

## Limited Benefit Medical Plans Option A

(See Enrollment site for Complete Details) (AL, GA, LA, MS, NC, SC)

|  | Plan 1  | Plan 2                  | Plan 3                    | Plan 4                    |
|--|---|-------------------------|---------------------------|---------------------------|
| <b>Inpatient Benefits</b>  |   |                         |                           |                           |
| Hospital Confinement - <i>10 Days</i>  | \$500 per day   | \$500 per day           | \$1,000 per day           | \$1,000 per day           |
| Surgery benefit / Includes Maternity - <i>2 Days</i>   | \$1,000 per day   | \$1,000 per day         | \$2,000 per day           | \$2,000 per day           |
| Anesthesia benefit - <i>2 Days</i>   | \$250 per day   | \$250 per day           | \$500 per day             | \$500 per day             |
| ICU benefit - <i>10 Days</i>   | \$500 per day x 10 days   | \$500 per day x 10 days | \$1,000 per day x 10 days | \$1,000 per day x 10 days |
| <b>Outpatient Benefits</b>   |   |                         |                           |                           |
| Physician Office Visit Benefit amount - <i>5 Days</i>  | \$75 per day  | \$75 per day            | \$100 per day             | \$100 per Day             |
| Wellness (annual physical) benefit - <i>1 Day</i>  | \$75 per day  | \$75 per day            | \$100 per day             | \$100 per day             |
| Well child care (age 4 or under) benefit - <i>4 Days</i>   | \$75 per day  | \$75 per day            | \$100 per day             | \$100 per day             |
| Accident Medical Benefit (maximum per year)  | \$2,000   | \$2,000                 | \$4,000                   | \$4,000                   |
| Benefit % payable  | 80% U&C   | 80% U&C                 | 80% U&C                   | 80% U&C                   |
| Deductible per accident  | 0   | 0                       | 0                         | 0                         |
| Emergency Room (Sickness) Benefit - <i>1 Day</i>   | \$200 per day   | \$200 per day           | \$200 per day             | \$200 per day             |
| Outpatient Surgery Benefit - <i>1 Day</i>  | \$500 per day   | \$500 per day           | \$700 per day             | \$700 per day             |
| Anesthesia Benefit - <i>1 Day</i>  | \$125 per day   | \$125 per day           | \$175 per day             | \$175 per day             |
| <b>Diagnostic, X-ray, Lab Benefit</b>  |   |                         |                           |                           |
| Class I: Laboratory – Blood work, CMP, Lipid panel, ECG, PAP/PSA, Urinalysis and all other lab tests - <i>2 Days</i>   | \$30 per day  | \$30 per day            | \$30 per day              | \$30 per day              |
| Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram - <i>2 Days</i>  | \$75 per day  | \$75 per day            | \$75 per day              | \$75 per day              |
| Class III: Imaging CT, PET - <i>1 Day</i>  | \$100 per day   | \$100 per day           | \$100 per day             | \$100 per day             |
| Class IV: Other diagnostic tests – Endoscopy, Bronchoscopy, Colonoscopy (without Biopsy), MRI - <i>1 Day</i>   | \$200 per day   | \$200 per day           | \$200 per day             | \$200 per day             |
| <b>Prescription/Rx</b>   |   |                         |                           |                           |
| Retail Generic/preferred brand co-pay  |   | \$10/NA                 |                           | \$10/NA                   |
| Mail order Generic/preferred brand co-pay  | Discount Only   | \$30/NA                 | Discount Only             | \$30/NA                   |
| Maximum Benefit (per month) Individual/family  |   | \$100/\$200             |                           | \$100/\$200               |
| <b>Teladoc</b>   | <b>Unlimited Visits with \$0 Consultation Fee</b>   |                         |                           |                           |
| <b>SupportLinc Employee Assistance Program</b>   | <b>Unlimited Virtual Visits &amp; 3 In Person Visits with \$0 Consultation Fee</b>                    |                         |                           |                           |
| First Health PPO Network Discounts   | If Network Provider is Used, Participant Benefits from the Negotiated Discounts on the Billed Charges |                         |                           |                           |
| <b>Critical Illness</b>  |   |                         |                           |                           |
| Critical Illness maximum benefit (per year)  | \$2,000   | \$2,000                 | \$4,000                   | \$4,000                   |
| Cash payment for 10 covered conditions - Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery bypass surgery, Alzheimer's, ALS, Terminal illness |   |                         |                           |                           |
| <b>AD&amp;D Benefit</b>  |   |                         |                           |                           |
| Employee   | \$5,000   | \$5,000                 | \$10,000                  | \$10,000                  |
| Spouse   | \$5,000   | \$5,000                 | \$5,000                   | \$5,000                   |
| Children   | \$1,000   | \$1,000                 | \$1,000                   | \$1,000                   |
| <b>Term Life Benefit</b>   |   |                         |                           |                           |
| Employee   | \$10,000  | \$10,000                | \$10,000                  | \$10,000                  |
| Spouse   | \$5,000   | \$5,000                 | \$5,000                   | \$5,000                   |
| Children   | \$2,000   | \$2,000                 | \$2,000                   | \$2,000                   |
| <b>Monthly Voluntary Rates</b>   |   |                         |                           |                           |
| Employee Only  | \$78.63   | \$94.16                 | \$110.20                  | \$125.73                  |
| Employee + Spouse  | \$182.86  | \$212.37                | \$257.69                  | \$287.20                  |
| Employee + Child(ren)  | \$152.91  | \$182.42                | \$215.10                  | \$244.61                  |
| Employee + Family  | \$245.99  | \$287.94                | \$347.02                  | \$388.97                  |
| <b>Monthly Employer Paid Rates</b>   |   |                         |                           |                           |
| Employee Only  | \$61.41   | \$76.94                 | \$85.72                   | \$101.25                  |
| Employee + Spouse  | \$142.05  | \$171.56                | \$199.66                  | \$229.17                  |
| Employee + Child(ren)  | \$118.99  | \$148.50                | \$166.87                  | \$196.38                  |
| Employee + Family  | \$190.89  | \$232.84                | \$268.68                  | \$310.63                  |

