



MEMBER BENEFITS AT A GLANCE

Plan Year Ending December 31, 2021

OUR MEMBER BENEFITS

Two HSA-qualified medical plans

Traditional point-of-service plan

Dental

Vision

Long-term disability

Voluntary life/AD&D

Critical illness

Accident

Employee Assistance Program (EAP)

BENEFIT QUESTIONS

Angus McRae, CEBS

770-300-0001 x101

amcrae@angusmcrac.com

We are very pleased to provide our members and their families with this exceptional portfolio of optional member benefits.

Given timely enrollment, benefits begin on the first of the month coinciding with or following a 30 day waiting period after your date of joining the firm.

Open enrollment is conducted in the month of December for an effective date of January 1st. Please let us know if you have any questions.

MEDICAL INSURANCE



| Plan Highlights | PLAN 1 | | PLAN 2 | |
|---|--|----------------------------|--|----------------------------|
| | TX AE3L Rx 2V—HSA-Qualified | | TX AE3K Rx 2V—HSA-Qualified | |
| | In-Network | Non-Network | In-Network | Non-Network |
| HSA-Qualified: | Yes; 2021 maximum contribution: \$3,600 individual / \$7,200 family / \$1,000 catch-up (age 55 and over) | | Yes; 2021 maximum contribution: \$3,600 individual / \$7,200 family / \$1,000 catch-up (age 55 and over) | |
| Physician office visit copay: • Primary Care / Specialist | Deductible and coinsurance | Deductible and coinsurance | Deductible and coinsurance | Deductible and coinsurance |
| Calendar year deductible: • Individual • Family | \$5,000 \$10,000 | \$5,000 \$10,000 | \$3,000 \$6,000 | \$5,000 \$10,000 |
| You pay after deductible: | 0% | 30% | 0% | 30% |
| Calendar year out-of-pocket maximum: • Individual (includes deductible) • Family (includes deductible) | \$6,000 \$12,000 | \$10,000 \$20,000 | \$4,000 \$8,000 | \$10,000 \$20,000 |
| Retail prescription drug card copay: • Tier 1 • Tier 2 • Tier 3 | After the medical deductible: \$10 \$35 \$60 | Deductible and coinsurance | After the medical deductible: \$10 \$35 \$60 | Deductible and coinsurance |
| Doctor network (uhc.com/find-a-physician): | Choice Plus | | Choice Plus | |
| Your cost per month: • Member only • Member & spouse • Member & children • Member & family | \$598.31 \$1,508.86 \$1,201.53 \$2,073.66 | | \$753.06 \$1,899.11 \$1,512.30 \$2,610.00 | |

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MEDICAL INSURANCE



| Plan Highlights | PLAN 3 | |
|---|--|----------------------------|
| | TX BCYF Rx IU—Point-of-Service Plan | |
| | In-Network | Non-Network |
| HSA-Qualified: | No | |
| Physician office visit copay: • Primary Care / Specialist | \$30 / \$60 | Deductible and coinsurance |
| Calendar year deductible: • Individual • Family | \$2,000 \$4,000 | \$5,000 \$10,000 |
| You pay after deductible: | 20% | 50% |
| Calendar year out-of-pocket maximum: • Individual (includes deductible) • Family (includes deductible) | \$6,000 \$12,000 | \$10,000 \$20,000 |
| Retail prescription drug card copay: • Tier 1 • Tier 2 • Tier 3 | \$15 \$40 \$75 | Deductible and coinsurance |
| Doctor network (uhc.com/find-a-physician): | Choice Plus | |
| Your cost per month: • Member only • Member & spouse • Member & children • Member & family | \$791.68 \$1,996.51 \$1,589.86 \$2,743.85 | |

