



PRODUCTS AVAILABLE

FOR

Hawaiiana Group Inc.
Hawaiiana Management Company, Ltd.

**There are 130,000 deaths
annually due to accidents.¹**

**1.6 million Americans
are diagnosed with
cancer each year.²**

**Every 40 seconds, someone
in the United States has a stroke.
Every 34 seconds, someone
has a heart attack.³**

¹National Center for Health Statistics, FactStats, 2016

²American Cancer Society, Cancer Facts & Figures, 2013

³American Heart Association, Heart & Stroke Statistical Update, 2016

ACCIDENT ELITE is designed to provide supplemental coverage for costs associated with covered accidental injuries or death and allows you the option of tailoring coverage to fit your personal needs. You may also add your choice of optional disability riders: Accident Disability Rider (off-the-job only); 24-Hour Accident Disability Rider, and a Sickness Disability Rider. The policy is guaranteed renewable and available through the ease of payroll deduction. All benefits are limited per covered accident (or covered sickness on the Sickness Disability Rider) and are paid directly to you.

CANCER CARE ELITE provides supplemental coverage when certain losses occur as the result of cancer or a covered specified disease and is available to you and your eligible family members. Benefits are paid directly to you regardless of other insurance coverage.

CRITICAL CARE ELITE provides a lump sum payment upon first diagnosis of a covered critical illness. Covered critical illnesses include: carcinoma-in-situ; heart attack; stroke; end stage renal disease; major organ transplant surgery; quadriplegia; coronary artery bypass surgery; balloon angioplasty; stent or laser relief obstruction procedures, or cancer (may be purchased with or without). Benefits are paid directly to you regardless of other insurance coverage.

HOSPITAL CONFINEMENT is a supplemental plan that provides you and your eligible family members with a lump sum benefit for inpatient hospital stays, sickness, accidents, surgery, anesthesia, and specified injuries.

VOLUNTARY GROUP TERM LIFE (VGTL) If you need additional term life protection for you and your eligible family members, think about low cost VGTL coverage. You select the benefit amounts to suit your specific situation, and premium payments are made through payroll deduction. **NEW HIRES ARE ELIGIBLE TO ENROLL WITH NO HEALTH QUESTIONS: EMPLOYEE: \$200,000 | SPOUSE: \$30,000 | CHILDREN: \$10,000** if enrolling during your first Open Enrollment.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VADD) Voluntary Accidental Death & Dismemberment coverage allows you to purchase benefits to provide protection in the event of an unexpected loss of accidental death or dismemberment. Protection is issued on a 24-hour basis for you and your eligible family members and covers you as the result of a covered accident anywhere in the world.

This benefit summary provides a very brief description of US Able Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

Accident Elite Monthly Premiums		
Monthly Premiums	Select	Ultra
Employee	\$19.36	\$27.88
Employee & Spouse	\$27.52	\$39.68
Employee & Children	\$32.16	\$46.40
Employee, Spouse & Children	\$40.32	\$58.20
Optional Riders*		
Accident Disability Rider	Off-The-Job	24-Hour
\$400	\$3.12	\$8.40
\$600	\$4.68	\$12.60
\$800	\$6.24	\$16.80
Sickness Disability Rider		
\$400	\$7.44	
\$600	\$11.16	
*Coverage applies to primary insured only		

Cancer Care Elite Monthly Premiums				
Choose Plan II or III	Employee		1-Parent Family	Full Family
	Plan II	\$28.66	\$35.06	\$53.12
	Plan III	\$34.34	\$42.22	\$62.98
Cancer Diagnosis Rider	\$1,000	\$0.90	\$1.10	\$1.70
	\$2,000	\$1.80	\$2.20	\$3.40
	\$3,000	\$2.70	\$3.30	\$5.10
	\$4,000	\$3.60	\$4.40	\$6.80
	\$5,000	\$4.50	\$5.50	\$8.50
Hospital Intensive Care Rider	\$200	\$2.00	\$2.40	\$3.66
	\$400	\$4.00	\$4.80	\$7.32
	\$600	\$6.00	\$7.20	\$10.98
Monthly Disability Rider for 1 year	\$250	\$1.30	\$1.30	\$2.36
	\$500	\$2.60	\$2.60	\$4.72

