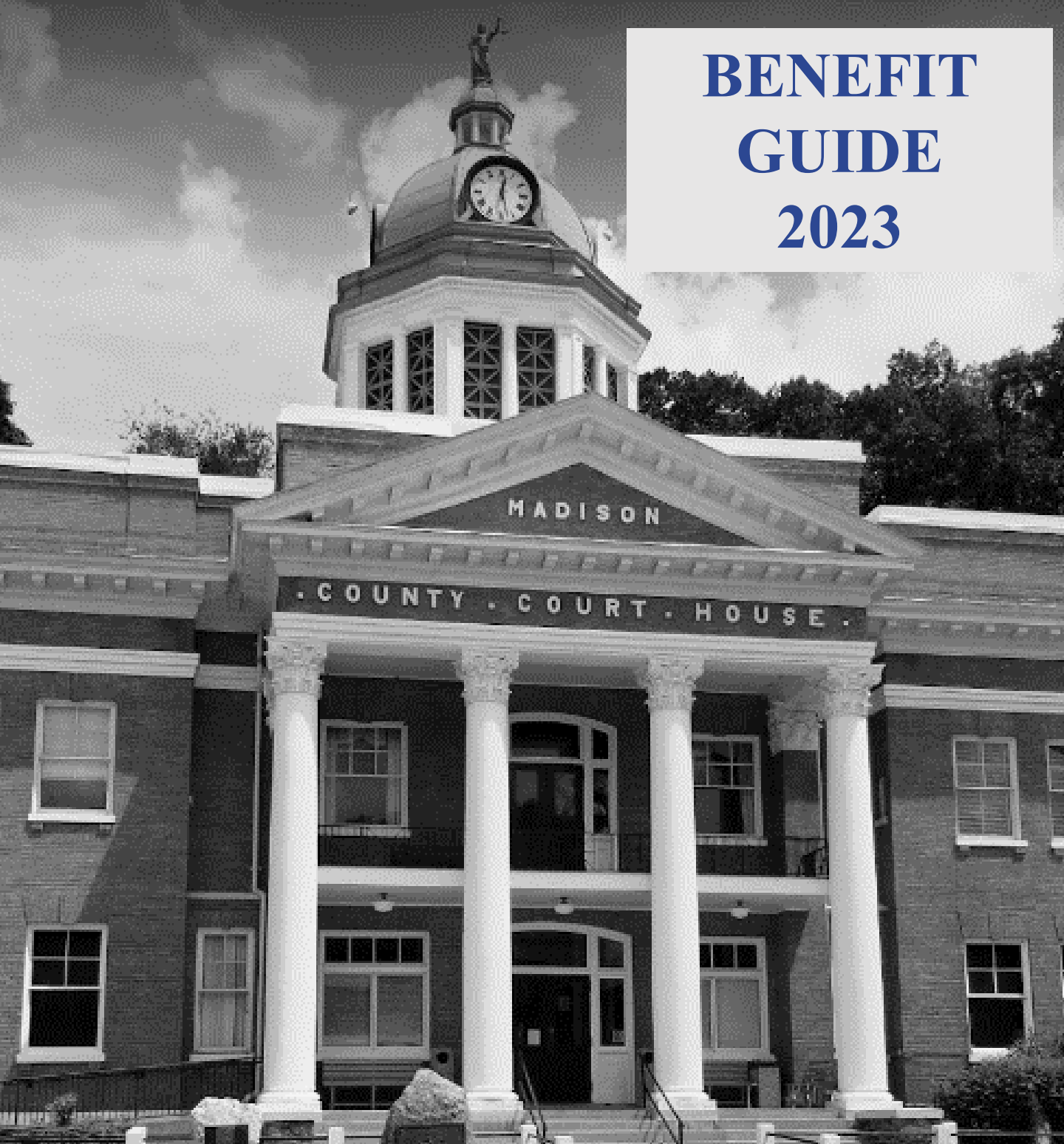


# BENEFIT GUIDE 2023



Madison County Government  
Employee Benefit Guide  
Plan Year 2023  
Brought To You By Your Benefit Partners at ISA

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## *Eligibility Information Full-Time*

The summaries included in this guide are intended as an easy-to-read overview and provide only a general snapshot of your benefits. Always consult the Madison County Government Summary Plan Description and carrier documents for in-depth and comprehensive explanations of each plan.

### **Eligibility**

All full-time employees scheduled to work 30 or more hours per week are eligible for the Madison County Government Benefits Program, first of the month following ***60 days of full-time employment***.

Madison County Government employees working a minimum of 30 hours per week are eligible for employer sponsored medical, telemedicine, and life insurance. Employees are also eligible for voluntary dental, vision, life insurance, short-term disability, long-term disability and AFLAC benefits.

### ***Who can be covered under your benefits?***

You may elect to cover only yourself or yourself and one or more dependents. Eligible dependents include:

- Your spouse
- Your children by birth, legal adoption or legal guardianship, or children of your spouse
- Children who are you or your legal spouse's legal responsibility for the provision of medical care (ie., children of divorced parents and children covered under a Qualified Medical Support Order).
- Dependents between the ages of 19 and 26 that are related to you by blood, marriage, legal adoption, or legal guardianship may continue to be covered until end of the month in which a dependent turns age 26 on medical, dental and vision and up to age 26 on voluntary life insurance.
- In addition, unmarried dependents who are totally and permanently disabled are eligible at any age.



## *Eligibility Information Part-Time*

The summaries included in this guide are intended as an easy-to-read overview and provide only a general snapshot of your benefits. Always consult the Madison County Government Summary Plan Description and carrier documents for in-depth and comprehensive explanations of each plan.

### **Eligibility**

All part-time employees scheduled to work 20 to 29 hours per week are eligible for the Madison County Government Benefits Program, first of the month following ***60 days of full-time employment.***

Madison County Government employees working 20 to 29 hours per week are eligible for employer sponsored telemedicine, voluntary life insurance, and voluntary AFLAC benefits.

### ***Who can be covered under your benefits?***

You may elect to cover only yourself or yourself and one or more dependents. Eligible dependents include:

- Your spouse
- Your children by birth, legal adoption or legal guardianship, or children of your spouse
- Children who are you or your legal spouse's legal responsibility for the provision of medical care (ie., children of divorced parents and children covered under a Qualified Medical Support Order).
- Dependents between the ages of 19 and 26 that are related to you by blood, marriage, legal adoption, or legal guardianship may continue to be covered until end of the month in which a dependent turns age 26 on medical, dental and vision and up to age 26 on voluntary life insurance.
- In addition, unmarried dependents who are totally and permanently disabled are eligible at any age.



## Eligibility Information

### When Can I Enroll?

New Employees will be eligible for benefits on the first day of the month following **60 days of employment**.

As a benefits-eligible employee, you can enroll in or make changes to your benefits during our annual benefits open enrollment period.

For both employees as well as new hires, to enroll, employees must **complete all election steps on the benefit platform Employee Navigator and return any forms to Human Resources**. The benefits you choose will be in place from the date you become eligible until December 31st, 2022.

### What If Things Change?

The benefits you choose will be in place through December 31<sup>st</sup>, 2022. You cannot make changes to your coverage during that time unless you have a qualifying life event. Qualifying life events include, but are not limited to:

- Marriage, legal separation, or divorce;
- Birth, legal adoption of a child, or placement of a child with you for legal adoption;
- Death of your spouse or a dependent child.
- Loss of previous insurance coverage

After a qualifying life event, you must initiate a Benefits Change by contacting your Human Resources Department **before** the 30th day following the date of the event to qualify for coverage.\* Your new coverage will begin on the date of the qualifying event. *\*Within 60 days of the event if you, your spouse, or your eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.*

### Termination of Coverage?

Should you end your employment with, Madison County Government, coverage will terminate on the last day of the month following your termination date. For questions about the continuation of your health care coverage after termination contact your Human Resources Department.

