2020

VANDERBURGH OPEN ENROLLMENT.....



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Helps fill the bridge if hospitalization is required due to accident or illness

GROUP HOSPITAL BENEFITS

PLAN BENEFITS	Benefit Amount
Hospital Admission	\$1,000
Hospital Confinement	\$200/day
Hospital Intensive Care	\$200/day

Cost Illustration / Group Hospital Monthly rates

Employee	\$ 23.56
Employee and Spouse	\$ 48.34
Employee and Dependent Children	\$ 39.94
Employee, Spouse & Dependent Children	\$ 64.72

SHORT TERM DISABILITY

Choose the plan that's right for you. We'll give you what you need based on your financial needs and income. Choose from the following selections:

Elimination Periods (Injury/Sickness): 0/7, 0/14, 7/7, 7/14, 14/14, 30/30, 60/60, 90/90, 180/180

Benefit Periods: 3, 6, 12, 18 or 24 Months

CLASSIC CANCER CARE

Chances are you know someone who's been affected, directory or indirectly, by cancer. You also know the toll it's taken on them – physically, emotionally, and financially. Our plan pays cash benefits to help pay out-of-pocket medical expense, rent or mortgage, grocers, or utility bills – this choice is yours. You can't predict the future, we believe it's good to be prepared. We help you and your family better cope financially – and emotionally – if a positive diagnosis of cancer ever occurs.

This list is not all inclusive, complete details will be listed in your policy.

PLAN BENEFITS	Benefit Amount		
Cancer Wellness Benefit	\$75		
Initial Diagnosis Benefit	\$4000 Insured/Spouse, \$8000 Dependent Child		
Chemo/Radiation	No Lifetime Maximums		
Cost Illustration / Classic Cancer Care Monthly rates			

Employee	\$ 34.69
Employee and Spouse	\$ 60.45
Employee and Dependent Children	\$ 34.69
Employee, Spouse & Dependent Children	\$ 60.45

No additional charge for Dependents up to age 26

GROUP ACCIDENT INSURANCE PLAN BENEFITS

This list is not all inclusive, complete details will be listed in your policy certificate.

Teminates at age 70

PLAN BENEFITS	Benefit Amount		
Initial accident treatment	Up to \$125 ee/spouse & \$75 Child(ren)		
Lump sum benefit	\$25-\$10,000		
Examples: Fractured Leg	\$2,700 ee, \$2,400 spouse/child		
Fractured Forearm/Hand/Wrist	\$2,250 ee, \$2,000 spouse/child		
Accidental-Death	\$50,000 ee / \$10,000 spouse / \$5,000 child(ren)		
Wellness Benefit	\$50 per person covered (after 12 month in force)		

Cost Illustration / Group Accident Monthly rates

Employee	\$ 16.20
Employee and Spouse	\$ 23.16
Employee and Dependent Children	\$ 30.90
Employee, Spouse & Dependent Children	\$ 37.86

(For illustration purposes only)

GROUP LUMP SUM CRITICAL ILLNESS

\$10,000 Lump Sum Benefit

This list is not all inclusive, complete details will be listed in your policy certificate.

Illnesses Covered Under Plan:	% of Maximum Benef
Heart Attack	100% of the Benefit
Stroke	100% of the Benefit
Major Organ Transplant	100% of the Benefit
Kidney Failure (End Stage)	100% of the Benefit
Cancer (Internal/Invasive)	100% of the Benefit

Plus..12 Additional Covered Surgeries and Procedures

Coronary Artery Bypass Surgery	100% of the Benefit
Mitral Valve Replacement or Repair	100% of the Benefit
Aortic Valve Replacement or Repair	100% of the Benefit
Surgical Treatment of Abdominal Aortic Aneurysm	100% of the Benefit

At age 70, benefits reduced by 50%

<u>\$50 Health Screening Benefit:</u> An insured and spouse may each receive \$50 for any one covered health screening test per calendar year.

<u>Pre-existing Condition Limitation</u>: We will not pay benefits for any condition or illness starting within 12 months of an insured's effective date which is caused by, contributed to, or resulting from a pre-existing condition.

Critical Illness Monthly Cost Illustrations:

Ages	18-29	30-39	40-49	50-59	60-69
Employee Non-Tobacco	\$6.65	\$10.05	\$19.75	\$32.18	\$50.45
Spouse Non-Tobacco	\$4.20	\$5.90	\$10.75	\$16.97	\$26.10
Employee Tobacco	\$9.85	\$16.05	\$39.65	\$62.65	\$99.15
Spouse Tobacco	\$5.80	\$8.90	\$20.70	\$32.20	\$50.45
\$5000 Buy Up Non-Tobacco	\$2.45	\$4.15	\$9.00	\$15.22	\$24.35
\$5000 Buy Up Tobacco	\$4.05	\$7.15	\$18.95	\$30.45	\$48.70

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