Critical Care Elite - Monthly Premiums per \$5,000 Unit									
Critical Care Elite with Cancer					Critical Care Elite without Cancer				
Issue Age	Includes Recurrent Benefit		Without Recurrent Benefit		Issue Age	Includes Recurrent Benefit		Without Recurrent Benefit	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
All Children	\$1.66	\$1.66	\$1.46	\$1.46	All Children	\$1.00	\$1.00	\$0.82	\$0.82
18-29	\$2.50	\$5.22	\$2.22	\$4.58	18-29	\$1.76	\$3.06	\$1.48	\$2.52
30-39	\$4.08	\$9.56	\$3.62	\$8.38	30-39	\$2.74	\$5.72	\$2.30	\$4.68
40-49	\$6.44	\$16.92	\$5.68	\$14.80	40-49	\$4.20	\$10.06	\$3.50	\$8.18
50-59	\$9.92	\$27.10	\$8.74	\$23.68	50-59	\$6.30	\$15.82	\$5.20	\$12.82
60-64	\$13.36	\$34.06	\$11.74	\$29.74	60-64	\$8.36	\$19.96	\$6.88	\$16.16

The above rates are subject to change. This is not part of an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

Hospital Confinement Monthly Premiums							
Employee				Employee & Spouse			
Issue Age	Plan I	Plan II	Plan III	Issue Age	Plan I	Plan II	Plan III
Under 55	\$13.60	\$41.08	\$61.16	Under 55	\$25.14	\$75.98	\$113.10
55-59	\$17.40	\$53.14	\$79.44	55-59	\$32.18	\$98.30	\$146.94
60-64	\$23.92	\$71.44	\$108.20	60-64	\$44.26	\$132.20	\$200.24
Employee & Children				Employee, Spouse & Children			
Issue Age	Plan I	Plan II	Plan III	Issue Age	Plan I	Plan II	Plan III
Under 55	\$26.80	\$73.84	\$114.26	Under 55	\$38.34	\$108.70	\$166.14
55-59	\$29.42	\$82.78	\$128.40	55-59	\$44.20	\$127.92	\$195.86
60-64	\$34.16	\$98.58	\$151.74	60-64	\$54.50	\$158.32	\$243.74
Annual First Occurrence Hospital Confinement Rider Monthly Premiums							
Employee				Employee & Spouse			
Issue Age	\$500	\$750	\$1,000	Issue Age	\$500	\$750	\$1,000
Under 55	\$4.60	\$6.90	\$9.20	Under 55	\$8.50	\$12.74	\$17.00
55-59	\$7.10	\$10.64	\$14.20	55-59	\$13.10	\$19.64	\$26.20
60-64	\$11.24	\$16.88	\$22.50	60-64	\$20.80	\$32.20	\$41.60
Employee & Children				Employee, Spouse & Children			
Issue Age	\$500	\$750	\$1,000	Issue Age	\$500	\$750	\$1,000
Under 55	\$6.80	\$10.20	\$13.60	Under 55	\$10.70	\$16.04	\$21.40
55-59	\$8.10	\$12.14	\$16.20	55-59	\$14.10	\$21.14	\$28.20
60-64	\$12.24	\$18.38	\$24.50	60-64	\$21.80	\$32.70	\$43.60
Intensive Care/Coronary Care Rider Monthly Premiums							
Employee				Employee & Spouse			
Issue Age	\$200	\$400	\$600	Issue Age	\$200	\$400	\$600
Under 55	\$1.56	\$3.12	\$4.68	Under 55	\$2.88	\$5.76	\$8.64
55-59	\$3.44	\$6.88	\$10.32	55-59	\$6.36	\$12.72	\$19.08
60-64	\$5.20	\$10.40	\$15.60	60-64	\$9.64	\$19.28	\$28.92
Employee & Children				Employee, Spouse & Children			
Issue Age	\$200	\$400	\$600	Issue Age	\$200	\$400	\$600
Under 55	\$2.08	\$4.16	\$6.24	Under 55	\$3.40	\$6.80	\$10.20
55-59	\$3.92	\$7.84	\$11.76	55-59	\$6.84	\$13.68	\$20.52
60-64	\$6.00	\$12.00	\$18.00	60-64	\$10.44	\$20.88	\$31.32
Heart, Stroke, Coma, Paralysis Rider Monthly Premiums							
Employee				Employee & Spouse			
Issue Age	\$1,000/\$500	\$2,000/\$1,000		Issue Age	\$1,000/\$500	\$2,000/\$1,000	
Under 55	\$0.28	\$0.56		Under 55	\$0.52	\$1.04	
55-59	\$1.12	\$2.24		55-59	\$2.08	\$4.16	
60-64	\$1.80	\$3.60		60-64	\$3.32	\$6.64	
Employee & Children				Employee, Spouse & Children			
Issue Age	\$1,000/\$500	\$2,000/\$1,000		Issue Age	\$1,000/\$500	\$2,000/\$1,000	
Under 55	\$0.28	\$0.56		Under 55	\$0.52	\$1.04	
55-59	\$1.12	\$2.24		55-59	\$2.08	\$4.16	
60-64	\$1.80	\$3.60		60-64	\$3.32	\$6.64	