## Limited Benefit Medical Plans Option B

(See Enrollment site for Complete Details) (AL, GA, LA, MS, NC, SC)

|  | Plan 1  | Plan 2                    | Plan 3                    | Plan 4                    |
|--|---|---------------------------|---------------------------|---------------------------|
| <b>Hospital Confinement - 10 Days</b>  | \$1500 per day  | \$1500 per day            | \$2,000 per day           | \$2,000 per day           |
| <b>Surgery benefit / Includes Maternity - 2 Days</b>   | \$2,500 per day   | \$2,500 per day           | \$3,000 per day           | \$3,000 per day           |
| <b>Anesthesia benefit - 2 Days</b>   | \$625 per day   | \$625 per day             | \$750 per day             | \$750 per day             |
| <b>ICU benefit - 10 Days</b>   | \$1,500 per day x 10 days   | \$1,500 per day x 10 days | \$2,000 per day x 10 days | \$2,000 per day x 10 days |
| <b>Outpatient Benefits</b>   |   |                           |                           |                           |
| <b>Physician Office Visit Benefit amount - 5 Days</b>  | \$75 per day  | \$75 per day              | \$100 per day             | \$100 per Day             |
| <b>Wellness (annual physical) benefit - 1 Day</b>  | \$75 per day  | \$75 per day              | \$100 per day             | \$100 per day             |
| <b>Well child care (age 4 or under) benefit - 4 Days</b>   | \$75 per day  | \$75 per day              | \$100 per day             | \$100 per day             |
| <b>Accident Medical Benefit (maximum per year)</b>   | \$6,000   | \$6,000                   | \$10,000                  | \$10,000                  |
| <b>Benefit % payable</b>   | 80% U&C   | 80% U&C                   | 80% U&C                   | 80% U&C                   |
| <b>Deductible per accident</b>   | 0   | 0                         | 0                         | 0                         |
| <b>Emergency Room (Sickness) Benefit - 1 Day</b>   | \$200 per day   | \$200 per day             | \$200 per day             | \$200 per day             |
| <b>Outpatient Surgery Benefit - 1 Day</b>  | \$800 per day   | \$800 per day             | \$1,200 per day           | \$1,200 per day           |
| <b>Anesthesia Benefit - 1 Day</b>  | \$200 per day   | \$200 per day             | \$300 per day             | \$300 per day             |
| <b>Diagnostic, X-ray, Lab Benefit</b>  |   |                           |                           |                           |
| <b>Class I: Laboratory – Blood work, CMP, Lipid panel, ECG, PAP/PSA, Urinalysis and all other lab tests - 2 Days</b>   | \$30 per day  | \$30 per day              | \$30 per day              | \$30 per day              |
| <b>Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram - 2 Days</b>  | \$75 per day  | \$75 per day              | \$75 per day              | \$75 per day              |
| <b>Class III: Imaging CT, PET - 1 Day</b>  | \$100 per day   | \$100 per day             | \$100 per day             | \$100 per day             |
| <b>Class IV: Other diagnostic tests – Endoscopy, Bronchoscopy, Colonoscopy (without Biopsy), MRI - 1 Day</b>   | \$200 per day   | \$200 per day             | \$200 per day             | \$200 per day             |
| <b>Prescription/Rx</b>   |   |                           |                           |                           |
| <b>Retail Generic/preferred brand co-pay</b>   |   | \$10/\$30                 |                           | \$10/\$30                 |
| <b>Mail order Generic/preferred brand co-pay</b>   | Discount Only   | \$20/\$60                 | Discount Only             | \$20/\$60                 |
| <b>Maximum Benefit (per month) Individual/family</b>   |   | \$300/\$600               |                           | \$300/\$600               |
| <b>Teladoc</b>   | <b>Unlimited Visits with \$0 Consultation Fee</b>   |                           |                           |                           |
| <b>SupportLinc Employee Assistance Program</b>   | <b>Unlimited Virtual Visits &amp; 3 In Person Visits with \$0 Consultation Fee</b>                    |                           |                           |                           |
| <b>First Health PPO Network Discounts</b>  | If Network Provider is Used, Participant Benefits from the Negotiated Discounts on the Billed Charges |                           |                           |                           |
| <b>Critical Illness</b>  |   |                           |                           |                           |
| <b>Critical Illness maximum benefit (per year)</b>   | \$10,000  | \$10,000                  | \$15,000                  | \$15,000                  |
| Cash payment for 10 covered conditions - Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery bypass surgery, Alzheimer's, ALS, Terminal illness |   |                           |                           |                           |
| <b>AD&amp;D Benefit</b>  |   |                           |                           |                           |
| <b>Employee</b>  | \$10,000  | \$10,000                  | \$20,000                  | \$20,000                  |
| <b>Spouse</b>  | \$5,000   | \$5,000                   | \$5,000                   | \$5,000                   |
| <b>Children</b>  | \$1,000   | \$1,000                   | \$1,000                   | \$1,000                   |
| <b>Term Life Benefit</b>   |   |                           |                           |                           |
| <b>Employee</b>  | \$10,000  | \$10,000                  | \$10,000                  | \$10,000                  |
| <b>Spouse</b>  | \$5,000   | \$5,000                   | \$5,000                   | \$5,000                   |
| <b>Children</b>  | \$2,000   | \$2,000                   | \$2,000                   | \$2,000                   |
| <b>Monthly Voluntary Rates</b>   |   |                           |                           |                           |
| <b>Employee Only</b>   | \$119.59  | \$157.87                  | \$153.81                  | \$192.09                  |
| <b>Employee + Spouse</b>   | \$279.93  | \$352.64                  | \$361.04                  | \$433.75                  |
| <b>Employee + Child(ren)</b>   | \$233.61  | \$306.32                  | \$301.01                  | \$373.72                  |
| <b>Employee + Family</b>   | \$377.06  | \$486.90                  | \$486.56                  | \$596.40                  |
| <b>Monthly Employer Paid Rates</b>   |   |                           |                           |                           |
| <b>Employee Only</b>   | \$92.93   | \$131.21                  | \$119.30                  | \$157.58                  |
| <b>Employee + Spouse</b>   | \$216.76  | \$289.47                  | \$279.27                  | \$351.98                  |
| <b>Employee + Child(ren)</b>   | \$181.10  | \$253.81                  | \$233.04                  | \$305.75                  |
| <b>Employee + Family</b>   | \$291.78  | \$401.62                  | \$376.15                  | \$485.99                  |