## Definitions

**Coinsurance** The percentage of total costs that you pay out of pocket for covered expenses after you meet the deductible.

**Coinsurance Maximum** The maximum amount of coinsurance you pay in a plan year.

**Copay (Copayment)** The set fee you have to pay out of pocket for certain services, such as a doctor's office visit or prescription drug.

**Deductible** The amount you pay out of pocket before the health plan will start to pay its share of covered expenses.

**Network** The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

**Out-of-Pocket Maximum** The most you pay each year out of pocket for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses for the remainder of the plan year.

**Preventive Care Services** you receive to help you stay healthy (rather than when you're sick or injured). Preventive care services include annual physicals, wellness screenings, and well-baby care.

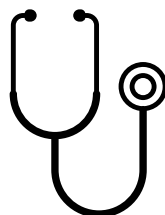
# Medical & Pharmacy Coverage

## Who is Eligible to Enroll? Full-Time Employees



**Madison County Government** offers a comprehensive Medical Plan for 2023. The plan is administered by **Tucker Administrators, Inc** and is a **MedCost PPO Plan**. A PPO plan is the most flexible plan available and offers out-of-network coverage for a reduced benefit level. For a detailed review of the plan coverages, please refer to your copy of the Summary of Benefits and Coverage or access it from your Employee Navigator profile. You can also contact HR for a copy.

2023 MedCost PPO Medical Plan	In-Network
<b>Plan Year</b>	<i>Calendar Year January to December</i>
<b>Annual Deductible</b>	\$700 for Single Coverage \$1,400 for Family Coverage
<b>Coinsurance</b>	80%
<b>Out of Pocket Maximum</b> <i>(Deductible + Copays + Coinsurance)</i>	\$2,200 for Single Coverage \$5,800 for Family Coverage
<b>Preventive Care</b>	No Charge
<b>Office Visit</b>	\$10 Copay
<b>Specialist Visit</b>	\$25 Copay
<b>Urgent Care</b>	\$30 Copay
<b>Emergency Care</b>	\$50 Copay and 20% Coinsurance, Deductible does not apply
<b>Diagnostic Labs, X-ray Services, and Imaging</b>	Diagnostic Test (X-Ray/Blood Work) - No Charge Imaging (CT/PET Scan, MRI) – 20% Coinsurance after Deductible
<b>Inpatient Admission/Outpatient Surgery</b>	20% Coinsurance after Deductible
<b>Prescriptions</b>	\$5/\$20/\$50/20% Coinsurance
<b>Out of Network</b>	30% After Deductible for Most Services



# Online Resources to Help You Control Costs



**Take full advantage of your employee sponsored health benefit plan information below, including how to search for MedCost in-network providers.**

## **Locating an In-Network Provider**

Get the most out of your benefits and help control costs by using in-network healthcare providers.

### **MedCost PPO Network**

It's easy and convenient to locate an in-network physician or facility online. Simply:

1. Go to <http://tuckeradministrators.com/home>
2. Click the Employee tab across the top of the page
3. Click the Find a Doctor or Facility tab down the left of the page
4. Choose MedCost from the list of networks
5. Then you can search for a provider or facility easily by choosing the search method that fits your needs

## **We're here to serve you**

Customer Service for Tucker  
Administrators: 704-525-9666  
ISA Benefits: 828-253-1668

## **Accessing the Tucker Administrators, Inc Member Portal**

Your member portal is a key source for information to help you understand your plan.

Simply:

1. Go to <http://tuckeradministrators.com/home>
2. Click the Employee tab across the top of the page
3. Click the First Time User Instructions tab down the left of the page
4. Read through the information
5. Once your ready you can click the Online Account Info tab down the left of the page
6. Access the Click Here to Login
7. As a first time user click the First Time User? In the top right corner
8. Walk through the steps to create your account

# Pharmacy Benefit Services

## Who is Eligible to Enroll? Full-Time Employees



Madison County Government has partnered with **SONA Benefits** to provide your pharmaceutical benefits. You are able to speak with a local team to help understand your pharmacy benefits. If you are covered under the MedCost PPO medical plan, you will have pharmacy benefits through the SONA



### New ID Cards

**You will receive a new ID card in the mail from Sona Benefits** that includes both your medical and new pharmacy information. Beginning January 1st, present the new identification card to your pharmacist and they will take care of the rest.



### Important Information

- **Sona Pharmacy will now serve as the mail-order pharmacy for the plan.** If you currently obtain mail-order prescriptions and would like to continue, please contact Sona Benefits at (844) 550-1984. Our staff will ensure your prescriptions are transferred over properly.
- **Sona Specialty Pharmacy will now serve as the specialty pharmacy for the plan.** If you are currently taking a specialty medication, please contact Sona Benefits at (844) 550-1984.
- Finally, if your pharmacy has billing issues, please contact Sona Benefits at (844) 550-1984. We are happy to assist with any issues that may arise.



### Frequently Asked Questions

#### Where can I fill my prescriptions?

The Sona Network includes 80,000 pharmacies across the nation. All major chain pharmacies and almost all independent pharmacies are included.

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#### Do you currently take a specialty drug or a drug that has required prior authorization in the past?

If so, please contact us at (844) 550-1984 so we can assist.

#### Other Questions?

Our team is more than willing to help with any questions that you have! Please give us a call at **(844) 550-1984** or email **help@sonapharmacybenefits.com** to speak with a member of our team.

We look forward to serving you soon!



# *Madison County Health Department Benefits*

## *Who is Eligible to Enroll? Full-Time Employees and Their Dependents Enrolled in the Medical Plan*

Madison County Government utilizes the Madison County Health Department as a resource for full-time employees and their dependents enrolled in the medical plan. When utilizing their services, the Madison County Health Department will waive the \$10 copay for visits and prioritize employee and dependents to be seen as quickly as possible for appointments.

## Madison County Health Department

### Ten Essential Public Health Services:

- Assess and monitor population health status, factors that influence health, and community needs and assets.
- Investigate, diagnose, and address health problems and hazards affecting the population.
- Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
- Strengthen, support, and mobilize communities and partnerships to improve health.
- Create, champion, and implement policies, plans and laws that impact health.
- Utilize legal and regulatory actions designed to improve and protect the public's health.
- Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
- Build and support a diverse and skilled public health workforce.
- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
- Build and maintain a strong organizational infrastructure for public health.

The Madison County Health Department is dedicated to the purpose of disease prevention and health promotion for all Madison County residents. Madison County Health Department will deny no one access to services due to the inability to pay. Madison County Health Department offers a discounted/sliding fee schedule for services, based on family size and income. Please call for more information.



#### **Madison County Health Department**

493 Medical Park Drive  
Marshall, NC 28753  
(828) 649-3531  
Monday– Friday  
8AM–5PM

#### **Environmental Health Office**

5707 US HWY 25-70, Suite 26  
Marshall, NC 28753  
(828) 649-9598  
Monday-Friday  
8AM - 3:30 PM

#### **Dental Center**

493B Medical Park Drive  
Marshall, NC 28753  
(828) 649-1271  
Monday—Thursday or Tuesday– Friday  
8am—5pm

**For Health Data Visit:**

**[www.madisoncountyhealth.org](http://www.madisoncountyhealth.org)**

# ***Madison County Health Department Benefits***

***Who is Eligible to Enroll? Full-Time Employees and Their Dependents Enrolled in the Medical Plan***

## **Services Provided:**

### **Clinical Services**

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- Child Health Exams (Day Care, Head Start, Kindergarten, Sports, and College physicals)
- Immunizations
- Care Coordination for Children
- Newborn Home Visits
- School Nurses
- Sexually Transmitted Disease/HIV Testing
- Hepatitis C Testing and Treatment
- Opioid Use Disorder Treatment—Suboxone
- Laboratory Services

### **Women's Services**

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- Prenatal Care
- Family Planning
- Breast and Cervical Cancer Control
- Wise Woman
- Pregnancy Tests
- Pregnancy Care Management
- Postpartum Home Visits

