Aflac Open Enrollment for Prairie-Hills School District 144 Employees

Thanks for taking the time to learn more about Aflac. Aflac's plans pay cash benefits directly to you if you or a family member becomes sick or hurt. Think of it as the opposite of health insurance. Health insurance helps cover medical bills, while Aflac pays cash directly to you, to help with your personal bills. The money you receive can help with uncovered medical expenses, or more importantly your personal bills, like rent/mortgage, car payments, groceries, utilities and other family expenses.

Information on the 5 plans being offered are included, which are Aflac's Short-Term Disability, Hospital Choice, Accident Advantage, Cancer Protection and Critical Illness. The following PDF has an overview of each plan, as well as the semi-monthly rates that would be payroll deducted if you wish to enroll. The open enrollment period will run from May 2nd through May 27th.

<u>Short Term Disability:</u> Coverage for time missed from work due to an accident, illness and maternity. It can cover you as soon as the first day for off-the-job accidents and 8th day for illnesses. You can also choose to push it back to start on the 15th day, which would lower your premium. The plan pays up to 3 or 6 months (you choose) for an accident or illness. For maternity, it pays through the 6th week, unless delivered by c-section, which will pay through the 8th week.

<u>Aflac Choice Hospital Coverage:</u> The plan is designed to pay benefits to you based on the treatment of an accident, illness or maternity. Choice helps generate money back to you to help with any expenses that you may need to cover. The plan does have options to cover you and your family.

<u>Accident Advantage:</u> The plan is designed to pay cash benefits directly to you, if you or a family member are treated for an accident or injury. On top of dozens of payouts for accidental treatment, there is also a wellness benefit that pays you \$60 once per year to have a routine exam performed.

<u>Cancer Protection:</u> The plan is designed to pay larger amounts based on the diagnosis and treatment of cancer. The money can help with left over medical expenses, uncovered non-medical costs related to treatment (parking, tolls, food) or most importantly your personal expenses.

<u>Critical Care and Recovery:</u> The plan is designed to pay larger amounts for a diagnosis and treatment of a critical illness, such as heart attack, stroke, bypass surgery and more. It pays an initial benefit of \$7,500 upon diagnosis and then benefits throughout treatment for things like hospital stays and continuing care.

Please feel free to reach out with any questions or if there is anything more that we can do to help. I can help you enroll by phone if you would like to move forward. All the plans outside of Disability are payroll deducted pre-taxed. The rates never increase for any of our plans. All the plans are fully portable, meaning if you are no longer employed by the district, you can continue your coverage at the same rate. Thanks for your consideration and let us know if there is anything more we can do to help!

Vince Scaletta Cell: 708-363-6940 vince scaletta@us.aflac.com

Aflac Short-Term Disability Insurance

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.





A57675IL IC(2/16)

AFLAC SHORT-TERM DISABILITY INSURANCE

Policy Series A57600



Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue, short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.2



Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE,

1-in-4

AMERICANS ENTERING THE WORKFORCE WILL BECOME DISABLED.³

PACT NO. 2
NEARLY
90%

OF DISABILITIES ARE NOT WORK RELATED.3

¹Subject to certain conditions.

²Subject to your benefit period and elimination period.

³²⁰¹⁵ Disability Insurance Awareness Month, Facts from LIMRA.



Rate sheet prepared by Web User on 4/22/2020 6:50:31 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

| Annual Income | | \$20,000 | \$22,000 | \$24,000 | \$26,000 | \$28,000 | \$30,000 | \$32,000 | \$34,000 | \$36,000 | \$38,000 |
|----------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Benefit Period | Age | \$1,000 | \$1,100 | \$1,200 | \$1,300 | \$1,400 | \$1,500 | \$1,600 | \$1,700 | \$1,800 | \$1,900 |
| 3 MONTHS | 18-49 | \$14.30 | \$15.73 | \$17.16 | \$18.59 | \$20.02 | \$21.45 | \$22.88 | \$24.31 | \$25.74 | \$27.17 |
| | 50-64 | \$14.95 | \$16.45 | \$17.94 | \$19.44 | \$20.93 | \$22.43 | \$23.92 | \$25.42 | \$26.91 | \$28.41 |
| | 65-74 | \$18.20 | \$20.02 | \$21.84 | \$23.66 | \$25.48 | \$27.30 | \$29.12 | \$30.94 | \$32.76 | \$34.58 |
| 6 MONTHS | 18-49 | \$18.20 | \$20.02 | \$21.84 | \$23.66 | \$25.48 | \$27.30 | \$29.12 | \$30.94 | \$32.76 | \$34.58 |
| | 50-64 | \$19.50 | \$21.45 | \$23.40 | \$25.35 | \$27.30 | \$29.25 | \$31.20 | \$33.15 | \$35.10 | \$37.05 |
| | 65-74 | \$24.70 | \$27.17 | \$29.64 | \$32.11 | \$34.58 | \$37.05 | \$39.52 | \$41.99 | \$44.46 | \$46.93 |