## Specialty Solutions, Elevated

In a world that never stands still - where the nature of risk is constantly evolving and the needs of our customers are continually changing - you need a partner that turns challenges into possibilities and possibilities into opportunities.

A specialty insurer and reinsurer that elevates beyond the standard solutions. We help customers pursue their ambitions and explore new pathways through tailored products and services, on a global scale.

A partner that you can trust - and who is with you for the journey.

Our strength is grounded in our people and our culture, which encourages collaboration, diversity, and accountability.

A values-driven organization, we strive to leave a positive imprint on the world through responsible business practices.

This is who we are. This is AXIS.

## Financial strength 2023 YE<sup>1</sup>



Total Capital

\$6.6B



Gross Premiums Written

\$8.4B



Total Cash & Investments

\$16.7B



Total Assets

\$30.3B

<sup>1</sup> AXIS Capital Holdings Limited in USD.

<sup>2</sup> Total capital represents the sum of total shareholders' equity and senior notes and notes payable.

<sup>3</sup> Ratings of insurance and reinsurance subsidiaries of AXIS Capital Holdings Limited.

<sup>4</sup> AXIS Syndicate 1686 and AXIS Energy Transition Syndicate 2050 carry the Lloyd's financial strength rating.

## Global Reach

20

Offices worldwide

2000+

Employees

30+

Nationalities on staff

600+

Non-profit organizations supported with combined philanthropy activities

## Ratings

At AXIS, our insurance and global reinsurance business is written across multiple platforms, on subsidiary company paper and through AXIS Syndicate 1686 and AXIS Energy Transition Syndicate 2050.

AXIS<sup>3</sup>:

A+

S&P

A

A.M. Best

A2

Fitch

Lloyd's<sup>4</sup>:

A+

S&P

A

A.M. Best

AA-

Fitch