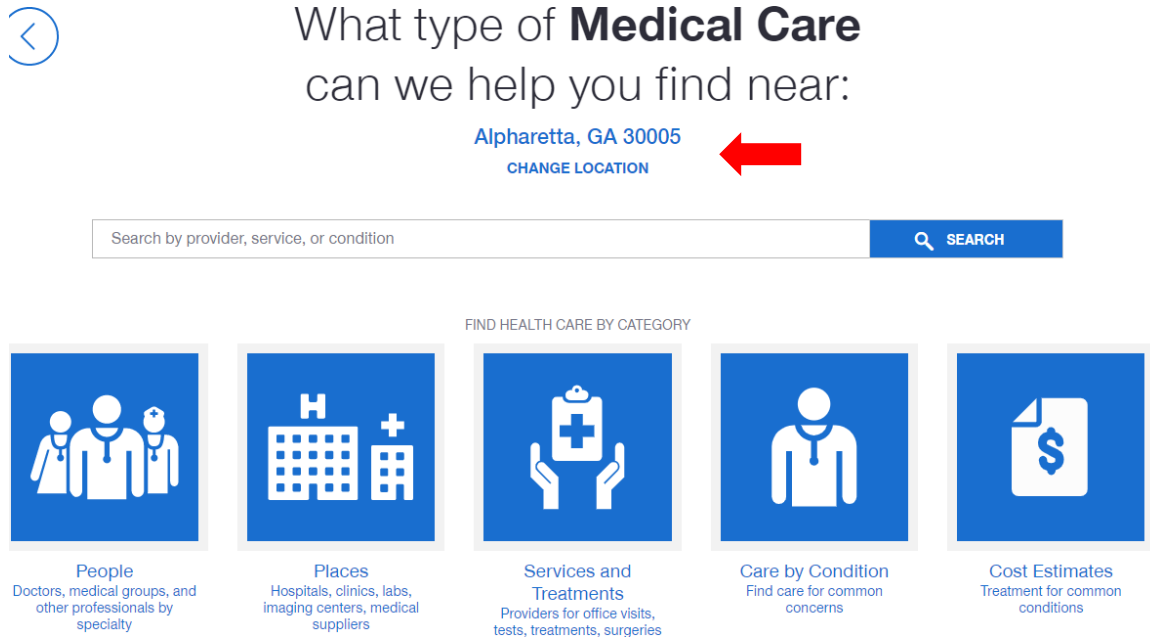
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UNITED HEALTHCARE

Provider Search Instructions

Angus McRae Insurance Brokerage Services, Inc.
 5550 Triangle Pkwy Suite 380, Ptree Corners, GA 30092
 770-300-0001 - voice | 770-456-5059 - fax
 www.angusmcrac.com | amcrae@angusmcrac.com



| | |
|---|---|
| <p><u>Step 1:</u></p> <p>Go to: www.myuhc.com and click on the Find a Provider link.</p> | <ul style="list-style-type: none"> • Select: Medical Directory • Select: All United Healthcare Plans • Select: Shopping Around • What plan are you looking for? Here you will enter the provider network from the proposal or plan brochure (or call our office for help) |
| <p><u>Step 2:</u></p> <p>Change your location if necessary.</p> <p>Enter the name of the provider, service, or condition.</p> |  |

GETTING THE MOST FROM YOUR MEDICAL PLAN



United Healthcare Mobile App. Register for myuhc.com. United Healthcare’s Health4Me mobile app is a quick and easy way to manage your healthcare needs. Download from Google Play or the App Store.

- View medical and pharmacy claims
- Locate doctors and hospitals in your network
- Get directions to quick care options or speak to a doctor
- View your UHC ID card
- Find drugs and compare prices
- Check your current account balances and estimate costs



Rally Health and Wellness Program. Sign up for Rally® on myuhc.com. It’s a program to help you move more and eat better. It even rewards you for your progress. You’ll get coins when you check in to Rally and track your progress on your missions. Use them to enter sweepstakes for chances to win prizes. The more you participate in Rally, the more chances to win!



Real Appeal Weight Loss Program. A simple, step-by-step program that helps you lose weight without turning your life upside down. Enroll now at uhc.realappeal.com to get this program. It is provided at no additional cost to you as part of your benefit plan.

Your program includes personalized weight loss coaching, 24/7 online support and mobile app, and a success kit that includes everything you need to kick-start your weight loss and keep yourself on the road to results.