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

| Annual Incom | пе | \$20,000 | \$22,000 | \$24,000 | \$26,000 | \$28,000 | \$30,000 | \$32,000 | \$34,000 | \$36,000 | \$38,000 |
|---------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Benefit Perio | d Age | \$1,000 | \$1,100 | \$1,200 | \$1,300 | \$1,400 | \$1,500 | \$1,600 | \$1,700 | \$1,800 | \$1,900 |
| 3 MONTHS | 18-49 | \$8.45 | \$9.30 | \$10.14 | \$10.99 | \$11.83 | \$12.68 | \$13.52 | \$14.37 | \$15.21 | \$16.06 |
| | 50-64 | \$9.10 | \$10.01 | \$10.92 | \$11.83 | \$12.74 | \$13.65 | \$14.56 | \$15.47 | \$16.38 | \$17.29 |
| | 65-74 | \$11.05 | \$12.16 | \$13.26 | \$14.37 | \$15.47 | \$16.58 | \$17.68 | \$18.79 | \$19.89 | \$21.00 |
| 6 MONTHS | 18-49 | \$9.75 | \$10.73 | \$11.70 | \$12.68 | \$13.65 | \$14.63 | \$15.60 | \$16.58 | \$17.55 | \$18.53 |
| | 50-64 | \$11.70 | \$12.87 | \$14.04 | \$15.21 | \$16.38 | \$17.55 | \$18.72 | \$19.89 | \$21.06 | \$22.23 |
| | 65-74 | \$14.95 | \$16.45 | \$17.94 | \$19.44 | \$20.93 | \$22.43 | \$23.92 | \$25.42 | \$26.91 | \$28.41 |



Rate sheet prepared by Web User on 4/22/2020 6:51:32 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

| Annual Income | | \$40,000 | \$42,000 | \$44,000 | \$46,000 | \$48,000 | \$50,000 | \$52,000 | \$54,000 | \$56,000 | \$58,000 |
|----------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Benefit Period | Age | \$2,000 | \$2,100 | \$2,200 | \$2,300 | \$2,400 | \$2,500 | \$2,600 | \$2,700 | \$2,800 | \$2,900 |
| 3 MONTHS | 18-49 | \$28.60 | \$30.03 | \$31.46 | \$32.89 | \$34.32 | \$35.75 | \$37.18 | \$38.61 | \$40.04 | \$41.47 |
| | 50-64 | \$29.90 | \$31.40 | \$32.89 | \$34.39 | \$35.88 | \$37.38 | \$38.87 | \$40.37 | \$41.86 | \$43.36 |
| | 65-74 | \$36.40 | \$38.22 | \$40.04 | \$41.86 | \$43.68 | \$45.50 | \$47.32 | \$49.14 | \$50.96 | \$52.78 |
| 6 MONTHS | 18-49 | \$36.40 | \$38.22 | \$40.04 | \$41.86 | \$43.68 | \$45.50 | \$47.32 | \$49.14 | \$50.96 | \$52.78 |
| | 50-64 | \$39.00 | \$40.95 | \$42.90 | \$44.85 | \$46.80 | \$48.75 | \$50.70 | \$52.65 | \$54.60 | \$56.55 |
| | 65-74 | \$49.40 | \$51.87 | \$54.34 | \$56.81 | \$59.28 | \$61.75 | \$64.22 | \$66.69 | \$69.16 | \$71.63 |

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

| A | Annual Income | | \$40,000 | \$42,000 | \$44,000 | \$46,000 | \$48,000 | \$50,000 | \$52,000 | \$54,000 | \$56,000 | \$58,000 |
|---|----------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Ī | Benefit Period | Age | \$2,000 | \$2,100 | \$2,200 | \$2,300 | \$2,400 | \$2,500 | \$2,600 | \$2,700 | \$2,800 | \$2,900 |
| | 3 MONTHS | 18-49 | \$16.90 | \$17.75 | \$18.59 | \$19.44 | \$20.28 | \$21.13 | \$21.97 | \$22.82 | \$23.66 | \$24.51 |
| | | 50-64 | \$18.20 | \$19.11 | \$20.02 | \$20.93 | \$21.84 | \$22.75 | \$23.66 | \$24.57 | \$25.48 | \$26.39 |
| | | 65-74 | \$22.10 | \$23.21 | \$24.31 | \$25.42 | \$26.52 | \$27.63 | \$28.73 | \$29.84 | \$30.94 | \$32.05 |
| | 6 MONTHS | 18-49 | \$19.50 | \$20.48 | \$21.45 | \$22.43 | \$23.40 | \$24.38 | \$25.35 | \$26.33 | \$27.30 | \$28.28 |
| | | 50-64 | \$23.40 | \$24.57 | \$25.74 | \$26.91 | \$28.08 | \$29.25 | \$30.42 | \$31.59 | \$32.76 | \$33.93 |
| | | 65-74 | \$29.90 | \$31.40 | \$32.89 | \$34.39 | \$35.88 | \$37.38 | \$38.87 | \$40.37 | \$41.86 | \$43.36 |



