

MAESTRO HEALTH & AFLAC STORY.



First things first.

Before we get into the details of voluntaryEDGE, let's level set on our relationship. Follow the timeline below to understand our partnership and how we teamed up to offer you a turnkey solution that eliminates headaches like billing errors and coverage delays.

2009

Maestro Health began providing benefits administration services for select Aflac clients.

Maestro Health and Aflac 2016 Tearned up to 5... Aflac Group services and teamed up to enhance key technology using the Maestro Health platform.

2017 voluntaryEDGE launched.

2017 & **Beyond**

- Equip brokers with a complete system of record for voluntary products to sell to a broad portfolio of groups.
- Provide a technology-based solution that is easy to sell and very little time to get your client up and running.
- Speed to market A bundle that can be brought to market within two weeks if proper paperwork is completed.



A BIT MORE ABOUT US.

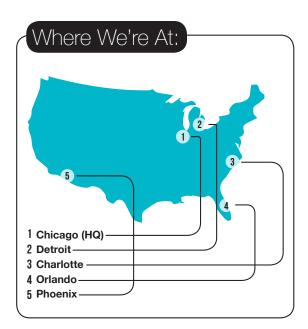
Our vision is to redefine what it means to offer and experience benefits. We aim to provide noiseless solutions that make lives healthier and happier.

Our Mission:

To make employee health and benefits *people-friendly* again.

Our Core Values:

BIZ- . FUN. PREPAREDNESS. TEAMWORK. KINDNESS. HUMILITY. URGENCY. BOLD THOUGHT. HONESTY.





MEET YOUR TERRITORY SPECIALISTS.

The team.



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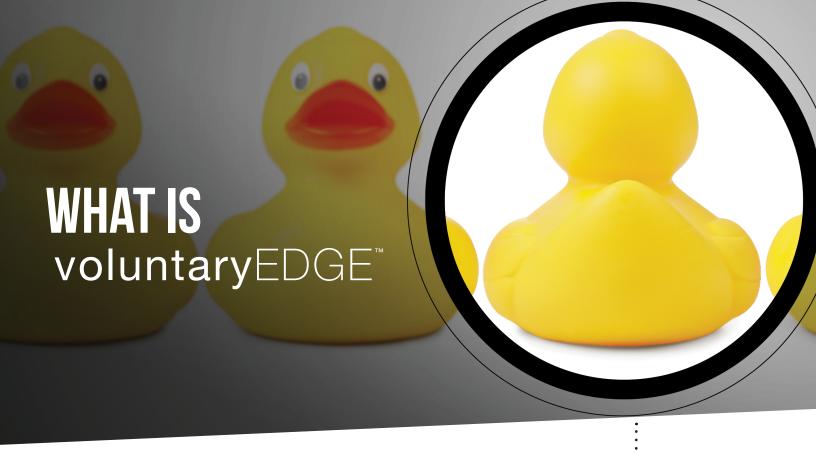
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The noiseless backend technology solution. · · · · · · · · ·

voluntaryEDGE offers the smart backend administration you need with the sleek enrollment HR professionals expect. It's one end-to-end platform—an entire system of record—that provides a pain-free solution for you and your clients.

- Aflac's most in-demand products and competitive plan designs Accident, Critical Illness, Hospital Indemnity
- **Robust benefits administration backend technology** Enrollment combined with group billing and ongoing member benefits maintenance
- **"We've got your back" service** Dedicated team to guide you and your clients from proposal through implementation
- Standard voluntaryEDGE is available at no cost to you When you find the right groups, our standard solution is available at no cost to you
- Speed to market Most groups will be up and running in less than two weeks (depending on the scope of work)



THE GOOD FIT ANALYZER.



Let's see if your group is a good fit for voluntaryEDGE.

You can (finally) have the support you need during the benefits process – from enrollment to billing with the quickest turnkey solution for groups of all sizes. Check out the details below to see if your group is a good fit.

GROUP ATTRIBUTES		voluntaryEDGE
Group size	100+ benefit eligible	
Existing in-force Aflac group coverage	Yes	
	No	
Enrollment method	Worksite via Maestro Health portal	
	Employee self-service	
	Another third party platform	
Runway until enrollment begins (Census must be provided 5 business days prior to enrollment)	<2 weeks	*
	>2 weeks	
Aflac approval and compliance testing required		
	GMO underwriting & offer for ACC, HI, CI	
Products supported	Other Aflac Group Products	
	All benefits	
	Inbound census file	
Data integration - EDI	Payroll deduction report	
	Outbound EDI to payroll system	

^{*}Timelines may vary depending upon scope of work.

What if my group isn't a good fit?
We have other options. See page 10.



WHY IT MATTERS.

voluntaryEDGE promises to be a turnkey solution that eliminates headaches like billing errors and delays in coverage. Built with a powerful backend to support you and your clients during the messiest parts of the benefits process, voluntaryEDGE gives everyone peace of mind all year long.







Why it matters to Aflac Associates.

- Easy to sell turnkey solution
- A group product and service package you can trust and sell
- Satisfied and loyal clients that produce premiums year after year

Why it matters to brokers.