### **Special Services**

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- Communicable Disease Prevention and Testing
- TB Control
- Public Health Preparedness
- Vital Records
- Community Health Assessment
- Healthy Communities
- Health Education
- Madison Community Health Consortium
- Tobacco Cessation
- Madison Substance Awareness Coalition

### **Dental Services**

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- Cleanings
- Digital X-rays
- Fillings
- Crowns
- Bridges
- Extractions
- Dentures/Partials
- Fluoride Varnish

### **Nutrition Services**

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- Women, Infants, and Children supplemental nutrition program (WIC)
- Breastfeeding Education and Support

### **Environmental Services**

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- Food and Lodging
- Septic Permits
- Well Permits
- Water Testing
- Institutional Inspections (public pools, child care facilities, schools, nursing homes, and tattoo parlors)

**493 Medical Park Drive, Marshall, NC 28753**

**(828) 649-3531**

# Telemedicine Coverage

## Who is Eligible to Enroll? Full-Time and Part-Time Employees

For many people, obtaining medical care can cost a great deal in time, resources and money. Telemedicine is a service that can help reduce the barriers of time and distance to receive medical care. To help ease the burden of accessing care, Madison County Government offers employees and their household a telemedicine product through *AllyHealth*.

**Convenient access to quality healthcare... on your schedule**  
*You now have immediate access to doctors and pediatricians 24/7 by video, phone, or email!*

- ✓ Talk directly with a doctor or pediatrician in minutes
- ✓ No deductibles or copays
- ✓ Board Certified, US based doctors
- ✓ Prescriptions called in to your local pharmacy (at doctor's discretion)
- ✓ Unlimited use with no per-call fees
- ✓ For your entire family



### When to Use AllyHealth:

- If you're considering the ER or urgent care center for a non-emergency medical issue
- For non-emergency medical issues & questions
- Request prescriptions or get refills
- Traveling and in need of medical care
- During or after normal business hours, nights, weekends and even holidays



### Common conditions we treat:

- |             |               |                         |
|-------------|---------------|-------------------------|
| Acne        | Fever         | Sinus Infection         |
| Allergies   | Gout          | Sports Injuries         |
| Asthma      | Headache      | Constipation            |
| Bronchitis  | Infections    | Skin Inflammations      |
| Cellulitis  | Insect Bites  | Urinary Tract Infection |
| Cold & Flu  | Rashes        | Joint Aches & Pains     |
| Sunburn     | Diarrhea      |                         |
| Sore Throat | Ear Infection | And more...             |

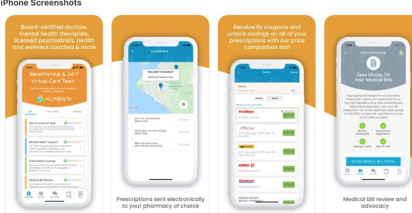
**Activate your account TODAY!**

**You are 3 Steps Away!**

- 1 Activate Your Free Membership**  
 📄 [www.allyhealth.net/activate-account](http://www.allyhealth.net/activate-account)  
 ☎ 888-565-3303
- 2 Complete Your Medical History**  
 📄 Simply complete your medical history during registration (by phone or online)
- 3 Request a Consultation**  
 📄 [member.allyhealth.net](http://member.allyhealth.net)  
 ☎ 888-565-3303  
 🗣 Speak with a doctor or Pediatrician any time free of charge by secure video, phone, or email

**AllyHealth: Virtual Care**  
 Your Ally in Health  
 AllyHealth LLC  
 Designed for iPhone  
 FREE

**iPhone Screenshots**



Prescriptions sent electronically to your pharmacy of choice

Medical Bill review and advocacy

# Voluntary Dental Insurance

## Who is Eligible to Enroll? Full-Time Employees



Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

With this dental plan, you have a wide range of benefits. The Dental Plan *offers a \$1,000 annual maximum* and routine oral exams and X-rays.

Plan Design Summary	Lincoln Financial Dental Connect PPO Plan	
	In-Network	Out-of-Network
Preventive	100%	80%
Basic Procedures	80%	60%
Major Procedures	50%	50%
Orthodontia	not covered	not covered
Deductible (Individual / Family)	\$50 / \$150	
Annual Benefit Maximum	\$1,000	
Waiting Period for Major Services	no waiting period	
Endodontics	basic services	
Periodontics-Maintenance	preventative services	
Periodontics-Surgical	major services	
Complex Oral Surgery	major services	
General Anesthesia	basic services	
Implants	excluded	

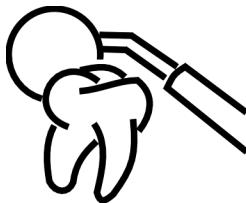
To find an in-network dentist near you, visit [www.LincolnFinancial.com/FindADentist](http://www.LincolnFinancial.com/FindADentist).

This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose an in-network dentist.

### Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse.
- Dependent children, up to age 26.



# Vision Coverage

## Who is Eligible to Enroll? Full-Time Employees

The **Community Eye Care** Vision Plan is designed to meet your needs and provide personalized care. Using their network, doctors provide exceptional care and offer a wide selection of frames and contact lenses to choose from.

Your eyes are a window to overall health and wellness. Besides measuring your vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions.

### Why enroll in CEC? Here are a few simple reasons:



#### Simplicity

The CEC benefit is the simplest vision plan ever designed. It's easy-to-understand and easy-to-use.



#### Savings

CEC's vision benefits can save you up to 70% on routine eye care.



#### Network

CEC's national provider network includes private practices and major retail chains.

	The Benefit
200 Plan	<ul style="list-style-type: none"> <li>■ An eye exam once a year (\$20 co-pay)</li> <li>■ A \$200 allowance for eyewear annually (\$0 co-pay)</li> <li>■ A contact lens fitting, re-fit, or evaluation once a year (\$15 co-pay)</li> </ul>

## Plan Features

### Your Allowance. Your Decision.

Your eyewear allowance is completely flexible. That means you can get frames, lenses, contact lenses and/or special lens options. You can even purchase non-prescription eyewear!

### Eyewear Discounts

Members who exceed their allowance are eligible for discounts on the overage when seeing a network provider – a 20% discount for glasses and a 10% discount for contact lenses.

### Members Portal

CEC's website, [cecvision.com](http://cecvision.com), gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card and more.

### Questions about your benefits?

Our customer service team is available at 888-254-4290, Monday - Friday, 8:30 AM-7:00 PM, and Saturday, 10:00 AM-4:00 PM.



# Group Life Insurance and Accidental Death and Dismemberment



## Who is Eligible to Enroll? Full-Time Employees

Madison County Government offers Term Life at no cost to the employee. **Lincoln Financial** understands you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning your future.

### AT A GLANCE:

- A cash benefit of \$20,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- The option to cover your spouse for \$10,000 and children for up to \$5,000 for only \$5.45 per month.
- **LifeKeys**® services, which provide access to counseling, financial, and legal support
- **TravelConnect**™ services, which give you and your family access to emergency medical help when you're traveling

**You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed life insurance information for details.**

### ADDITIONAL DETAILS

**Conversion:** You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

**Benefit Reduction:** Coverage amounts begin to reduce at age 65 and benefits terminate at retirement. See the plan certificate for details.

#### **For your beneficiaries: help, guidance and support at a difficult time**

The emotional impact of losing a loved one can be profound and long-lasting. All too often, financial or legal issues can add to the stress. That's why **LifeKeys**® services can be a welcome resource for your beneficiaries.

These services are available for up to one year after a loss. They may be accessed by any combination totaling six in-person sessions for grief counseling, or legal or financial information, and unlimited phone counseling.