Rate sheet prepared by Web User on 4/22/2020 6:52:10 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

| Annual Income | | \$60,000 | \$61,000 | \$63,000 | \$68,000 | \$73,000 | \$78,000 | \$82,000 | \$87,000 | \$92,000 | \$97,000 |
|----------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Benefit Period | Age | \$3,000 | \$3,100 | \$3,200 | \$3,300 | \$3,400 | \$3,500 | \$3,600 | \$3,700 | \$3,800 | \$3,900 |
| 3 MONTHS | 18-49 | \$42.90 | \$44.33 | \$45.76 | \$47.19 | \$48.62 | \$50.05 | \$51.48 | \$52.91 | \$54.34 | \$55.77 |
| | 50-64 | \$44.85 | \$46.35 | \$47.84 | \$49.34 | \$50.83 | \$52.33 | \$53.82 | \$55.32 | \$56.81 | \$58.31 |
| | 65-74 | \$54.60 | \$56.42 | \$58.24 | \$60.06 | \$61.88 | \$63.70 | \$65.52 | \$67.34 | \$69.16 | \$70.98 |
| 6 MONTHS | 18-49 | \$54.60 | \$56.42 | \$58.24 | \$60.06 | \$61.88 | \$63.70 | \$65.52 | \$67.34 | \$69.16 | \$70.98 |
| | 50-64 | \$58.50 | \$60.45 | \$62.40 | \$64.35 | \$66.30 | \$68.25 | \$70.20 | \$72.15 | \$74.10 | \$76.05 |
| | 65-74 | \$74.10 | \$76.57 | \$79.04 | \$81.51 | \$83.98 | \$86.45 | \$88.92 | \$91.39 | \$93.86 | \$96.33 |

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

| An | nual Income | | \$60,000 | \$61,000 | \$63,000 | \$68,000 | \$73,000 | \$78,000 | \$82,000 | \$87,000 | \$92,000 | \$97,000 |
|----|--------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Be | nefit Period | Age | \$3,000 | \$3,100 | \$3,200 | \$3,300 | \$3,400 | \$3,500 | \$3,600 | \$3,700 | \$3,800 | \$3,900 |
| 3 | MONTHS | 18-49 | \$25.35 | \$26.20 | \$27.04 | \$27.89 | \$28.73 | \$29.58 | \$30.42 | \$31.27 | \$32.11 | \$32.96 |
| | | 50-64 | \$27.30 | \$28.21 | \$29.12 | \$30.03 | \$30.94 | \$31.85 | \$32.76 | \$33.67 | \$34.58 | \$35.49 |
| | | 65-74 | \$33.15 | \$34.26 | \$35.36 | \$36.47 | \$37.57 | \$38.68 | \$39.78 | \$40.89 | \$41.99 | \$43.10 |
| 6 | MONTHS | 18-49 | \$29.25 | \$30.23 | \$31.20 | \$32.18 | \$33.15 | \$34.13 | \$35.10 | \$36.08 | \$37.05 | \$38.03 |
| | | 50-64 | \$35.10 | \$36.27 | \$37.44 | \$38.61 | \$39.78 | \$40.95 | \$42.12 | \$43.29 | \$44.46 | \$45.63 |
| | | 65-74 | \$44.85 | \$46.35 | \$47.84 | \$49.34 | \$50.83 | \$52.33 | \$53.82 | \$55.32 | \$56.81 | \$58.31 |

Aflac Choice

HOSPITAL CONFINEMENT
INDEMNITY INSURANCE – OPTION 1

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



The policy is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.



B40175IL

AFLAC CHOICE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000



Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

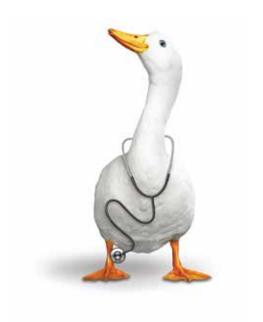
Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses that may not be covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.
- We pay cash directly to you (unless you tell us otherwise)—not the doctor or hospital.



Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

How it works



Decides to visit his urgent care clinic for care.