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VOLUNTARY DENTAL AND VISION INSURANCE



| Plan Highlights | DENTAL PLAN | |
|---|---|-----------------|
| | In-Network | Non-Network |
| Eligible claims paid at: | Negotiated Rate | 90th Percentile |
| Calendar year deductible: | | |
| • Individual | \$50 | \$50 |
| • Family | \$150 | \$150 |
| Coinsurance (you pay): | | |
| • Preventive procedures | 0% | 0% |
| • Basic procedures | 20% | 20% |
| • Major procedures | 50% | 50% |
| • Orthodontia (child) | 50% | 50% |
| Maximum benefit: | \$1,500 / calendar year \$1,500 lifetime (orthodontia) | |
| Maximum accumulation: | \$750 | |
| • Threshold | \$375 | |
| • Rollover | \$1,500 | |
| Search principal.com/find-dentist: | Principal Plan PPO | |
| Your cost per month: | | |
| • Member only | \$47.53 | |
| • Member & spouse | \$93.40 | |
| • Member & children | \$114.71 | |
| • Member & family | \$168.63 | |

| Plan Highlights | VISION PLAN | |
|---|---|--|
| | In-Network | |
| Exams: | • \$10 copayment | |
| Lenses: | • \$10 copayment • 100% after copay | |
| Frames: | • \$25 copay • \$150 allowance plus 20% discount | |
| Elective contacts (in lieu of eyeglasses): | • \$60 copay • \$150 allowance | |
| Frequency: | • 1 exam per 12 month period • 1 pair of lenses every 12 months • 1 set of frames every 24 months | |
| Search principal.com/vsp: | VSP Choice Network | |
| Your cost per month: | | |
| • Member only | \$7.85 | |
| • Member & spouse | \$16.73 | |
| • Member & children | \$17.96 | |
| • Member & family | \$28.86 | |

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VOLUNTARY LIFE / AD&D



| Plan Highlights | VOLUNTARY LIFE AD&D INSURANCE |
|---|---|
| Member benefit: | Elect in increments of \$10,000 to a maximum of \$300,000 |
| Spouse benefit: | Elect in increments of \$5,000 to a maximum of \$100,000 |
| Child benefit: <ul style="list-style-type: none"> • Children 14 days and older • Under 14 days | <p style="text-align: center;">\$10,000 or \$5,000</p> <p style="text-align: center;">\$1,000</p> |
| Benefit age reduction: | <p style="text-align: center;">35% reduction of benefits at age 65 and an additional 15% reduction at age 70.</p> <p style="text-align: center;">Age reductions apply to the benefit amount after proof of good health.</p> |
| Proof of good health: <ul style="list-style-type: none"> • Member • Spouse | <p style="text-align: center;">Under age 70: \$100,000; Age 70 and over: \$10,000</p> <p style="text-align: center;">Under age 70: \$25,000; Age 70 and over: \$10,000</p> |
| Your cost per month: | See rate sheet |

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ACCIDENT AND CRITICAL ILLNESS



| Plan Highlights | OFF-THE-JOB ACCIDENT |
|--|------------------------|
| | Benefits Payable |
| Burn | • Up to \$5,000 |
| Coma | • \$15,000 |
| Concussion | • \$500 |
| Dental Injury | • \$500 |
| Dislocation | • Up to \$7,500 |
| Eye injury with surgical repair | • \$500 |
| Fracture | • Up to \$10,000 |
| Injuries not specifically listed | • \$100 |
| Internal injury | • \$1,500 |
| Knee cartilage injury with surgical repair | • \$1,500 |
| Ruptured Disc with surgical repair | • \$1,500 |
| Tendon / ligament / rotator cuff injury with surgical repair | • \$1,500 |
| Accidental Death & Dismemberment | • Included |
| Wellness benefit (employee or spouse) | • \$50 / calendar year |
| Your cost per month: | |
| • Member only | \$14.15 |
| • Member & spouse | \$21.31 |
| • Member & children | \$25.15 |
| • Member & family | \$38.25 |

| Plan Highlights | CRITICAL ILLNESS | |
|------------------------------------|--|------------------------------|
| Benefit Amounts | <ul style="list-style-type: none"> • In increments of \$5,000 up to \$50,000 • In increments of \$2,500 up to 50% of member's election | |
| • Member | | |
| • Spouse | | |
| % of benefit after: | 1st Occurrence | Additional Occurrence |
| Alzheimer's disease | 100% | 0% |
| Amyotrophic lateral sclerosis | 100% | 0% |
| Benign brain tumor | 100% | 0% |
| Carcinoma in situ | 25% | 25% |
| Coma | 100% | 0% |
| Coronary artery disease | 25% | 25% |
| Heart attack | 100% | 100% |
| Invasive cancer | 100% | 100% |
| Loss of hearing, sight, speech | 100% | 0% |
| Major organ failure | 100% | 100% |
| Multiple sclerosis | 100% | 0% |
| Paralysis | 100% | 0% |
| Parkinson's disease | 100% | 0% |
| Skin cancer | \$250 | \$0 |
| Stroke | 100% | 100% |
| Initial enrollment guarantee issue | \$15,000 employee / \$7,500 spouse | |
| Pre-existing Conditions | 6 months prior / 12 months insured | |
| Your cost per month: | See rate sheet | |