#### **Grief counseling — advice, information, and referrals on:**

- Grief and loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about children and teens

#### **Financial services — online resources or advice from financial specialists on:**

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

#### **Legal support — access to quick legal information on:**

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

#### **Help with everyday life — comprehensive information on:**

- Planning a memorial service
- Finding child care or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases

**It's easy to access **LifeKeys**® services. Just call 1-855-891-3684  
or visit [GuidanceResources.com](http://GuidanceResources.com). (First-time user: Enter Web ID LifeKeys)**

# Voluntary Term Life Insurance

## Who is Eligible to Enroll? Full-Time Employees



Madison County Government offers additional life insurance benefits on a voluntary basis. **Lincoln Financial** understands you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning your future..

<b>Employee</b>	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$100,000
Newly hired employee guaranteed coverage amount	\$100,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$200,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
AD&D coverage amount	Equal to the life insurance amount chosen
<b>Spouse</b>	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$25,000
Newly hired employee guaranteed coverage amount	\$25,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$100,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
AD&D coverage amount	Equal to the life insurance amount chosen
<b>Dependent Children</b>	
6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$250

# Voluntary Short-Term Disability Insurance



## Who is Eligible to Enroll? Full-Time Employees

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

Short-term Disability	
Weekly benefit amount	60% of your weekly salary, limited to \$1,000 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum coverage period	26 weeks

### Sickness Elimination Period

- You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.

### Accident Elimination Period

- You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

### Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 6 months.

### Benefits Integration

- Your short-term disability benefits can coordinate with income from other sources, such as continued income or sick pay from your employer, during your disability.
- This allows you to receive up to 100% of your pre-disability income.

Additional Plan Benefits	
5% Rehabilitation Assistance	Included
Premium Waiver	Included
Family Income Benefit	Included
Portability	Included

## The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Provides a partial cash benefit if you can only do part of your job or work part time
- Features group rates for Madison County Government employees
- Offers a fast, no-hassle claims process



# Voluntary Long-Term Disability Insurance



## Who is Eligible to Enroll? Full-Time Employees

The risk of disability is greater than most employees realize. When you become disabled and lose time at work, your income source is eliminated. Sick time and a short-term disability policy will get you by while it lasts, but what happens when those days run out? Madison County Government provides three options of long-term disability policies to cover your paycheck when you need it the most.

### Option 1

Long-term Disability	
Monthly benefit amount	60% of your monthly salary, limited to \$6,000 per month
Elimination period	180 days
Coverage period for your occupation	24 months
Maximum coverage period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

### Option 2

Long-term Disability	
Monthly benefit amount	60% of your monthly salary, limited to \$6,000 per month
Elimination period	180 days
Coverage period for your occupation	24 months
Maximum coverage period	2 years or up to age 70, whichever comes first

### Option 3

Long-term Disability	
Monthly benefit amount	60% of your monthly salary, limited to \$6,000 per month
Elimination period	180 days
Coverage period for your occupation	24 months
Maximum coverage period	5 years or up to age 70, whichever comes first

## The Lincoln Long-term Disability Insurance Advantage Plan:

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Features group rates for Madison County Government employees

### Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period (benefit duration).

# Voluntary Benefits

Who is Eligible to Enroll? Full-Time and Part-Time Employees



## AFLAC Whole Life Insurance with Chronic Condition Rider

# Aflac Whole Life Group Insurance

### Count on Aflac for Life

The pandemic has changed how we think and feel about many things. One of the most important is life insurance. As uncomfortable as it may be, we have been forced to think about how our families may manage without the primary wage earner. Aflac is here to help you plan for the unexpected. Whether it's paying for final expenses, enabling your loved ones to remain in the family home or providing for school tuition and educational costs, life insurance is a smart decision. When someone is depending on you for financial security, you can count on Aflac for Life.

### Coverage to count on

You can choose the face amount that best fits your budget and your family's lifestyle. When the unthinkable happens, Aflac will pay cash benefits directly to your beneficiary, unless you choose otherwise. This means that your family will have added financial resources to help with ongoing living expenses. This plan also builds cash value. Our whole life insurance plans are designed to provide benefits such as:

- up to \$500,000\* of whole life coverage.
- accelerated death payment for a terminal illness.
- advanced claim payment.
- an optional spouse 10-year term life insurance add-on.
- an optional child term life insurance add-on.

### Peace of mind from a company you can trust

With Aflac Whole Life insurance, you can rest easy knowing that Aflac is ready to help take care of your loved ones' immediate and future needs if you should pass away.

Ask your Aflac benefits advisor how Aflac Whole Life Insurance can help when your loved ones face one of life's unexpected events.

Jake Kimsey

8285527234 | jkimsey@isa-avl.com



\*Certain face amounts may not be available. Underwriting requirements apply.

The plan described herein has limitations, exclusions and pre-existing condition limitations that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. In Arkansas, Policy Q60100CAR. In Idaho Policy Q60100CID. In Oklahoma, Policy Q60100COK. In Oregon, Policy Q60100COR. In Texas, Policy Q60100CTX. This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent. **Coverage is underwritten by Aflac.** Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31999

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### AFLAC Whole Life Insurance with Chronic Condition Rider

#### ACCELERATED DEATH PAYMENT FOR A CHRONIC CONDITION RIDER SUMMARY PAGE

Policy Series Q60000



#### Peace of mind and cash benefits: Our insurance helps provide both

The Accelerated Death Payment for a Chronic Condition Rider is for the named insured only. It is a part of the certificate and is subject to all certificate provisions.

Issue Ages: 18-70

#### WHAT WE WILL PAY

##### ACCELERATED DEATH PAYMENT FOR A CHRONIC CONDITION

We will pay you an accelerated death payment for a chronic condition based on the payment method you select. If there is any outstanding indebtedness against the certificate to which the rider is attached and an accelerated death payment for a chronic condition is payable, then we will first repay all incurred indebtedness, except we will not reduce the amount of proceeds payable by the amount of any lien established due to any accelerated death payment previously paid under the rider. If there is any remaining amount after repaying all incurred indebtedness, we will then pay the remaining amount to you.

**Option 1 – Lump-Sum Payment Method.** You may request a one-time lump-sum payment in the amount of 25 percent of either a) the face amount shown in the Certificate Schedule, or b) \$120,000, whichever is lesser. Once this option has been selected, you may not later elect Option 2.

**Option 2 – Periodic Payments Method.** In lieu of Option 1, you may request up to a lifetime maximum of eight (8) periodic payments in the amount of 12.5 percent of either a) the face amount shown in the Certificate Schedule, or b) \$120,000, whichever is lesser. After the initial payment, you will become eligible to request an additional periodic payment 90 days or more after the most recent periodic payment. Additional periodic payments will only be paid upon receipt of your request. Each periodic payment must be separated by a period of 90 days or more from the most recent periodic payment.



**Is there an elimination period?** Payment of proceeds under the rider are subject to an elimination period. The elimination period is a period of 90 consecutive days during which the named insured satisfies the definition of chronic condition. The elimination period begins on the first day that the named insured satisfies the definition of chronic condition and ends at the end of the 90 days. During the elimination period, the named insured is required to continuously satisfy the definition of chronic condition without interruption. If at the end of the elimination period the named insured continues to satisfy the definition of chronic condition, you may apply for payment of proceeds under the rider.

#### LIMITATIONS

Payment of proceeds under the Accelerated Death Payment for a Chronic Condition Rider will not be made if:

- The named insured or his/her physician resides outside the United States and its territories;
- The owner is required by law to accelerate benefits to meet the claims of creditors; or
- A government agency requires the owner to apply for benefits to qualify for a government benefit or entitlement.

If proceeds are paid under the Accelerated Death Payment for a Terminal Illness benefit in the certificate, benefits will not be payable under the rider and the rider will terminate.

# Voluntary Benefits

## Who is Eligible to Enroll? Full-Time and Part-Time Employees



### *AFLAC Whole Life Insurance with Chronic Condition Rider*

#### DEFINITIONS

##### CHRONIC CONDITION

A permanent inability to perform without substantial assistance from another individual, two or more Activities of Daily Living (ADLs) or permanent severe cognitive impairment and similar forms of dementia.