DOCTOR DIAGNOSES APPENDICITIS.

sends patient to hospital by ambulance.







PATIENT HAS LAB TEST

& diagnostic exam in hospital ER. Undergoes surgery and released after 3 days.

Choice 1

\$1,600

Aflac Choice Policy

Choice 2

\$2,200

Policy + Hospital Stay and Surgical Care Rider

Choice 3

\$2,010

Policy + Extended Benefits Rider **Choice 4**

\$2,610

Policy + Both Riders

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Confinement Benefit of \$1,500 and a Hospital Emergency Room Benefit of \$100. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, and an Ambulance Benefit of \$200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, an Ambulance Benefit of \$200 (ground), an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). Benefits may vary by state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Coverage Options

Choose the Policy and Riders that Fit Your Needs

| BENEFIT | DESCRIPTION |
|--------------------------|---|
| HOSPITAL CONFINEMENT | Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person. |
| REHABILITATION FACILITY | Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person. |
| HOSPITAL EMERGENCY ROOM | Pays \$100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person. |
| HOSPITAL SHORT-STAY | Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy. |
| WAIVER OF PREMIUM | Yes |
| CONTINUATION OF COVERAGE | Yes |

| OPTIONAL RIDERS | DESCRIPTION | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| EXTENDED BENEFITS RIDER | Physician Visit Benefit: Pays \$25 for visits (including telemedicine) to a physician, psychologist or urgent care center. | | | | | | |
| | Individual Coverage: Limited to 3 visits per calendar year, per policy. Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy. | | | | | | |
| | Laboratory Test and X-Ray Benefit: Pays \$35; limited to 2 payments per covered person, per calendar year. | | | | | | |
| | Medical Diagnostic and Imaging Exams Benefit: Pays \$150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies. | | | | | | |
| | Ambulance Benefit: Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person. | | | | | | |
| HOSPITAL STAY AND SURGICAL CARE RIDER | Initial Assistance Benefit: Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission. | | | | | | |
| | Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person. | | | | | | |
| | Invasive Diagnostic Exams Benefit: Pays \$100 for one covered exam, per covered person, per 24-hour period. | | | | | | |
| | Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per day, per covered person, for up to 30 days. | | | | | | |
| | Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days. | | | | | | |
| | Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year. | | | | | | |



Rate sheet prepared by Web User on 4/22/2020 6:47:58 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|---------|---------|---------|
| 18-49 INDIVIDUAL | \$8.39 | \$5.72 | \$9.04 | \$23.15 |
| 50-59 | \$8.65 | \$6.50 | \$11.57 | \$26.72 |
| 60-75 | \$8.91 | \$6.57 | \$15.08 | \$30.56 |
| 18-49 INSURED/SPOUSE | \$10.99 | \$12.03 | \$16.51 | \$39.53 |
| 50-59 | \$11.64 | \$13.46 | \$22.95 | \$48.05 |
| 60-75 | \$11.96 | \$13.59 | \$28.80 | \$54.35 |
| 18-49 ONE-PARENT FAMILY | \$10.99 | \$11.38 | \$12.48 | \$34.85 |
| 50-59 | \$11.25 | \$11.64 | \$14.24 | \$37.13 |
| 60-75 | \$11.51 | \$11.90 | \$18.66 | \$42.07 |
| 18-49 TWO-PARENT FAMILY | \$12.55 | \$14.56 | \$16.84 | \$43.95 |
| 50-59 | \$12.81 | \$14.82 | \$23.21 | \$50.84 |
| 60-75 | \$13.07 | \$15.47 | \$30.75 | \$59.29 |

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|---------|---------|---------|
| 18-49 INDIVIDUAL | \$13.26 | \$5.72 | \$9.04 | \$28.02 |
| 50-59 | \$13.52 | \$6.50 | \$11.57 | \$31.59 |
| 60-75 | \$13.91 | \$6.57 | \$15.08 | \$35.56 |
| 18-49 INSURED/SPOUSE | \$18.79 | \$12.03 | \$16.51 | \$47.33 |
| 50-59 | \$19.89 | \$13.46 | \$22.95 | \$56.30 |
| 60-75 | \$21.26 | \$13.59 | \$28.80 | \$63.65 |
| 18-49 ONE-PARENT FAMILY | \$16.84 | \$11.38 | \$12.48 | \$40.70 |
| 50-59 | \$17.10 | \$11.64 | \$14.24 | \$42.98 |
| 60-75 | \$17.36 | \$11.90 | \$18.66 | \$47.92 |
| 18-49 TWO-PARENT FAMILY | \$19.96 | \$14.56 | \$16.84 | \$51.36 |
| 50-59 | \$20.15 | \$14.82 | \$23.21 | \$58.18 |
| 60-75 | \$21.52 | \$15.47 | \$30.75 | \$67.74 |
| | | | | |

EBR*: Extended Benefit Rider Premium (Available for ages 18-75) HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)
*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

^{*}Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.