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GETTING THE MOST FROM YOUR PRINCIPAL PLANS



Principal.com Mobile App. Use your smart phone to access all of your group benefit information from Principal Life. Register at principal.com and then download the app.

- Locate providers in your network
- Access your benefits summary
- Submit a claim
- View or email your Principal ID card
- Get claims information
- Stay connected



Discounts and Services. The discounts and services are not a part of and Principal Life insurance contract and may be changed or discontinued at any time. Principal Life and its affiliates are not responsible for any loss, injury, claim liability, or damages related to the use of the discounts and services. The third party providers are not members of the Principal Financial Group. Discounts and services include:

- Beneficiary support
- Identity theft kit
- Laser vision correction discount
- Hearing aid discount program
- Travel assistance



Principal's Employee Assistance Plan (EAP). Principal's EAP plan provides resources for everyday challenges. Contact the EAP team at 1-800-450-1327 or magellanhealth.com/member.

- 24-hour grief counseling
- Stress, addiction and depression
- Parenting
- Legal services
- Home finances
- Work-life balance

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ACTION ITEMS

What You Need To Do Next

You must *elect or decline* these member benefits using the forms below.

- Complete the 2021 Health Benefits Enrollment Form (medical, dental, vision and disability).
- Online open enrollment (voluntary life, accident and critical illness).

Deadline: You must elect or decline coverage within 30 days of your date of hire. If you fail to enroll in a timely manner you will have to wait until the next open enrollment period or until you suffer a qualifying event.

Electronic Enrollment Forms

<https://www.withbenefits.com/amibs/angus/culhane-meadows>

-- Login: benefits2021@cm.law

-- Password: benefits

OUR BENEFITS CONSULTANTS



Angus McRae and Deirdre Counts serve as our benefits consultants and are ready to help you with any questions you may have.

BENEFIT QUESTIONS

Angus McRae, President

770-300-0001 x101

amcrae@angusmcrac.com

Deirdre Counts, Senior Account Executive

770-300-0001 x104

dcunts@angusmcrac.com

CULHANE MEADOWS PLLC

Long term disability

Estimated monthly benefit amount & monthly deduction amount

End of rate guarantee period: 12/31/2021

To determine your estimated monthly deduction, multiply your covered monthly earnings by your age rate in the box at the right. See your benefit summary for the definition of earnings.

Covered monthly earnings: \$ _____
If your monthly earnings are greater than \$16,666.67 then use \$16,666.67 as your earnings.

X Age rate: _____

X Employee Contribution Percent: 100%

= Employee's estimated monthly deduction : \$ _____

| Age | Monthly rate |
|--------------|--------------|
| Under age 24 | 0.0012 |
| 25-29 | 0.0022 |
| 30-34 | 0.0034 |
| 35-39 | 0.0051 |
| 40-44 | 0.0087 |
| 45-49 | 0.0102 |
| 50-54 | 0.0139 |
| 55-59 | 0.0157 |
| 60-64 | 0.0147 |
| 65-69 | 0.0061 |
| 70+ | 0.0030 |

To determine your estimated monthly benefit amount, multiply your covered monthly earnings by your benefit percentage.

Covered monthly earnings: \$ _____
If your monthly earnings are greater than \$16,666.67 then use \$16,666.67 as your earnings.

X Benefit percentage: 0.60

= Estimated monthly benefit amount: \$ _____

Example

Age 30; covered monthly earnings: \$11,500; age rate is 0.0034; Employee Contribution: 100%

Employee's estimated monthly deduction : $\$11,500.00 \times 0.0034 \times 1.00 = \39.10

Estimated monthly benefit amount : $\$11,500.00 \times 0.60 = \$6,900.00$



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

This is a general statement of Long Term Disability insurance underwritten by Principal Life Insurance Company. It is not an insurance contract and does not contain all of the qualifications and restrictions of the coverage being offered to you. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here. For more details about the coverage, refer to the policy that will be issued to each member.