##### ACTIVITIES OF DAILY LIVING (ADLs)

Activities used in measuring the named insured's levels of personal functioning capacity. Normally, these activities are performed without substantial assistance, allowing the named insured personal independence in everyday living.

The ADLs are:

- **Bathing:** washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- **Maintaining continence:** controlling urination and bowel movements, including the named insured's ability to use ostomy supplies or other devices such as catheters;
- **Transferring:** moving between a bed and a chair, or a bed and a wheelchair;

- **Dressing:** putting on and taking off all necessary items of clothing;
- **Toileting:** getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
- **Eating:** performing all major tasks of getting food into the named insured's body.

##### SEVERE COGNITIVE IMPAIRMENT

The deterioration or loss of the named insured's intellectual capacity that requires them to be continually supervised for the protection of themselves and others. The named insured's impairment must be evidenced by a clinical diagnosis as well as by results from standardized tests that measure: (1) the named insured's short-term and long-term memory, (2) orientation as to person, place and time, (3) the named insured's deductive or abstract reasoning, and (4) the named insured's judgment as it relates to safety awareness.

##### SUBSTANTIAL ASSISTANCE

Assistance from another party required to help the named insured perform an ADL, each and every time the named insured performs that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to the named insured.

REFER TO THE CERTIFICATE AND RIDER FOR COMPLETE DEFINITIONS,  
DETAILS, LIMITATIONS AND EXCLUSIONS.



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### AFLAC Whole Life Insurance with Chronic Condition Rider

## ACCIDENTAL DEATH BENEFIT

### RIDER SUMMARY PAGE

Policy Series Q60000



### Peace of mind and cash benefits: Our insurance helps provide both

The Accidental Death Benefit Rider is for the named insured only. It is a part of the certificate and is subject to all certificate provisions.

Issue Ages: 18-69

#### WHAT WE WILL PAY

##### ACCIDENTAL DEATH BENEFIT

While the rider is in force, we will pay the beneficiary an additional amount equal to the face amount of insurance, as shown in the Certificate Schedule, when we receive proof satisfactory to us that the named insured's death resulted from accidental injury.

##### SEATBELT BENEFIT

While the rider is in force, we will pay the beneficiary an additional amount equal to 25% of the face amount of insurance shown in the Certificate Schedule, when we receive proof satisfactory to us that the named insured's accidental death resulted from an automobile accident while the named insured was wearing an unaltered, properly fastened seatbelt, installed by the automobile's manufacturer, and the named insured was not at fault for the accident according to the police report.



#### DEFINITIONS

##### DEATH BY ACCIDENTAL INJURY

Death by accidental injury means that the named insured's death must:

- Occur as the direct result of an accidental bodily injury that is not foreseen, expected or intended. Injury means an accidental bodily injury sustained by the named insured which is the direct result of an accident, independent of sickness, disease, bodily infirmity, mental illness, or any other cause, and which occurs while the rider is in force; and
- Occur on or after the effective date of the rider.

Death must occur as a direct result of injuries sustained in a covered accident and must occur within 180 days of such accident.

**REFER TO THE CERTIFICATE AND RIDER FOR COMPLETE DEFINITIONS,  
DETAILS, LIMITATIONS AND EXCLUSIONS.**

### AFLAC Whole Life Insurance with Chronic Condition Rider

## LINE OF DUTY DEATH BENEFIT RIDER SUMMARY PAGE

Policy Series Q60000



### Peace of mind and cash benefits: Our insurance helps provide both

The Line of Duty Death Benefit Rider is for the named insured only. It is a part of the certificate and is subject to all certificate provisions.

Issue Ages: 18-69

#### WHAT WE WILL PAY

##### LINE OF DUTY DEATH BENEFIT

While the rider is in force, in addition to the face amount of insurance we will pay the beneficiary the amount listed for the rider in the Certificate Schedule for the named insured's line of duty death.

##### LIMITATIONS

Benefits under the rider will not be payable if the named insured's death, or an accident resulting in the named insured's death, was caused or contributed to by:

- the intentional misconduct of the named insured;
- performing his or her duties in a grossly negligent manner;
- any mental or physical disease or infirmity, or medical or surgical treatment for such disease or infirmity;
- an infection not occurring as a direct result of an accidental injury sustained while performing his or her authorized and required duties;
- an intentionally self-inflicted bodily injury or suicide, while sane or insane;
- any war or act of war, declared (except when the insured is a known service member and such was known at the time of sale);
- intoxication as defined by the jurisdiction where the accident occurred; or
- the named insured's committing or attempting to commit a felony.



Benefits under the rider will not be payable to a claimant whose actions were a substantial contributing factor to the death of the named insured.

##### DEFINITIONS

##### LINE OF DUTY DEATH

A death caused by or resulting from the performance of an activity that is an authorized and required duty of the named insured in his or her work as a first responder.

##### FIRST RESPONDER

A person serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, firefighter, or member of a public rescue squad or ambulance crew. Law enforcement officer includes police, corrections, probation, parole, and transit police. First responder does not include members of the military.

**REFER TO THE CERTIFICATE AND RIDER FOR COMPLETE DEFINITIONS,  
DETAILS, LIMITATIONS AND EXCLUSIONS.**

# Voluntary Benefits

## Who is Eligible to Enroll? Full-Time and Part-Time Employees



### AFLAC Whole Life Insurance with Chronic Condition Rider

#### DEFINITIONS

##### CHRONIC CONDITION

A permanent inability to perform without substantial assistance from another individual, two or more Activities of Daily Living (ADLs) or permanent severe cognitive impairment and similar forms of dementia.

##### ACTIVITIES OF DAILY LIVING (ADLs)

Activities used in measuring the named insured's levels of personal functioning capacity. Normally, these activities are performed without substantial assistance, allowing the named insured personal independence in everyday living.

The ADLs are:

- **Bathing:** washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- **Maintaining continence:** controlling urination and bowel movements, including the named insured's ability to use ostomy supplies or other devices such as catheters;
- **Transferring:** moving between a bed and a chair, or a bed and a wheelchair;

- **Dressing:** putting on and taking off all necessary items of clothing;
- **Toileting:** getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
- **Eating:** performing all major tasks of getting food into the named insured's body.

##### SEVERE COGNITIVE IMPAIRMENT

The deterioration or loss of the named insured's intellectual capacity that requires them to be continually supervised for the protection of themselves and others. The named insured's impairment must be evidenced by a clinical diagnosis, as well as by results from standardized tests that measure: (1) the named insured's short-term and long-term memory, (2) orientation as to person, place and time, (3) the named insured's deductive or abstract reasoning, and (4) the named insured's judgment as it relates to safety awareness.

##### SUBSTANTIAL ASSISTANCE

Assistance from another party required to help the named insured perform an ADL, each and every time the named insured performs that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to the named insured.

REFER TO THE CERTIFICATE AND RIDER FOR COMPLETE DEFINITIONS,  
DETAILS, LIMITATIONS AND EXCLUSIONS.



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### *AFLAC Accident Advantage*

## Aflac Accident Advantage<sup>®</sup> Insurance

### **Accidents happen. Help make sure your employees are financially prepared**

Peace of mind doesn't come by accident. It comes from being ready to cope with the unexpected — such as unexpected medical bills. Aflac Accident Advantage helps your employees remain collected and in control by helping pay out-of-pocket medical expenses health insurance doesn't cover.

### **Aflac helps employees focus on recovery instead of bills — at no direct cost to your business**

Even if your employees have medical insurance, they may still have out-of-pocket expenses such as deductibles, copays and other costs. Aflac Accident Advantage provides benefits that can be used for any expense, from bills to groceries. Best of all, the benefits are paid directly to your employees' by Aflac, a name families have trusted for more than 65 years.

### **In addition to delivering cash benefits, Aflac offers:**

- Cash benefits paid directly to your employees to use as they see fit.
- Portability – Employees can take the plan with them wherever they go.
- A wellness benefit they can use for routine, preventative care.