Rate sheet prepared by Web User on 4/22/2020 6:47:58 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class B.

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AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1500 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|---------|---------|---------|
| 18-49 INDIVIDUAL | \$18.79 | \$5.72 | \$9.04 | \$33.55 |
| 50-59 | \$18.98 | \$6.50 | \$11.57 | \$37.05 |
| 60-75 | \$19.89 | \$6.57 | \$15.08 | \$41.54 |
| 18-49 INSURED/SPOUSE | \$27.37 | \$12.03 | \$16.51 | \$55.91 |
| 50-59 | \$28.93 | \$13.46 | \$22.95 | \$65.34 |
| 60-75 | \$31.46 | \$13.59 | \$28.80 | \$73.85 |
| 18-49 ONE-PARENT FAMILY | \$23.34 | \$11.38 | \$12.48 | \$47.20 |
| 50-59 | \$23.60 | \$11.64 | \$14.24 | \$49.48 |
| 60-75 | \$23.86 | \$11.90 | \$18.66 | \$54.42 |
| 18-49 TWO-PARENT FAMILY | \$27.63 | \$14.56 | \$16.84 | \$59.03 |
| 50-59 | \$29.19 | \$14.82 | \$23.21 | \$67.22 |
| 60-75 | \$31.72 | \$15.47 | \$30.75 | \$77.94 |

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|---------|---------|---------|
| 18-49 INDIVIDUAL | \$25.03 | \$5.72 | \$9.04 | \$39.79 |
| 50-59 | \$25.29 | \$6.50 | \$11.57 | \$43.36 |
| 60-75 | \$26.78 | \$6.57 | \$15.08 | \$48.43 |
| 18-49 INSURED/SPOUSE | \$37.31 | \$12.03 | \$16.51 | \$65.85 |
| 50-59 | \$39.39 | \$13.46 | \$22.95 | \$75.80 |
| 60-75 | \$43.23 | \$13.59 | \$28.80 | \$85.62 |
| 18-49 ONE-PARENT FAMILY | \$30.81 | \$11.38 | \$12.48 | \$54.67 |
| 50-59 | \$31.01 | \$11.64 | \$14.24 | \$56.89 |
| 60-75 | \$31.27 | \$11.90 | \$18.66 | \$61.83 |
| 18-49 TWO-PARENT FAMILY | \$37.51 | \$14.56 | \$16.84 | \$68.91 |
| 50-59 | \$39.65 | \$14.82 | \$23.21 | \$77.68 |
| 60-75 | \$43.49 | \$15.47 | \$30.75 | \$89.71 |
| | | | | |

EBR*: Extended Benefit Rider Premium (Available for ages 18-75) HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)
*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

^{*}Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

Aflac Accident Advantage

ACCIDENT-ONLY INSURANCE - OPTION 4

We've been dedicated to helping provide peace of mind and financial security for 60 years.





A36475IL IC(5/15)

AFLAC ACCIDENT ADVANTAGE

ACCIDENT-ONLY INSURANCE – OPTION 4

Policy Series A36000



Be Prepared for Life's Unexpected Mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.



The facts say you need the protection of the Aflac Accident Advantage insurance policy:

FACT NO. 1

ABOUT OUT OF

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.¹

FACT NO. 2

\$5,500

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.¹

¹Injury Facts, 2014 Edition, National Safety Council.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer²
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 4 that includes the following benefit conditions: Ambulance Benefit of \$250 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$2,000 (fractured leg {femur}-open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,500; Accident Hospital Confinement Benefit of \$300 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$250 (CT scan); Appliances Benefit of \$350 (wheelchair); Therapy Benefit of \$360 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$240 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$150 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