CULHANE MEADOWS PLLC

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

End of the rate guaratee period: 12/31/2022

| Benefit amount | 29 & under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | Reduced benefit | 65-69 | Reduced benefit | 70 & over |
|----------------|------------|---------|---------|---------|---------|----------|----------|----------|-----------------|----------|-----------------|-----------|
| \$10,000 | \$0.83 | \$0.90 | \$1.24 | \$1.82 | \$2.85 | \$4.45 | \$6.84 | \$10.43 | \$6,500 | \$11.09 | \$5,000 | \$14.43 |
| \$20,000 | \$1.66 | \$1.80 | \$2.48 | \$3.64 | \$5.70 | \$8.90 | \$13.68 | \$20.86 | \$13,000 | \$22.16 | \$10,000 | \$28.86 |
| \$30,000 | \$2.49 | \$2.70 | \$3.72 | \$5.46 | \$8.55 | \$13.35 | \$20.52 | \$31.29 | \$19,500 | \$33.25 | \$15,000 | \$43.29 |
| \$40,000 | \$3.32 | \$3.60 | \$4.96 | \$7.28 | \$11.40 | \$17.80 | \$27.36 | \$41.72 | \$26,000 | \$44.33 | \$20,000 | \$57.72 |
| \$50,000 | \$4.15 | \$4.50 | \$6.20 | \$9.10 | \$14.25 | \$22.25 | \$34.20 | \$52.15 | \$32,500 | \$55.42 | \$25,000 | \$72.15 |
| \$60,000 | \$4.98 | \$5.40 | \$7.44 | \$10.92 | \$17.10 | \$26.70 | \$41.04 | \$62.58 | \$39,000 | \$66.49 | \$30,000 | \$86.58 |
| \$70,000 | \$5.81 | \$6.30 | \$8.68 | \$12.74 | \$19.95 | \$31.15 | \$47.88 | \$73.01 | \$45,500 | \$77.58 | \$35,000 | \$101.01 |
| \$80,000 | \$6.64 | \$7.20 | \$9.92 | \$14.56 | \$22.80 | \$35.60 | \$54.72 | \$83.44 | \$52,000 | \$88.66 | \$40,000 | \$115.44 |
| \$90,000 | \$7.47 | \$8.10 | \$11.16 | \$16.38 | \$25.65 | \$40.05 | \$61.56 | \$93.87 | \$58,500 | \$99.74 | \$45,000 | \$129.87 |
| \$100,000 | \$8.30 | \$9.00 | \$12.40 | \$18.20 | \$28.50 | \$44.50 | \$68.40 | \$104.30 | \$65,000 | \$110.83 | \$50,000 | \$144.30 |
| \$110,000 | \$9.13 | \$9.90 | \$13.64 | \$20.02 | \$31.35 | \$48.95 | \$75.24 | \$114.73 | \$71,500 | \$121.91 | \$55,000 | \$158.73 |
| \$120,000 | \$9.96 | \$10.80 | \$14.88 | \$21.84 | \$34.20 | \$53.40 | \$82.08 | \$125.16 | \$78,000 | \$132.99 | \$60,000 | \$173.16 |
| \$130,000 | \$10.79 | \$11.70 | \$16.12 | \$23.66 | \$37.05 | \$57.85 | \$88.92 | \$135.59 | \$84,500 | \$144.07 | \$65,000 | \$187.59 |
| \$140,000 | \$11.62 | \$12.60 | \$17.36 | \$25.48 | \$39.90 | \$62.30 | \$95.76 | \$146.02 | \$91,000 | \$155.16 | \$70,000 | \$202.02 |
