANTEE ISSUE MAXIMUM ELECTION</b>	\$10,000 \$10,000 \$30,000 \$30,000	50% of Employee's Amount	25% of Employee's Amount (coverage is automatically included when employee coverage is elected)
<b>COVERED CRITICAL ILLNESSES</b>  <b>*Percents Shown Reflect Percent of Lump Sum Benefit</b>	Heart Attack: 100% Stroke: 100% Invasive Cancer: 100% Non-Invasive Cancer: 25% Skin Cancer: \$250/cal yr Kidney Failure: 100% Major Organ Transplant: 100% Alzheimer's Disease: 100% Coma: 100% Paralysis: 100%	Loss of Sight: 100% Loss of Speech: 100% Loss of Hearing: 100% Parkinson's Disease: 100% ALS: 100% Benign Brain Tumor: 100% Occupational HIV: 100% Severe Burns: 100%	Bone Marrow Transplant: 100% Multiple Sclerosis: 50% Coronary Bypass Surgery: 25% Sudden Cardiac Arrest: 25% Angioplasty: 10% Loss of Independent Living: 25% Schizophrenia: 10% TIA: 10%
<b>Cardiopulmonary Rider and Childhood Critical Illness Rider</b>  <b>*Percents Shown Reflect Percent of Lump Sum Benefit</b>	<b>Cardiopulmonary Rider</b>  Mitral Valve Replacement or Repair 50% Aortic Valve Replacement or Repair 50% Surgical Treatment of Abdominal Aortic Aneurysm 50% Pulmonary Embolism 25% Idiopathic Pulmonary Fibrosis 25% Angio Jet Clot Busting 10%	<b>Cardiopulmonary Rider</b>  Atherectomy 10% Stent Implementation 10% Cardiac Catheterization 10% Automatic Implantable Cardioverter Defibrillator 10% Pacemaker Placement 10% Valvuloplasty 10%	<b>Childhood Critical Illness Rider</b>  Cystic Fibrosis 100% Phenylalanine Hydroxylase Deficiency 100% Cerebral Palsy 100% Spina Bifida 100% Cleft Lip or Palate 100% Type 1 Diabetes 100% Down Syndrome 100% Complex Congenital Heart Disease 100%

# Assurity Critical Illness Benefits Overview

PRE-EXISTING  
CONDITIONS

Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after the coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care of treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

The pre-existing condition clause will be waived during the initial enrollment for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

Semi-Monthly Attained Age Rates	Employee Only and Employee + Children Rates Below				Employee + Spouse and Employee + Family Rates Below		
Benefit Amounts	\$10,000	\$20,000	\$30,000		\$10,000	\$20,000	\$30,000
18-24	\$2.18	\$4.36	\$6.53		\$2.80	\$5.60	\$8.37
25-29	\$2.56	\$5.10	\$7.62		\$3.32	\$6.60	\$9.90
30-34	\$3.11	\$6.21	\$9.29		\$4.17	\$8.29	\$12.40
35-39	\$3.91	\$7.80	\$11.67		\$5.38	\$10.68	\$15.97
40-44	\$4.96	\$9.89	\$14.80		\$6.97	\$13.83	\$20.69
45-49	\$6.81	\$13.54	\$20.24		\$9.77	\$19.34	\$28.93
50-54	\$10.09	\$20.05	\$30.00		\$14.72	\$29.16	\$43.60
55-59	\$15.72	\$31.24	\$46.76		\$23.22	\$46.03	\$68.84
60-64	\$19.93	\$39.62	\$59.31		\$29.53	\$58.60	\$87.69
65-69	\$27.15	\$54.05	\$80.95		\$40.35	\$80.23	\$120.09
70+	\$77.34	\$154.13	\$230.91		\$115.73	\$230.34	\$344.95