AFLAC ACCIDENT ADVANTAGE - OPTION 4 BENEFIT OVERVIEW

| BENEFIT NAME | BENEFIT AMOUNT | | |
|--|--|--|--|
| INITIAL ACCIDENT HOSPITALIZATION BENEFIT | \$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person | | |
| ACCIDENT HOSPITAL CONFINEMENT BENEFIT | \$300 per day, up to 365 days per covered accident, per covered person | | |
| INTENSIVE CARE UNIT CONFINEMENT BENEFIT | Additional \$500 per day for up to 15 days, per covered accident, per covered person | | |
| ACCIDENT TREATMENT BENEFIT | Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120 | | |
| AMBULANCE BENEFIT | \$250 ground ambulance transportation or \$1,875 air ambulance transportation | | |
| BLOOD/PLASMA/PLATELETS BENEFIT | \$300 once per covered accident, per covered person | | |
| MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT | \$250 per calendar year, per covered person | | |
| ACCIDENT FOLLOW-UP TREATMENT BENEFIT | \$40 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person | | |
| THERAPY BENEFIT | \$40 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person | | |
| APPLIANCES BENEFIT | Benefits are payable for the medical appliances listed below: Back brace: \$350 Wheelchair: \$350 Walker: \$120 Body jacket: \$350 Leg brace: \$150 Walking boot: \$120 Knee scooter: \$350 Crutches: \$120 Cane: \$25 Payable once per covered accident, per covered person | | |
| PROSTHESIS BENEFIT | \$1,000 once per covered accident, per covered person | | |
| PROSTHESIS REPAIR OR REPLACEMENT BENEFIT | \$1,000 once per covered person, per lifetime | | |
| REHABILITATION FACILITY BENEFIT | \$200 per day | | |
| HOME MODIFICATION BENEFIT | \$4,000 once per covered accident, per covered person | | |
| ACCIDENT SPECIFIC-SUM INJURIES BENEFITS | Pays benefits for the treatments listed below: DISLOCATIONS | | |
| ACCIDENTAL-DEATH BENEFIT INSURED SPOUSE CHILD | Common-Carrier Accident Other Accident Hazardous Activity Accident \$200,000 \$50,000 \$10,000 \$200,000 \$50,000 \$10,000 \$30,000 \$15,000 \$5,000 | | |
| ACCIDENTAL-DISMEMBERMENT BENEFIT | \$300-\$50,000 | | |
| WELLNESS BENEFIT | \$60 once per calendar year | | |
| FAMILY SUPPORT BENEFIT | \$20 per day (up to 30 days), per covered accident | | |
| ORGANIZED SPORTING ACTIVITY BENEFIT | Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year | | |
| CONTINUATION OF COVERAGE BENEFIT | Waives all monthly premiums for up to two months, if conditions are met | | |
| WAIVER OF PREMIUM BENEFIT | Yes | | |
| TRANSPORTATION BENEFIT | \$700 per round trip, up to 3 round trips per calendar year, per covered person | | |
| FAMILY LODGING BENEFIT | \$150 per night, up to 30 days per covered accident | | |
| | | | |



Rate sheet prepared by Web User on 4/22/2020 6:49:48 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

| | Premium | Total |
|----------------------------|---------|---------|
| 18-75 INDIVIDUAL | \$12.55 | \$12.55 |
| 18-75 NAMED INSURED/SPOUSE | \$17.94 | \$17.94 |
| 18-75 ONE-PARENT FAMILY | \$21.52 | \$21.52 |
| 18-75 TWO-PARENT FAMILY | \$28.08 | \$28.08 |

Aflac Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



The policy is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.



B70275IL IC(8/18)

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000



Aflac Cancer Protection Assurance: real coverage when you need it most.

Cancer treatment is changing—and Aflac is proud to be changing with it. Thanks to advances in science and treatment, more and more Americans today are living with cancer.¹ Aflac Cancer Protection Assurance helps cover these innovative treatments with benefits that really care for you as a whole person.

From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.²



CANCER STATS YOU NEED TO KNOW

FACT NO. 1



MEN HAVE A SLIGHTLY LESS THAN 1 IN

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.3

FACT NO. 2



WOMEN HAVE A SLIGHTLY MORE THAN

1

3

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.³

Of course, four-in-four hope they'll never get it. But for many—and for certain types of cancer—advances in science and treatment have transformed cancer into an illness that can be managed over a lifetime. In fact: 89% of women who are diagnosed with breast cancer will survive it and 98% of men who develop prostate cancer will live with it for five years—or more. Some cancer patients, even with insurance, spend about a third of their household income on out-of-pocket health care costs outside of insurance premiums.

Progress Against Cancer – 2019 Annual Plan, National Cancer Institute. https://www.cancer.gov/about-nci/budget/plan/progress. Accessed: November 13, 2017. ²Coverage remains in force as long as premiums are paid. ³Cancer Facts & Figures 2017, American Cancer Society. ⁴National Cancer Institute, Surveillance, Epidemiology and End Results (SEER) Program. See:https://seer.cancer.gov/statfacts/html/breast.html and https://seer.cancer.gov/statfacts/html/prost.html. SEER Cancer Statistics Review, 1975-2014, National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2014/, based on November 2016 SEER data submission, posted to the SEER web site, April 2017. Accessed: December 13, 2017. ⁵Widowed Early, A Cancer Doctor Writes About the Harm of Medical Debt, NPR, August, 10 2018. https://www.npr.org/sections/health-shots/2017/08/10/542589232/widowed-early-a-cancer-doctor-writes-about-the-harm-of-medical-debt. Accessed: December 14, 2017.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

We're With You: Aflac Cancer Protection Assurance Stays with You for Life.