| \$150,000 | \$12.45 | \$13.50 | \$18.60 | \$27.30 | \$42.75 | \$66.75 | \$102.60 | \$156.45 | \$97,500 | \$166.24 | \$75,000 | \$216.45 |
| \$160,000 | \$13.28 | \$14.40 | \$19.84 | \$29.12 | \$45.60 | \$71.20 | \$109.44 | \$166.88 | \$104,000 | \$177.32 | \$80,000 | \$230.88 |
| \$170,000 | \$14.11 | \$15.30 | \$21.08 | \$30.94 | \$48.45 | \$75.65 | \$116.28 | \$177.31 | \$110,500 | \$188.40 | \$85,000 | \$245.31 |
| \$180,000 | \$14.94 | \$16.20 | \$22.32 | \$32.76 | \$51.30 | \$80.10 | \$123.12 | \$187.74 | \$117,000 | \$199.49 | \$90,000 | \$259.74 |
| \$190,000 | \$15.77 | \$17.10 | \$23.56 | \$34.58 | \$54.15 | \$84.55 | \$129.96 | \$198.17 | \$123,500 | \$210.56 | \$95,000 | \$274.17 |
| \$200,000 | \$16.60 | \$18.00 | \$24.80 | \$36.40 | \$57.00 | \$89.00 | \$136.80 | \$208.60 | \$130,000 | \$221.65 | \$100,000 | \$288.60 |
| \$210,000 | \$17.43 | \$18.90 | \$26.04 | \$38.22 | \$59.85 | \$93.45 | \$143.64 | \$219.03 | \$136,500 | \$232.74 | \$105,000 | \$303.03 |
| \$220,000 | \$18.26 | \$19.80 | \$27.28 | \$40.04 | \$62.70 | \$97.90 | \$150.48 | \$229.46 | \$143,000 | \$243.81 | \$110,000 | \$317.46 |
| \$230,000 | \$19.09 | \$20.70 | \$28.52 | \$41.86 | \$65.55 | \$102.35 | \$157.32 | \$239.89 | \$149,500 | \$254.90 | \$115,000 | \$331.89 |
| \$240,000 | \$19.92 | \$21.60 | \$29.76 | \$43.68 | \$68.40 | \$106.80 | \$164.16 | \$250.32 | \$156,000 | \$265.98 | \$120,000 | \$346.32 |
| \$250,000 | \$20.75 | \$22.50 | \$31.00 | \$45.50 | \$71.25 | \$111.25 | \$171.00 | \$260.75 | \$162,500 | \$277.07 | \$125,000 | \$360.75 |
| \$260,000 | \$21.58 | \$23.40 | \$32.24 | \$47.32 | \$74.10 | \$115.70 | \$177.84 | \$271.18 | \$169,000 | \$288.14 | \$130,000 | \$375.18 |
| \$270,000 | \$22.41 | \$24.30 | \$33.48 | \$49.14 | \$76.95 | \$120.15 | \$184.68 | \$281.61 | \$175,500 | \$299.23 | \$135,000 | \$389.61 |
| \$280,000 | \$23.24 | \$25.20 | \$34.72 | \$50.96 | \$79.80 | \$124.60 | \$191.52 | \$292.04 | \$182,000 | \$310.31 | \$140,000 | \$404.04 |
| \$290,000 | \$24.07 | \$26.10 | \$35.96 | \$52.78 | \$82.65 | \$129.05 | \$198.36 | \$302.47 | \$188,500 | \$321.39 | \$145,000 | \$418.47 |
| \$300,000 | \$24.90 | \$27.00 | \$37.20 | \$54.60 | \$85.50 | \$133.50 | \$205.20 | \$312.90 | \$195,000 | \$332.48 | \$150,000 | \$432.90 |