# American Public Life (APL) Supplemental 20 Year Term Life

OVERVIEW	Supplemental 20-Year Term Life Insurance allows you to choose between \$50,000 and \$150,000 in coverage for yourself, with the option to place coverage on your dependent spouse and children. This plan offers issue age rates, which means you will be locked in at your age of entry without rates increasing over time. It is portable, meaning you can take it with you upon leaving employment at your same term rates. This plan is guaranteed issue and does not require any health questions or exams. Coverage does not reduce or terminate at a particular age and will continue for the duration of the term (20 years), which you can take with you post-employment. Benefits will be paid to your named beneficiary or, in the event of a spouse or child passing away, will be paid directly to you. Please refer to your benefit summaries for full plan details.		
	Employee Coverage Options	Spouse Coverage	Child(ren) Coverage
VOLUMES & AGE LIMITS	\$50,000 \$100,000 \$150,000 Issue Ages 17-70	(Amount is based on the employee election must insure both employee and spouse) \$25,000 \$50,000 \$75,000 No age limit on Spouse	(Amount is based on the employee election must insure both employee and child(ren)) \$10,000 Ages 0-25

Please see next page for rate options.



# Portable Term Life Insurance Rates

with Waiver of Premium Rider



20 YR Term					20 YR Term					20 YR Term				
Employee Benefit Amount = \$50,000					Employee Benefit Amount = \$100,000					Employee Benefit Amount = \$150,000				
Benefit Amount, if coverage is selected					Benefit Amount, if coverage is selected					Benefit Amount, if coverage is selected				
Spouse = \$25,000 Child(ren) = \$10,000					Spouse = \$50,000 Child(ren) = \$10,000					Spouse = \$75,000 Child(ren) = \$10,000				
Semi-Monthly Premiums					Semi-Monthly Premiums					Semi-Monthly Premiums				
Issue Age	EE Only	EE + SP	EE + CH	Family	Issue Age	EE Only	EE + SP	EE + CH	Family	Issue Age	EE Only	EE + SP	EE + CH	Family
17 - 22	\$5.62	\$7.64	\$8.19	\$10.21	17 - 22	\$9.10	\$13.14	\$11.66	\$15.71	17 - 22	\$12.57	\$18.64	\$15.14	\$21.21
23	\$5.62	\$7.64	\$8.19	\$10.21	23	\$9.10	\$13.14	\$11.66	\$15.71	23	\$12.57	\$18.64	\$15.14	\$21.21
24	\$5.62	\$7.67	\$8.19	\$10.24	24	\$9.10	\$13.20	\$11.66	\$15.77	24	\$12.57	\$18.74	\$15.14	\$21.30
25	\$5.62	\$7.67	\$8.19	\$10.24	25	\$9.10	\$13.20	\$11.66	\$15.77	25	\$12.57	\$18.74	\$15.14	\$21.30
26	\$5.67	\$7.73	\$8.24	\$10.29	26	\$9.20	\$13.31	\$11.77	\$15.88	26	\$12.73	\$18.90	\$15.30	\$21.46