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VOLUNTARY GROUP TERM LIFE (VGTL)

If you need additional term life protection for you and your eligible family members, think about low cost VGTL coverage. You select the benefit amounts to suit your specific situation, and premium payments are made through payroll deduction.

Employee: If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$500,000. Approval is subject to medical evidence of insurability. If this is your first Open Enrollment with Hawaiiana you may enroll in up to \$200,000 without evidence of insurability.

Spouse: If you have purchased VGTL coverage for yourself, you may purchase coverage for your spouse, age 69 or younger, in units of \$5,000, from a minimum of \$5,000 to a maximum of \$250,000. Approval is subject to medical evidence of insurability. Coverage cannot exceed 50% of your benefit. If this is your first Open Enrollment with Hawaiiana you may enroll in up to \$30,000 without evidence of insurability.

Children: If you have purchased VGTL coverage for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years in the amount of \$5,000 or \$10,000. Benefits are reduced to \$1,000 for children from birth to age 6 months. If this is your first Open Enrollment with Hawaiiana you may enroll in up to \$10,000 without evidence of insurability.

Benefits reduce by 35% at your age 70, 50% at your age 75, and terminate when you are no longer eligible or your retirement, whichever occurs first. Children's coverage terminates when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VADD)

VADD coverage allows you to provide protection in the event of an unexpected loss of accidental death or dismemberment. Protection is issued on a 24-hour basis for you and your eligible family members and covers you as the result of a covered accident anywhere in the world.

Voluntary Group Term Life	
Spouse premium determined by Employee's age	
Monthly Premiums per \$10,000 Unit	
Under 25	\$0.71
25-29	\$0.71
30-34	\$0.94
35-39	\$1.06
40-44	\$1.17
45-49	\$1.76
50-54	\$2.72
55-59	\$4.81
60-64	\$7.78
65-69	\$14.97
Children's Monthly Premium per \$10,000 Unit	
\$1.00	

Voluntary Accidental Death & Dismemberment	
Monthly Premiums per \$10,000 Unit	
Employee	\$0.40
Spouse	\$0.20
Children	\$0.10

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**Guaranteed Issue is the maximum amount of coverage eligible employees can apply for during their initial enrollment without having to answer medical questions, 25% participation required.*