- Live visibility into participation rates by each product line
- Client retention through streamlined administrative processes
- Accurate file feeds thus keeping proper revenue to the agency
- Single point of contact for you and your client
- Competitive advantage with bundled technology-based solution

Why is matters to employers and their employees.

- Year-round visibility into voluntary elections
- One trusted, attractive source for the enrollment management of your benefits
- User-friendly enrollment process that's hassle-free
- Self-service life event changes supported on the platform



PUBLIC SECTOR.

All your accounts. One place. Aflac and Maestro Health have partnered to deliver a robust benefits solution to public sector employees, at no cost to you.

What we offer:

- **FSA Only –** Free with 2 Aflac products (group or individual) for under 250 lives.
- **FSA** Free with 2 Aflac group products enrolled via voluntaryEDGE for 250 + lives.
- Full Ben Admin Consolidated billing/FSA for \$3.00 PEPM with 2 Aflac group products.

Program Level

GOLD – 75% or higher with 1:1 enrollment condition. **PEPM:** \$1.00

SILVER – Hybrid enrollment: self-enroll and 1:1 enrollment conditions. **PEPM:** \$0.75

BRONZE – Self-enroll with 90% or higher click-through rate on Aflac products. **PEPM:** \$0.50



PROPOSAL STARTER KIT.

Here's how to get started with your formal proposal.

So, you think voluntaryEDGE is a good fit? Get started on the proposal by following the instructions below.

Broker:

- Login to your Broker CRM and check the GMO box: https:/aflacbroker.crm.dynamics.com
- Make sure Maestro Health is selected as the platform along with "GMO Administration" under special instructions
- Once an opportunity is sold, mark "won," and proceed to <u>aflac.maestrohealth.com</u> and click "New Case"
- After you fill out the "New Case" form, our Help Desk will follow up with you via phone or email

Career:

 Complete the GMO paper PIF form and email to ABCForms@aflac.com

If you require support with your PIF form please contact:

Jessica Coletrain

803.851.2437 jcoletrain@aflac.com





YOU HAVE OPTIONS.

Don't worry, if voluntaryEDGE isn't a good fit for you then check out voluntaryEDGE PLUS™ or our customized voluntaryEDGE - (me)BENEFITS ADMIN 2.0™.

	voluntaryEDGE PLUS	Customized voluntaryEDGE - (me)BENEFITS ADMIN 2.0
What's Included:	 Accident Critical Illness Hospital Indemnity	Anything outside of:
Timing:	60 days	90 days
Cost:	You will receive a customized proposal and quoted based on the scope of implementation.	1,000 employee size group - \$15,000 for implementation and \$4.50 PEPM



VISIT

aflac.maestrohealth.com

It's time to get the ball rolling. When visiting aflac.maestrohealth.com you will learn more about converting and enrolling your group, and you will have access to additional resources to assist you with your clients.



- **Enroll or convert your group** by completing our "New Case" form and our experienced team will be in contact with you soon.
- Register for a demo. Don't worry, if you find out you're not a good fit following the demo, we have two other options for you. Select "Request a Demo" and we'll walk you through voluntaryEDGE.
- **Download our sales toolkits.** Get a better look at how our turnkey benefits administration solution for Aflac is supporting brokers, employers and associates by downloading all of our online resources.





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Page 10: Features

Page 11-13: Broker Offerings

Page 14: Group Model Plan Options

Page 15: Disclaimer

THE NITTY GRITTY-FEATURES.

What's in and what's out.

See the breakdown below of the product details that are included with voluntaryEDGE so you fully understand what we are offering.

	voluntaryEDGE
Maestro Health	 GMO group underwriting and offer for ACC, HI and CI products Pre-defined products & rules Rates pre-loaded and compliance testing completed Group logo personalization Web and mobile enrollment Eligibility management Life and work events Broker/employer portal for reports and billing information Billing and remittance for employers Customer service for broker, group and employee
Group/Broker	 Complete new account paperwork Schedule enrollment Provide updated census Facilitate process for QLEs managed by Maestro Health
Aflac	 Product updates Issues policies Pays claims Commission management



THE NITTY GRITTY-BROKER OFFERINGS.

Accident

100+ Eligible Employees

- Benefits are always guaranteed-issue for all with no participation requirement
- Employer-level choice of non-occupational or 24-hour coverage
- Employer-level choice of a low or high coverage tier
- Includes Optional Organized Athletics Activities Rider (ER level option)
- A wellness benefit is included (amount varies by coverage tier selected)
- Benefits do not reduce at any age
- There is no maximum issue age or termination age (this is true for most states)
- · Rates are guaranteed for the first two years
- Coverage is HSA-compatible
- On certain cases, additional underwriting consideration may be available
 - Regardless of case size, takeover concessions and employer-paid quotes are available

Supplemental Hospital Indemnity

100+ Eligible Employees

- Plan design options include HSA-compatible or non-HSA-compatible
- Benefits guaranteed-issue for all (with no participation requirement) for the first two years
- Employer-level choice of a low or high coverage tier
- There is no maximum issue age limitation (issue ages are 18+ for employees and spouses)
- · Benefits do not reduce or terminate at any age
- There is no pre-existing condition limitation
- There is no waiting period that must be satisfied before benefits can be paid
- · Rates are guaranteed for the first two years
- There are no exclusions for worker's compensation, compatible facilities, travel, mental illness or substance abuse
- Extensive plan design options vary according to HSA-compatibility needs



THE NITTY GRITTY-BROKER OFFERINGS.