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.



CULHANE MEADOWS PLLC

Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts

End of the rate guarantee period: 12/31/2022

| Benefit amount | 29 & under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | Reduced benefit | 65-69 | Reduced benefit | 70 & over |
|------------------|------------|--------|---------|---------|---------|---------|---------|----------|-----------------|----------|-----------------|-----------|
| \$5,000 | \$0.42 | \$0.45 | \$0.62 | \$0.91 | \$1.43 | \$2.23 | \$3.42 | \$5.22 | \$3,250 | \$5.54 | \$2,500 | \$7.22 |
| \$10,000 | \$0.83 | \$0.90 | \$1.24 | \$1.82 | \$2.85 | \$4.45 | \$6.84 | \$10.43 | \$6,500 | \$11.09 | \$5,000 | \$14.43 |
| \$15,000 | \$1.25 | \$1.35 | \$1.86 | \$2.73 | \$4.28 | \$6.68 | \$10.26 | \$15.65 | \$9,750 | \$16.63 | \$7,500 | \$21.65 |
| \$20,000 | \$1.66 | \$1.80 | \$2.48 | \$3.64 | \$5.70 | \$8.90 | \$13.68 | \$20.86 | \$13,000 | \$22.16 | \$10,000 | \$28.86 |
| \$25,000 | \$2.08 | \$2.25 | \$3.10 | \$4.55 | \$7.13 | \$11.13 | \$17.10 | \$26.08 | \$16,250 | \$27.70 | \$12,500 | \$36.08 |
| \$30,000 | \$2.49 | \$2.70 | \$3.72 | \$5.46 | \$8.55 | \$13.35 | \$20.52 | \$31.29 | \$19,500 | \$33.25 | \$15,000 | \$43.29 |
| \$35,000 | \$2.91 | \$3.15 | \$4.34 | \$6.37 | \$9.98 | \$15.58 | \$23.94 | \$36.51 | \$22,750 | \$38.79 | \$17,500 | \$50.51 |
| \$40,000 | \$3.32 | \$3.60 | \$4.96 | \$7.28 | \$11.40 | \$17.80 | \$27.36 | \$41.72 | \$26,000 | \$44.33 | \$20,000 | \$57.72 |
| \$45,000 | \$3.74 | \$4.05 | \$5.58 | \$8.19 | \$12.83 | \$20.03 | \$30.78 | \$46.94 | \$29,250 | \$49.87 | \$22,500 | \$64.94 |
| \$50,000 | \$4.15 | \$4.50 | \$6.20 | \$9.10 | \$14.25 | \$22.25 | \$34.20 | \$52.15 | \$32,500 | \$55.42 | \$25,000 | \$72.15 |
| \$55,000 | \$4.57 | \$4.95 | \$6.82 | \$10.01 | \$15.68 | \$24.48 | \$37.62 | \$57.37 | \$35,750 | \$60.95 | \$27,500 | \$79.37 |
| \$60,000 | \$4.98 | \$5.40 | \$7.44 | \$10.92 | \$17.10 | \$26.70 | \$41.04 | \$62.58 | \$39,000 | \$66.49 | \$30,000 | \$86.58 |
| \$65,000 | \$5.40 | \$5.85 | \$8.06 | \$11.83 | \$18.53 | \$28.93 | \$44.46 | \$67.80 | \$42,250 | \$72.04 | \$32,500 | \$93.80 |
| \$70,000 | \$5.81 | \$6.30 | \$8.68 | \$12.74 | \$19.95 | \$31.15 | \$47.88 | \$73.01 | \$45,500 | \$77.58 | \$35,000 | \$101.01 |
| \$75,000 | \$6.23 | \$6.75 | \$9.30 | \$13.65 | \$21.38 | \$33.38 | \$51.30 | \$78.23 | \$48,750 | \$83.12 | \$37,500 | \$108.23 |
| \$80,000 | \$6.64 | \$7.20 | \$9.92 | \$14.56 | \$22.80 | \$35.60 | \$54.72 | \$83.44 | \$52,000 | \$88.66 | \$40,000 | \$115.44 |
| \$85,000 | \$7.06 | \$7.65 | \$10.54 | \$15.47 | \$24.23 | \$37.83 | \$58.14 | \$88.66 | \$55,250 | \$94.20 | \$42,500 | \$122.66 |
| \$90,000 | \$7.47 | \$8.10 | \$11.16 | \$16.38 | \$25.65 | \$40.05 | \$61.56 | \$93.87 | \$58,500 | \$99.74 | \$45,000 | \$129.87 |
| \$95,000 | \$7.89 | \$8.55 | \$11.78 | \$17.29 | \$27.08 | \$42.28 | \$64.98 | \$99.09 | \$61,750 | \$105.28 | \$47,500 | \$137.09 |
| \$100,000 | \$8.30 | \$9.00 | \$12.40 | \$18.20 | \$28.50 | \$44.50 | \$68.40 | \$104.30 | \$65,000 | \$110.83 | \$50,000 | \$144.30 |

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

| | |
|-----------------|--------|
| \$5,000 | \$1.00 |
| \$10,000 | \$2.00 |

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.