27	\$5.67	\$7.73	\$8.24	\$10.29	27	\$9.20	\$13.31	\$11.77	\$15.88	27	\$12.73	\$18.90	\$15.30	\$21.46
28	\$5.67	\$7.76	\$8.24	\$10.33	28	\$9.20	\$13.38	\$11.77	\$15.94	28	\$12.73	\$18.99	\$15.30	\$21.56
29	\$5.67	\$7.91	\$8.24	\$10.48	29	\$9.20	\$13.69	\$11.77	\$16.25	29	\$12.73	\$19.46	\$15.30	\$22.03
30	\$5.72	\$8.03	\$8.29	\$10.60	30	\$9.31	\$13.92	\$11.88	\$16.49	30	\$12.89	\$19.81	\$15.46	\$22.38
31	\$5.99	\$8.45	\$8.56	\$11.02	31	\$9.84	\$14.77	\$12.41	\$17.33	31	\$13.70	\$21.08	\$16.26	\$23.65
32	\$6.10	\$8.75	\$8.67	\$11.32	32	\$10.06	\$15.35	\$12.63	\$17.92	32	\$14.02	\$21.96	\$16.59	\$24.53
33	\$6.37	\$9.20	\$8.93	\$11.77	33	\$10.59	\$16.26	\$13.16	\$18.83	33	\$14.82	\$23.33	\$17.39	\$25.89
34	\$6.69	\$9.71	\$9.26	\$12.28	34	\$11.24	\$17.28	\$13.80	\$19.85	34	\$15.78	\$24.85	\$18.35	\$27.42
35	\$7.01	\$10.25	\$9.58	\$12.82	35	\$11.88	\$18.36	\$14.45	\$20.93	35	\$16.75	\$26.47	\$19.31	\$29.04
36	\$7.33	\$10.91	\$9.90	\$13.48	36	\$12.52	\$19.69	\$15.09	\$22.26	36	\$17.71	\$28.46	\$20.28	\$31.03
37	\$7.70	\$11.63	\$10.27	\$14.20	37	\$13.27	\$21.12	\$15.84	\$23.69	37	\$18.83	\$30.61	\$21.40	\$33.18
38	\$8.29	\$12.47	\$10.86	\$15.04	38	\$14.45	\$22.80	\$17.01	\$25.37	38	\$20.60	\$33.13	\$23.17	\$35.70
39	\$8.88	\$13.59	\$11.45	\$16.16	39	\$15.62	\$25.04	\$18.19	\$27.61	39	\$22.36	\$36.49	\$24.93	\$39.06
40	\$9.31	\$14.42	\$11.88	\$16.99	40	\$16.48	\$26.71	\$19.05	\$29.28	40	\$23.65	\$38.99	\$26.22	\$41.56
41	\$10.22	\$15.89	\$12.79	\$18.46	41	\$18.30	\$29.65	\$20.87	\$32.22	41	\$26.38	\$43.40	\$28.94	\$45.97
42	\$10.91	\$17.18	\$13.48	\$19.75	42	\$19.69	\$32.23	\$22.26	\$34.80	42	\$28.46	\$47.27	\$31.03	\$49.84
43	\$11.88	\$18.86	\$14.45	\$21.43	43	\$21.61	\$35.59	\$24.18	\$38.16	43	\$31.35	\$52.31	\$33.92	\$54.88
44	\$12.89	\$20.47	\$15.46	\$23.04	44	\$23.65	\$38.81	\$26.22	\$41.38	44	\$34.40	\$57.14	\$36.97	\$59.71
45	\$14.12	\$22.42	\$16.69	\$24.99	45	\$26.11	\$42.70	\$28.68	\$45.27	45	\$38.09	\$62.99	\$40.66	\$65.55
46	\$15.14	\$24.19	\$17.71	\$26.76	46	\$28.14	\$46.23	\$30.71	\$48.80	46	\$41.14	\$68.28	\$43.71	\$70.85
47	\$16.37	\$26.17	\$18.94	\$28.73	47	\$30.60	\$50.19	\$33.17	\$52.76	47	\$44.83	\$74.22	\$47.40	\$76.79
48	\$17.66	\$28.39	\$20.22	\$30.96	48	\$33.17	\$54.63	\$35.74	\$57.20	48	\$48.69	\$80.88	\$51.25	\$83.45
49	\$18.94	\$30.54	\$21.51	\$33.11	49	\$35.74	\$58.95	\$38.31	\$61.51	49	\$52.54	\$87.35	\$55.11	\$89.92
50	\$20.54	\$33.08	\$23.11	\$35.65	50	\$38.95	\$64.03	\$41.52	\$66.60	50	\$57.35	\$94.97	\$59.92	\$97.54