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment is expensive—today, cancer costs patients and families more than any other chronic illness.⁶

Major medical may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life. Here's how it works:

We're with you, even when you're well. We pay a benefit for early detection and preventative care, like mammograms, PSA blood tests, and many other kinds of cancer screenings, too. Why? Because when cancer is found and treated early you're more likely to survive it.⁷

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on—and thanks to One Day PaySM, your claim can be processed in just one day. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

HOW IT WORKS

AFLAC CANCER PROTECTION ASSURANCE OPTION 2



POLICYHOLDER VISITS PHYSICIAN

POLICYHOLDER

SUFFERS FROM FREQUENT INFECTIONS AND HIGH FEVER



PHYSICIAN RECOMMENDS BONE MARROW BIOPSY



\$23,575
TOTAL BENEFITS

The above example is based on a scenario for Aflac Cancer Protection Assurance — Option 2 that includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, Initial Diagnosis Benefit of \$4,000, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$3,600, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$7,200, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

⁶National Institutes of Health, Discussing Health Care Expenses in the Oncology Clinic: Analysis of Cost Conversations in Outpatient Encounters, November 2017 https://www.ncbi.nlm.nih. gov/pubmed/28834684. Accessed: December 13, 2017. ⁷National Cancer Institute, Cancer Trends Progress Report. See https://progressreport.cancer.gov/detection. Published: January 2017. Accessed: December 13, 2017.

Coverage Options

Choose the Policy and Riders that Fit Your Needs

| BENEFIT | DESCRIPTION |
|---|--|
| CANCER SCREENING | One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition |
| PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT) | \$250 per covered person, per lifetime |
| INITIAL DIAGNOSIS | Named Insured or Spouse: \$4,000 Dependent Child: \$8,000 Payable once per covered person, per lifetime |
| ADDITIONAL OPINION | \$300 per covered person, per lifetime |
| RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY | Self-Administered: \$250 per calendar month Physician Administered: \$1,200 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month. |
| HORMONAL THERAPY | \$25 once per calendar month |
| TOPICAL CHEMOTHERAPY | \$150 once per calendar month |
| ANTINAUSEA | \$100 once per calendar month |
| STEM CELL AND BONE MARROW TRANSPLANTATION | \$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person |
| BLOOD AND PLASMA | Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person |
| SURGERY/ANESTHESIA | \$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations |
| SKIN CANCER SURGERY | Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations |
| PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS) | \$250 per covered person, per lifetime |
| HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS | Named Insured or Spouse: \$200 Dependent Child: \$250 |
| HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE | Named Insured or Spouse: \$400 Dependent Child: \$500 |
| OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE | \$200 per day, per covered person |
| | |

| EXTENDED-CARE FACILITY | \$100 per day; limited to 30 days in each calendar year, per covered person | | |
|---|--|--|--|
| HOME HEALTH CARE | \$50 per day; lifetime maximum of 100 days per covered person | | |
| HOSPICE CARE | \$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person | | |
| NURSING SERVICES | \$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable | | |
| SURGICAL PROSTHESIS | \$2,000; lifetime maximum of \$4,000 per covered person | | |
| NONSURGICAL PROSTHESIS | \$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person | | |
| BREAST RECONSTRUCTION | Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000 | | |
| OTHER RECONSTRUCTIVE SURGERY | Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500 | | |
| EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION | \$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person | | |
| ANNUAL CARE | \$200 on the anniversary date of diagnosis; lifetime maximum of five annual \$200 payments per covered person | | |
| AMBULANCE | \$250 ground \$2,000 air ambulance | | |
| TRANSPORTATION | \$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip | | |
| LODGING | \$65 per day; limited to 90 days per calendar year | | |
| WAIVER OF PREMIUM | Yes | | |
| CONTINUATION OF COVERAGE | Yes | | |
| OPTIONAL RIDERS | DESCRIPTION | | |
| INITIAL DIAGNOSIS BUILDING BENEFIT RIDER | This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force. | | |
| | When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider: | | |
| SPECIFIED-DISEASE BENEFIT RIDER | Initial diagnosis Hospitalization | | |
| | \$2,000 30 days or less: \$400 per day 31 days or more: \$800 per day | | |
| DEPENDENT CHILD RIDER | \$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child | | |



Rate sheet prepared by Web User on 4/22/2020 6:47:10 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

| | | Premium | Total |
|-------|-------------------|---------|---------|
| 18-75 | INDIVIDUAL | \$16.75 | \$16.75 |
| 18-75 | INSURED/SPOUSE | \$28.82 | \$28.82 |
| 18-75 | ONE-PARENT FAMILY | \$16.75 | \$16.75 |
| 18-75 | TWO-PARENT FAMILY | \$28.82 | \$28.82 |

Aflac Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 1

We've been dedicated to helping provide peace of mind and financial security for nearly 60 years.