# Voluntary Benefits

## Who is Eligible to Enroll? Full-Time and Part-Time Employees



### AFLAC Accident Advantage

#### Being prepared for whatever life brings you is no accident

The financial fallout from accidents is often surprising, but your employees can count on Aflac to be here when you need us most. Aflac Accident Advantage will help them with unexpected costs, so they can focus on getting better.

This information refers to benefit ranges for Policy Series A36000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Accident Advantage <sup>®</sup> benefits <sup>2</sup>	
Benefit	Accident Advantage (24-Hour) Options 1-4
Accident treatment	<ul style="list-style-type: none"> <li>• \$130-\$200 ER w/ x-ray • \$80-\$150 Office w/ x-ray.</li> <li>• \$100-\$170 ER no x-ray • \$50-\$120 Office no x-ray.</li> </ul>
Wellness	\$60 per calendar year, per policy
Organized sporting activity	Additional 25% of benefits payable up to \$1,000 per policy, per calendar year
Initial accident hospitalization	<ul style="list-style-type: none"> <li>• \$500-\$1,500 regular hospital admission.</li> <li>• \$750-\$2,500 ICU admission.</li> </ul>
Accident hospital confinement	\$150-\$300 per day, up to 365 days
ICU confinement	\$300-\$500, up to 15 days
Ambulance	\$120-\$250 ground, \$800-\$1,875 air
Appliances	\$25-\$350
Accident follow-up treatment	\$25-\$40, up to six treatments
Therapy (physical, speech & occupational)	\$25-\$40, up to 10 treatments
Accident specific-sum injuries	\$20-\$13,000
Blood/plasma/platelets	\$100-\$300
Major diagnostic/imaging exams (MRI, CT scan, etc.)	\$100-\$250, one per person, per calendar year
Prosthesis new/repair/replacement	\$375-\$1,000/\$375-\$1,000
Rehabilitation facility	\$75-\$200 per day
Home modification	\$1,000-\$4,000
Accidental death	\$5,000-\$200,000
Accidental dismemberment	\$200-\$50,000
Family support	\$20 per day, up to 30 days
Continuation of coverage	After six months, waive up to two months
Waiver of premium	36 months
Transportation	\$200-\$700 per trip, up to three per year (>50 miles)
Family lodging	\$75-\$150 per night, up to 30 days (>50 miles)
Available riders	
Additional Accidental Death Benefit	\$7,000-\$35,000
Aflac Plus	Yes

<sup>1</sup>Unless otherwise assigned.

<sup>2</sup>In Arkansas, Policies A36100AR-A36400AR, & A3630FAR. In Idaho, Policies A36100ID-A36400ID, & A3630FID. In Oklahoma, Policies A36100OK-A36400OK, & A3630FOK. In Oregon, Policies A36100OR-A36400OR, & A3630FOR. In Pennsylvania, Policies A36100PA-A36400PA. In Texas, Policies A36100TX-A36400TX, & A3630FTX. In Virginia, Policies A36100VA-A36400VA, & A3630FVA. This is a brief product overview only. Benefit amounts shown are ranges for Options 1-4. Coverage may not be available in all states. Benefits/premium rates may vary based on state and plan level selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York.

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### *AFLAC Short-Term Disability*

## Aflac Short-Term Disability Insurance

### Keeps on working when your employees can't

When your employees miss work due to an illness, injury or mental health condition, it can have a negative effect on your company's productivity. But have you considered what it does to your employees' finances? Studies show most employees can't go a month without a paycheck.<sup>1</sup>

Aflac Short-Term Disability Insurance helps to protect your employees' most valuable asset – their income – when they need it most. It provides benefits if they are unable to work due to a covered illness, injury or mental health condition, allowing them to focus on their recovery and get back to work as healthy and productive employees.

Best of all, this coverage comes at little to no direct cost to your business. Show your employees how much you care about their financial wellness with Aflac Short-Term Disability Insurance.

### Aflac Short Term Disability Insurance offers your employees:

- Income protection when they are unable to work due to a covered illness, injury or mental health condition.
- Cash benefits – paid directly to your employees to use as they see fit.<sup>2</sup>
- Portability – employees can take the plan with them wherever they go.



# Voluntary Benefits

## Who is Eligible to Enroll? Full-Time and Part-Time Employees



### AFLAC Short-Term Disability

#### Focus on growing your business, while Aflac helps protect your employees' finances

Aflac Short-Term Disability Insurance helps protect your employees' incomes in the event of a covered illness, injury or mental health condition. It provides coverage options that allow employees to choose the plans that are right for them, based on their individual financial needs and incomes.

This information refers to benefit ranges for policy series A57600 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage, benefits, and/or premiums may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Short-Term Disability benefits <sup>1</sup>	
Benefit	Description
<b>GUARANTEED-ISSUE OPTIONS<sup>2</sup></b>	<ul style="list-style-type: none"> <li>Monthly benefit amounts up to \$5,000 (subject to income requirements)</li> <li>Benefit periods: 3 or 6 months</li> </ul>
<b>TOTAL DISABILITY BENEFIT PERIODS</b>	3, 6, 12, 18 or 24 months. Disability due to mental illness is payable up to the benefit period and is limited to the maximum lifetime disability period for mental illness.
<b>ELIMINATION PERIODS</b>	Injury/Illness <ul style="list-style-type: none"> <li>0/7 days.</li> <li>14/14 days.</li> <li>90/90 days.</li> <li>0/14 days.</li> <li>0/30 days.</li> <li>180/180 days.</li> <li>7/7 days.</li> <li>30/30 days.</li> <li>7/14 days.</li> <li>60/60 days.</li> </ul>
<b>MINIMUM INCOME AND HOURS REQUIREMENT</b>	<ul style="list-style-type: none"> <li>Minimum annual income requirement: \$9,000.</li> <li>Minimum weekly hours requirement: 19 hours.</li> </ul>
<b>MONTHLY BENEFIT AMOUNTS</b>	\$500-\$6,000 (subject to income requirements)
<b>PARTIAL DISABILITY BENEFIT PERIOD</b>	3 months
<b>WAIVER OF PREMIUM BENEFIT</b>	<ul style="list-style-type: none"> <li>Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as the insured is disabled, up to the applicable benefit period shown in the policy schedule.</li> <li>Not available with a three-month total disability period.</li> </ul>
<b>PORTABLE</b>	Policyholders can take coverage with them if they change jobs or retire.
<b>TOTAL AND PARTIAL DISABILITY BENEFITS</b>	Pays for either a total or partial disability. Even if the insured is able to work, partial disability benefits may be available to compensate for lost income.
<b>GUARANTEED RENEWABLE</b>	Guaranteed renewable to age 75

#### Available riders

• On-the-job injury.	• Additional units of disability benefit.	• Aflac Plus.	• Aflac value rider.
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<sup>1</sup> Benefit subject to benefit period and elimination period.

<sup>2</sup> Cash benefits are paid directly to the insured, unless otherwise assigned.

<sup>3</sup> This is a brief product overview only. Policies and benefits vary by state and may not be available in some states. The policies have limitations, exclusions and preexisting condition limitations that may affect benefits payable. Benefits and/or premiums are determined by state and plan level selected. Refer to your policy for complete details, limitations and exclusions.

<sup>4</sup> Subject to certain conditions.

In Arkansas, Policies A57600AR and A57600LBAR. In Oklahoma, Policies A57600OK and A57600LBOK. In Oregon, Policies A57600OR and A57600LBOR. In Pennsylvania, Policies A57600PA and A57600LBPA. In Texas, Policies A57600TX and A57600LBTX. Mental health benefits are not currently available in all states including but not limited to ID, NY, NM, NY or WA. Coverage is underwritten by American Family Life Assurance Company of Columbus.