51	\$22.04	\$35.64	\$24.61	\$38.21	51	\$41.94	\$69.14	\$44.51	\$71.71	51	\$61.85	\$102.65	\$64.41	\$105.21
52	\$23.65	\$38.31	\$26.22	\$40.87	52	\$45.15	\$74.47	\$47.72	\$77.04	52	\$66.66	\$110.64	\$69.23	\$113.21
53	\$25.47	\$41.37	\$28.03	\$43.94	53	\$48.79	\$80.60	\$51.36	\$83.17	53	\$72.12	\$119.83	\$74.69	\$122.40
54	\$27.29	\$44.62	\$29.85	\$47.19	54	\$52.43	\$87.11	\$55.00	\$89.68	54	\$77.58	\$129.59	\$80.14	\$132.16
55	\$29.43	\$48.32	\$31.99	\$50.89	55	\$56.71	\$94.50	\$59.28	\$97.07	55	\$84.00	\$140.68	\$86.56	\$143.25
56	\$31.89	\$52.53	\$34.45	\$55.09	56	\$61.63	\$102.91	\$64.20	\$105.48	56	\$91.38	\$153.30	\$93.95	\$155.87
57	\$34.56	\$57.22	\$37.13	\$59.79	57	\$66.98	\$112.31	\$69.55	\$114.88	57	\$99.40	\$167.39	\$101.97	\$169.96
58	\$37.56	\$62.31	\$40.13	\$64.87	58	\$72.97	\$122.47	\$75.54	\$125.04	58	\$108.39	\$182.64	\$110.96	\$185.21
59	\$41.03	\$68.43	\$43.60	\$70.99	59	\$79.93	\$134.71	\$82.50	\$137.28	59	\$118.82	\$201.00	\$121.39	\$203.57
60	\$44.62	\$74.87	\$47.19	\$77.44	60	\$87.10	\$147.61	\$89.67	\$150.17	60	\$129.58	\$220.34	\$132.15	\$222.91
61	\$45.95	\$77.28	\$48.35	\$79.68	61	\$89.90	\$152.55	\$92.30	\$154.95	61	\$133.85	\$227.83	\$136.25	\$230.23
62	\$50.55	\$85.25	\$52.95	\$87.65	62	\$99.10	\$168.49	\$101.50	\$170.89	62	\$147.65	\$251.74	\$150.05	\$254.14
63	\$55.80	\$94.27	\$58.20	\$96.67	63	\$109.60	\$186.54	\$112.00	\$188.94	63	\$163.40	\$278.81	\$165.80	\$281.21
64	\$61.60	\$103.82	\$64.00	\$106.22	64	\$121.20	\$205.63	\$123.60	\$208.03	64	\$180.80	\$307.45	\$183.20	\$309.85
65	\$68.10	\$114.47	\$70.50	\$116.87	65	\$134.20	\$226.93	\$136.60	\$229.33	65	\$200.30	\$339.40	\$202.70	\$341.80
66	\$74.55	\$125.36	\$76.95	\$127.76	66	\$147.10	\$248.71	\$149.50	\$251.11	66	\$219.65	\$372.07	\$222.05	\$374.47
67	\$81.70	\$137.50	\$84.10	\$139.90	67	\$161.40	\$272.99	\$163.80	\$275.39	67	\$241.10	\$408.49	\$243.50	\$410.89
68	\$89.35	\$150.69	\$91.75	\$153.09	68	\$176.70	\$299.37	\$179.10	\$301.77	68	\$264.05	\$448.06	\$266.45	\$450.46
69	\$97.95	\$165.23	\$100.35	\$167.63	69	\$193.90	\$328.46	\$196.30	\$330.86	69	\$289.85	\$491.69	\$292.25	\$494.09
70	\$107.50	\$181.31	\$109.90	\$183.71	70	\$213.00	\$360.61	\$215.40	\$363.01	70	\$318.50	\$539.92	\$320.90	\$542.32

EE = Employee SP = Spouse CH = Child(ren)

Underwritten by American Public Life Insurance Company. Must be used in conjunction with APSB-22520 series and/or APSB-22525 series. Rates are guaranteed not to increase during the initial term period.

APSB-22526 3 Plans