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CULHANE MEADOWS PLLC

Critical illness - employee

Estimated employee monthly premium amounts

End of rate guarantee period: 12/31/2021

| Benefit amount | 24 & under | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70 & over |
|-----------------|------------|---------|---------|---------|---------|---------|----------|----------|----------|----------|-----------|
| \$5,000 | \$2.25 | \$2.93 | \$3.45 | \$4.03 | \$5.40 | \$7.50 | \$11.03 | \$15.31 | \$22.12 | \$31.29 | \$44.95 |
| \$10,000 | \$4.50 | \$5.85 | \$6.89 | \$8.06 | \$10.80 | \$14.99 | \$22.05 | \$30.62 | \$44.23 | \$62.57 | \$89.89 |
| \$15,000 | \$6.75 | \$8.78 | \$10.34 | \$12.09 | \$16.20 | \$22.49 | \$33.08 | \$45.93 | \$66.35 | \$93.86 | \$134.84 |
| \$20,000 | \$9.00 | \$11.70 | \$13.78 | \$16.12 | \$21.60 | \$29.98 | \$44.10 | \$61.24 | \$88.46 | \$125.14 | \$179.78 |
| \$25,000 | \$11.25 | \$14.63 | \$17.23 | \$20.15 | \$27.00 | \$37.48 | \$55.13 | \$76.55 | \$110.58 | \$156.43 | \$224.73 |
| \$30,000 | \$13.50 | \$17.55 | \$20.67 | \$24.18 | \$32.40 | \$44.97 | \$66.15 | \$91.86 | \$132.69 | \$187.71 | \$269.67 |
| \$35,000 | \$15.75 | \$20.48 | \$24.12 | \$28.21 | \$37.80 | \$52.47 | \$77.18 | \$107.17 | \$154.81 | \$219.00 | \$314.62 |
| \$40,000 | \$18.00 | \$23.40 | \$27.56 | \$32.24 | \$43.20 | \$59.96 | \$88.20 | \$122.48 | \$176.92 | \$250.28 | \$359.56 |
| \$45,000 | \$20.25 | \$26.33 | \$31.01 | \$36.27 | \$48.60 | \$67.46 | \$99.23 | \$137.79 | \$199.04 | \$281.57 | \$404.51 |
| \$50,000 | \$22.50 | \$29.25 | \$34.45 | \$40.30 | \$54.00 | \$74.95 | \$110.25 | \$153.10 | \$221.15 | \$312.85 | \$449.45 |

Critical illness - spouse

Estimated spouse monthly premium amounts

End of rate guarantee period: 12/31/2021

| Benefit amount | 24 & under | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 |
|-----------------|------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| \$2,500 | \$1.13 | \$1.46 | \$1.72 | \$2.02 | \$2.70 | \$3.75 | \$5.51 | \$7.66 | \$11.06 | \$15.64 |
| \$5,000 | \$2.25 | \$2.93 | \$3.45 | \$4.03 | \$5.40 | \$7.50 | \$11.03 | \$15.31 | \$22.12 | \$31.29 |
| \$7,500 | \$3.38 | \$4.39 | \$5.17 | \$6.05 | \$8.10 | \$11.24 | \$16.54 | \$22.97 | \$33.17 | \$46.93 |
| \$10,000 | \$4.50 | \$5.85 | \$6.89 | \$8.06 | \$10.80 | \$14.99 | \$22.05 | \$30.62 | \$44.23 | \$62.57 |
| \$12,500 | \$5.63 | \$7.31 | \$8.61 | \$10.08 | \$13.50 | \$18.74 | \$27.56 | \$38.28 | \$55.29 | \$78.21 |
| \$15,000 | \$6.75 | \$8.78 | \$10.34 | \$12.09 | \$16.20 | \$22.49 | \$33.08 | \$45.93 | \$66.35 | \$93.86 |
| \$17,500 | \$7.88 | \$10.24 | \$12.06 | \$14.11 | \$18.90 | \$26.23 | \$38.59 | \$53.59 | \$77.40 | \$109.50 |
| \$20,000 | \$9.00 | \$11.70 | \$13.78 | \$16.12 | \$21.60 | \$29.98 | \$44.10 | \$61.24 | \$88.46 | \$125.14 |
| \$22,500 | \$10.13 | \$13.16 | \$15.50 | \$18.14 | \$24.30 | \$33.73 | \$49.61 | \$68.90 | \$99.52 | \$140.78 |
| \$25,000 | \$11.25 | \$14.63 | \$17.23 | \$20.15 | \$27.00 | \$37.48 | \$55.13 | \$76.55 | \$110.58 | \$156.43 |

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

Note: Critical illness spouse coverage terminates at age 70.

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.

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