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## Cancer Protection Assurance Insurance

Thanks to advances in science and treatment, more Americans are living with cancer.<sup>1</sup> But cancer is one of the most expensive medical conditions to treat.<sup>2</sup> Major medical insurance may not cover the copayments, lost work time or even travel.

**If you were diagnosed with cancer, would you have the money for out-of-pocket expenses such as:**

- Transportation to a distant medical facility?
- Specialized treatment costs?
- Living expenses such as rent, mortgage payments and utility bills?

### Aflac is insurance for daily living

Aflac Cancer Protection Assurance<sup>3</sup> pays cash benefits directly to you if you're diagnosed with a covered cancer.\* This means that you can have added financial resources to help with medical costs or ongoing living expenses.

### Apply today

Isn't it time to get to know Aflac? Ask your Aflac agent to help you complete your cancer coverage.



\*Unless payment assigned otherwise.

<sup>1</sup>Progress Against Cancer – 2019 Annual Plan, National Cancer Institute <https://www.cancer.gov/about-nci/ncip/plan/progress>. Accessed: November 13, 2020. <sup>2</sup>National Cancer Institute: Financial Toxicity (Financial Distress) and Cancer Treatment - Patient Version, November 3, 2017 <https://www.cancer.gov/about-cancer/treatment/cancer-care-costs/financial-toxicity-pdq>. Accessed: April 12, 2020. <sup>3</sup>In Idaho, Policies B701000, B702000, B703000, B7010EPOK, B7020EPOK, B7030EPOK. This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent. Individual coverage is underwritten by American Family Life Assurance Company of Columbus. Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31909 | 801.99.AFLAC (800.902.3522)

# Aflac Critical Care Protection Insurance

## Helping protect their stability during an illness isn't just smart. It's critical

Serious illnesses such as a heart attack or stroke can have a serious impact on your employees' financial health. But Aflac Critical Care Protection insurance can help provide the financial peace of mind they need in the event of a serious health event.

## Give your employees extra protection to face the unexpected

Even if your employees have health insurance, it's usually not enough to cover every expense. But Critical Care Protection gives them a lump-sum benefit upon diagnosis of a covered health event, with additional benefits paid for things like hospital stays and continuing care. The cash benefits can help with the expenses major medical may not cover, helping you better protect your employees — at no direct cost to your business.

## In addition to delivering cash benefits, Aflac offers:

- Flexibility: The cash benefits can be used by your employees as they see fit.<sup>1</sup>
- A guaranteed-renewable plan: as long as the premium is paid.



# Voluntary Benefits



## Who is Eligible to Enroll? Full-Time and Part-Time Employees

### AFLAC Critical Care Protection

#### Aflac delivers standout protection for all stages of these covered events:

- Heart attack.
- Coronary artery bypass graft surgery.
- Third-degree burns.
- End-stage renal failure.
- Sudden cardiac arrest.
- Stroke.
- Paralysis.
- Persistent vegetative state.

This information refers to benefit ranges for Policy Series A74000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of all benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Critical Care Protection benefits <sup>2</sup>	
Benefit	Description for CCP Options 1–3
First-occurrence benefit	Named insured/spouse: \$7,500; Dependent children: \$10,000. Payable only once per covered person, per lifetime.
Subsequent specified health event benefit	\$3,500. No lifetime maximum. Subsequent occurrence limitations apply.
Coronary angioplasty benefit	\$1,000 available on Options 1 and 2. \$2,000 available on Option 3 (under specified heart surgery benefit). Payable only once per covered person, per lifetime.
Hospital confinement benefit	\$300 per day. No lifetime maximum.
Continuing care benefit	\$125 each day. No lifetime maximum.
Ambulance benefit	\$250 ground or \$2,000 air. No lifetime maximum.
Transportation benefit	\$.50 per mile; limited to \$1,500 per occurrence. No lifetime maximum.
Lodging benefit	Up to \$75 per day; limited to 15 days per occurrence. No lifetime maximum.
Hospital intensive care unit benefit (Options 2 and 3 only)	Days 1–7: \$800 per day; Days 8–15: \$1,300 per day; limited to 15 days per period of confinement. No lifetime maximum. Available on Options 2 and 3.
Specified heart surgery benefit (Option 3 only)	\$2,000–\$4,000 depending on "tier" (type of surgery). Tier 1 and 2 benefits each payable only once per covered person, per lifetime. Subsequent occurrence limitations apply. Available on Option 3.

<sup>1</sup>Unless otherwise assigned.

<sup>2</sup>This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

In Texas, Policies A74100TX, A74200TX, A74300TX. In Virginia, Policies A7410VA, A74200VA, A74300VA. This is a brief product overview only. Benefit amounts shown are ranges for Options 1–3. Coverage may not be available in all states. The policy is not available in New Jersey. Benefits/premium rates may vary based on state and plan level selected. Optional riders are available at an additional cost. The policy has limitations, exclusions, and pre-existing limitations that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York | WWHQ | 1932 Weynton Road | Columbus, GA 31909

### AFLAC Hospital Indemnity

## Aflac Choice Insurance

#### Even though their health changes, your business doesn't have to

Even a quick trip to the emergency room can result in your employees being faced with costly medical bills that health insurance may not cover. Many employees are forced to choose between paying those medical bills and paying for their everyday needs like commuting or childcare expenses. This can affect their ability to focus on their work.

Aflac Choice offers customizable benefits they can choose based on their individual needs to help with those unexpected medical expenses not covered by traditional health insurance. Our knowledgeable agents can help each employee build the optimal combination of personalized hospital benefits that's right for them.

Don't let the stress of unexpected medical expenses affect your employees' productivity. Offer Aflac Choice today.

#### Help your employees with costs not covered by traditional health insurance

Aflac Choice complements your existing benefit offering by helping with hospital-related expenses not covered by major medical and works well with other supplemental coverage.

#### Why your employees will love it:

- **Cash benefits paid** directly to them to use as they see fit (unless they decide otherwise).
- **No deductibles**, lifetime maximums or price increases due to age.



# Voluntary Benefits



## Who is Eligible to Enroll? Full-Time and Part-Time Employees

### AFLAC Hospital Indemnity

#### Help them have a plan ready for the unexpected costs of hospital stays

As health care costs continue to rise, it's easy to see why the Aflac Choice® insurance policy makes sense for your employees — and your business.

\*This information refers to benefit ranges for Policy Series B40000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Choice benefits <sup>1</sup>	
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.
Hospital short-stay	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.
Hospital emergency room	Pays \$100 for treatment in a hospital emergency room. Limited to 2 payments 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.
Waiver of premium	Yes.
Continuation of coverage	Yes.
EXTENDED BENEFITS RIDER	DESCRIPTION
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	DESCRIPTION
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.
AFLAC PLUS RIDER	Ask your Aflac agent about the Aflac Plus Rider.

<sup>1</sup>This is a brief product overview only. In Arkansas, Policies B40100AR & B4010HAR. In Idaho, Policies B40100ID & B4010HID. In New York, NYB40100 & NYB4010H. In Oklahoma, Policies B40100OK & B4010HOK. In Oregon, Policies B40100OR & B4010HOR. In Pennsylvania, Policies B40100PA & B4010HPA. In Texas, Policies B40100TX & B4010HTX. Policies may not be available in all states, including but not limited to Arizona, New Jersey and Virginia. Limitations and exclusions may apply. Benefits are determined by state and plan level selected.

Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York. WWHQ | 1932 Wynnston Road | Columbus, GA 31909



# Aflac Dental Insurance - Supplemental Plan

## Give your employees a reason to smile

Oral health touches every aspect of our lives but it is often taken for granted. A smile can make a wonderful first impression, but it's much more important than that. The mouth is also a window into the health of your body. Systemic diseases such as diabetes and heart disease may first become apparent in the mouth.<sup>1</sup>

## A dental insurance policy designed with your employees in mind

Help your employees maintain their dental health with an Aflac dental insurance - supplemental plan.

It's another smart way to help protect your employees — at no direct cost to your business.