A74175IL IC(10/14)

AFLAC CRITICAL CARE PROTECTION

SPECIFIED HEALTH EVENT INSURANCE - OPTION 1

Policy Series A74000



Critical care for you. Added financial protection for your family.

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

All benefits are paid directly to you, unless otherwise assigned, and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments, or utility bills. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.



Get the facts:

FACT NO. 1

ABOUT EVERY 34

SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.1

FACT NO. 2

ABOUT EVERY **SECONDS**

SOMEONE IN THE UNITED STATES HAS A STROKE.1

¹Heart Disease and Stroke Statistics, 2014 Update, American Heart Association.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

An illness or injury can happen to anyone, anytime—and when it does, everyday expenses may suddenly seem overwhelming. Fortunately, Aflac's Critical Care Protection can help with those everyday expenses, so all you have to focus on is getting well.

Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays \$7,500 upon diagnosis of having had a specified health event, which increases to \$10,000 for dependent children
- Pays \$300 per day for covered hospital stays
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care, and many more
- Transportation and lodging benefits payable for travel to receive treatment
- Guaranteed-renewable—as long as premiums are paid, the policy cannot be canceled

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns

- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

How it works



The above example is based on a scenario for Aflac Critical Care Protection – Option 1 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of \$7,500, Ambulance Benefit (ground ambulance transportation) of \$250, Hospital Confinement Benefit (5 days) of \$1,500, and Continuing Care Benefit (30 days) of \$3,750.

Aflac Critical Care Protection – Option 1 Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

| FIRST-OCCURRENCE BENEFIT: Named Insured/Spouse Dependent Children | \$7,500; lifetime maximum \$7,500 per covered person \$10,000; lifetime maximum \$10,000 per covered person |
|---|--|
| SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT | \$3,500 Subsequent occurrence limitations apply. No lifetime maximum. |
| CORONARY ANGIOPLASTY BENEFIT | \$1,000 Payable only once per covered person, per lifetime |
| HOSPITAL CONFINEMENT BENEFIT | \$300 per day No lifetime maximum |
| AMBULANCE BENEFIT | \$250 ground or \$2,000 air No lifetime maximum |
| CONTINUING CARE BENEFIT | \$125 each day when a covered person is charged for any of the following treatments: • Rehabilitation Therapy • Home Health Care • Physical Therapy • Dialysis • Speech Therapy • Hospice Care • Occupational Therapy • Extended Care • Respiratory Therapy • Physician Visits • Dietary Therapy/Consultation • Nursing Home Care Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered loss. No lifetime maximum. |
| TRANSPORTATION BENEFIT | \$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss Limited to \$1,500 per occurrence; no lifetime maximum |
| LODGING BENEFIT | Up to \$75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum |
| WAIVER OF PREMIUM BENEFIT | Premium waived, from month to month, during total inability (after 180 continuous days) |
| CONTINUATION OF COVERAGE BENEFIT | Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met |



Rate sheet prepared by Web User on 4/22/2020 6:48:37 AM. Illinois Payroll Premium rates are Semi-Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CRITICAL CARE PROTECTION POLICY - Series A74100

| | Individual | One Parent Family | | | |
|----------------------|---------------|-------------------|-------|---------|---------|
| Age | Premium | Total | Age | Premium | Total |
| 18-35 | \$4.75 | \$4.75 | 18-35 | \$5.33 | \$5.33 |
| 36-45 | \$7.41 | \$7.41 | 36-45 | \$7.67 | \$7.67 |
| 46-55 | \$10.34 | \$10.34 | 46-55 | \$10.66 | \$10.66 |
| 56-70 | \$13.91 | \$13.91 | 56-70 | \$14.24 | \$14.24 |
| Insured/Spouse Two F | | Two Parent Family | , | | |
| Age | Premium | Total | Age | Premium | Total |
| 18-35 | \$6.83 | \$6.83 | 18-35 | \$7.87 | \$7.87 |
| 36-45 | \$11.38 | \$11.38 | 36-45 | \$12.61 | \$12.61 |
| 46-55 | \$17.10 | \$17.10 | 46-55 | \$18.59 | \$18.59 |
| | ¥ · · · · · · | • | | | |



Aflac Claims and Service Contact Sheet

All claims and service related items can be handled by contacting us directly. If you have questions or need to make a claim on your coverage, please let us know.

Aflac Contact Information

Vince Scaletta (Account Representative)
708-363-6940 cell
312-661-9978 fax
vince_scaletta@us.aflac.com
325 W Huron St, Suite 215
Chicago, IL 60654