Critical Illness

100+ Eligible Employees

- Guaranteed-issue benefits with no participation requirement at initial enrollment:
 - 100-999 eligible lives: up to \$20,000 for employees and \$10,000 for spouses
 - 1000 + eligible lives up to \$30,000 for employees and \$15,000 for spouses
- Employees are eligible for up to the guaranteed issue amounts listed above
- Dependent children are automatically covered at 50% of the employee's face amount
- Dependent spouses are eligible for up to 50% of the employee's face amount
- A \$50 health screening benefit is included
- Coverage is always HSA-compatible, regardless of the plan elections made at the employer-level
- Benefits include the following from the base plan design:
 - Invasive cancer
 - Health screening (\$50 per employee and spouse (if covered), per calendar year)
- There is no maximum issue age limitation (issue ages are 18+ for employees and spouses)
- Benefits do not reduce or terminate at any age
- Riders included in plan
 - Heart rider
- There is no pre-existing condition limitation (Invasive cancer benefit includes 12 months treatment-free requirement)
- There is no waiting period that must be satisfied before benefits can be paid
- The rates are guaranteed for the first two years
- On certain cases, additional underwriting consideration may be available
 - Regardless of case size, takeover concessions and employer-paid quotes are available
 - For large accounts (at least 1,000 lives) that warrant customization, options could include:
 - · Age bands adjusted to better compete with other carriers
 - Face amount access adjusted (increased percentages available to spouses, limited guaranteed-only options for simplified enrollment, face amounts in excess of standard maximums, etc.)
 - · Additional benefits made available through customization of base plan or introduction of custom benefit riders



THE NITTY GRITTY-BROKER OFFERINGS.

Critical Illness Cont.

100+ Eligible Employees

- Flat benefit amounts (health screening, skin cancer) increased above standard limits
- Rate guarantee/guaranteed-issue period duration extended
- Enhanced portability options made available



GROUP MODEL PLAN OPTIONS.

We're even giving you a plan builder.

The plans and options below represent Aflac's standard Group Model Office product offering. Use this reference to assist your conversations with your brokers and platform vendors to select optimal plan designs when operating in the Group Model Office environment.

	LNESS ADVANTAGE (21000 SERIES)*
Select only one:	WITH Heart Rider
*With Cancer, Include	des Wellness & \$250 Skin Cancer Benefit
ACCIDENT	(70000 SERIES)*
Select only one:	Non-occupational 24-Hour
Select only one:	Low Option (for Initial Treatment, Hospitalization, Life Changing Event & After Care Categories)
	High Option (for Initial Treatment, Hospitalization, Life Changing Event & After Care Categories)
Select only one:	WITH Organized Athletic Activity (OAA) Rider
	WITHOUT Organized Athletic Activity (OAA) Rider
(Situs state NY on	ly) Select only one: Aflac New York Plan 1 Plan 2 Plan 3 Plan 4
*Includes Wellness	& Accidental Death Riders
GROUP HC	SPITAL INDEMNITY (80000 SERIES)*
GROUP HC Select only one:	SPITAL INDEMNITY (80000 SERIES)* Output Output Discretely 10 to
GROUP HC Select only one: Select only one:	
·	Non-occupational 24-Hour
·	Non-occupational 24-Hour HSA Compatible Plan (Hospitalization Category Only)
Select only one: Select only one:	Non-occupational 24-Hour HSA Compatible Plan (Hospitalization Category Only) Non – HSA Compatible Plan (Hospitalization, Treatment & Surgery Categories Included)



DISCLAIMER.

Assumptions and Contingencies: This offer assumes favorable enrollment conditions (at least 70% of all eligible employees are seen in person or call in to a call center, for web enrollments, we expect mandatory accept/reject for initial enrollment) A minimum of 25 payers are required to establish group billing for an account. Employees must:

Be permanent, non seasonal, W-2 employees; and

Work at least 16 or 18 hours per week (depending on product offered); requirement for the continuous employment is based on requirements set by the employer.

Coverage is not available to prohibited industries. All non-employer group (Unions, Associations, PEOs, etc..) require individual Underwriting review and approval- if approved the specifics of this after may not apply.

Minimum case size is 100 Eligible Lives

Several of the enhancement s detailed in this customized offer require the issuing of policy riders and amendment(s) approved by the appropriate state Department of Insurance (DOI). For this reason, availability of certain plan design features illustrated within this document may vary by state.

All other Aflac Group standard core requirements will apply, including but not limited to minimum case size (100) and payroll deduction requirements.

Existing Aflac and Aflac Group accounts are not to be affected by this offer without express Home Office Approval.

Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a whollyowned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups sitused in California, group coverage is underwritten by Continental American Life Insurance Company. For groups sitused in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company • 2801 Devine Street • Columbia, South Carolina 29205