## In addition to delivering cash benefits:

- **Aflac processes** most properly documented claims in an average of two days.<sup>2</sup>
- **There are no deductibles**, lifetime maximums or price increases due to age.
- **The cash benefits are paid** directly to your employees<sup>3</sup> to use as they see fit.
- **Policyholders** receive a wellness benefit even for routine, preventative care.



# Voluntary Benefits



## Who is Eligible to Enroll? Full-Time and Part-Time Employees

### AFLAC Dental

## Help take the bite out of dental costs

Aflac Dental Insurance - Supplemental Plan pays cash benefits for periodic checkups and cleanings, x-rays, fillings, crowns and much more. It's an easy way to give them a reason to smile.

This information refers to benefit ranges for Policy Series A82000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Dental Insurance - supplemental plan benefits	
BENEFIT	DESCRIPTION
PREVENTIVE	Coverage includes: cleanings and x-rays. \$15-\$75. Waiting period: none.
FILLINGS AND BASIC SERVICES	Coverage includes: fillings, composites, diagnostic casts, viral culture. \$10-\$325. Waiting period: 3 months.
PAIN MANAGEMENT AND ADJUNCTIVE SERVICES	Coverage includes: general anesthesia, palliative treatment of dental pain, intravenous conscious sedation/analgesia, inhalation of nitrous oxide. \$25-\$150. Waiting period: 3 months.
OTHER PREVENTIVE SERVICES	Coverage includes: sealants, space maintainers, removal of fixed space maintainers. \$15-\$130. Waiting period: 6 months.
ORAL SURGERY, GUM TREATMENTS AND PROSTHETIC REPAIR	Coverage includes: gingivectomy or gingivoplasty, impacted tooth removal, gingival flap procedure (incl. root planing). \$20-\$1,100. Waiting period: 6 months.
CROWNS AND MAJOR SERVICES	Coverage includes: simple inlays and onlays, crowns, sedative filling, root amputation \$15-\$450. Waiting Period: 12 months.
MAJOR PROSTHETIC SERVICES	Coverage includes: complete or partial denture, pontics, inlays, onlays, crowns, implants. \$40-\$800. Waiting period: 24 months.
POLICY YEAR MAX.	\$1,200-\$1,800.
Available riders	
ORTHODONTIC BENEFIT (RIDER A82050)	<ul style="list-style-type: none"> <li>After rider is in force 24 months, Aflac will pay \$500 for initial treatment of one of the eligible orthodontic procedures.</li> <li>After benefit for initial treatment is paid and as long as coverage remains in force, Aflac will pay \$50 when covered person receives continued treatment involving one of the eligible orthodontic procedures.</li> <li>Maximum payment of one treatment/month up to 18 treatments. Lifetime maximum \$1,400 per covered person.</li> <li>Maximum amount payable: \$2,600 per policy year.</li> </ul>
COSMETIC BENEFIT (RIDER A82051)	<ul style="list-style-type: none"> <li>After rider in force 24 months, Aflac will pay benefits when charge incurred by covered person for eligible dental treatment that occurs while coverage is in force.</li> <li>Lifetime max.: \$1,800 per policy. Maximum amount payable under rider: \$600 per policy year.</li> </ul>



<sup>1</sup>Oral Health, "Mouth Healthy™," American Dental Association, 2018. (<https://www.mouthhealthy.org/en/az-topics/o/oral-health>) Accessed: 11/19/18.

<sup>2</sup>Aflac Company Statistics, 2019.<sup>2</sup>

<sup>3</sup>Unless otherwise assigned.

This is a brief product overview only. Benefit amounts shown are ranges. Benefit payout varies according to coverage level selected. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy summary for complete definitions, details, limitations and exclusions.

In Arkansas, Policies A82100PAR through A82400PAR. In Idaho, Policies A82100RID through A82400RID. In New York, Policies NY82100 through NY82400. In Oklahoma, Policies A82100ROK through A82400ROK. In Oregon, Policies A82100ORR through A82400ORR. In Pennsylvania, Policies A82100PPA through A82400PPA. In Texas, Policies A82100RTX through A82400RTX. In Virginia, Policies A82100VMA through A82400VMA. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York.

WWWQ | 1932 Wynnton Road | Columbus, GA 31999

### Vision Now<sup>®</sup> Insurance - Supplemental Plan

#### Protecting employees' most valuable asset – their vision

The eyes aren't just the windows to your employees' souls; they're the windows to their overall health. Aside from maintaining good vision and detecting conditions such as glaucoma, eye exams can also reveal much more. They can help spot high blood pressure, diabetes, high cholesterol and even brain tumors.

#### Now it's easy for your employees to be more proactive about their vision

Aflac has been dedicated to helping provide peace of mind and financial security for more than 60 years. Our Vision Now<sup>®</sup> Insurance - Supplemental Plan helps keep your employees protected — at no direct cost to your business.

#### In addition to delivering cash benefits, Aflac offers:

- Cash benefits paid directly to your employees' to use as they see fit.
- Portable — Employees can take the plan with them wherever they go.
- Policyholders receive a wellness benefit for routine, preventative care.



## Who is Eligible to Enroll? Full-Time and Part-Time Employees AFLAC Vision

# Vision Now<sup>®</sup> Insurance - Supplemental Plan

An Aflac Vision Now plan goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an eye exam benefit and a choice of vision correction benefits, there are also benefits for specific eye diseases and disorders, eye surgeries and permanent visual impairment — all without network restrictions.

*This information refers to benefit ranges for Policy Series VSN100 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies for benefits, limitations and exclusions.*

Aflac Vision Now Insurance - Supplemental Plan benefits	
Benefit	Description
Eye Examination	\$45 Limited to one examination per covered person, per policy year. No lifetime maximum.
Vision Correction	<ul style="list-style-type: none"> <li>• Prescribed Vision Correction Materials: \$80-\$270</li> <li>• Refractive Error Correction Surgery: \$130-\$480</li> <li>• Waiting Period: 0-24 months</li> </ul> Benefit payable ranges from once per covered person, per policy year (Option 1) to once during each successive 36-month period following the end of the waiting period depending on policy option selected (Option 3).
Specific Eye Diseases/Disorders	\$1,000 when first diagnosed as having a covered eye disease or disorder. Payable only once per covered disease or disorder, per covered person. Paid in addition to any other benefit in the policy. Covered diseases/disorders: <ul style="list-style-type: none"> <li>• Glaucoma (excludes pre- and borderline glaucoma)</li> <li>• Proliferative diabetic retinopathy</li> <li>• Retinal detachment</li> <li>• Retinitis pigmentosa</li> <li>• Macular degeneration</li> </ul>
Eye Surgery	Payable for surgical procedures performed by an ophthalmologist or physician for a diagnosed eye disease or disorder. Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Aflac will pay \$50-\$1,500 for specified eye surgeries.
Permanent Visual Impairment	<ul style="list-style-type: none"> <li>• Payable for specific level(s) of visual impairment for which there is no medical prognosis for recovery.</li> <li>• Benefit level (1-4) paid depends on level of severity:</li> <li>• Total benefit per level: \$750-\$5,000. Maximum cumulative benefit per eye per covered person: \$750-\$10,000. Lifetime maximum of \$20,000 per covered person.</li> </ul>
Continuation of Coverage	After six months, all monthly premiums waived for up to two months.

<sup>1</sup>Unless otherwise assigned.

This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. The policy may contain a waiting period. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.  
 In Arkansas, Policy VSN100AR. In Idaho, Policy VSN100ID. In New York, Policy NYVSN100. In Oklahoma, Policy VSN100OKR. In Oregon, Policy VSN100OR. In Pennsylvania, Policy VSN100PA. In Texas, Policy VSN100TX. In Virginia, Policy VSN100VA.  
 Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wyrnton Road | Columbus, GA 31909

# Voluntary Benefits



## Who is Eligible to Enroll? Full-Time and Part-Time Employees

### AFLAC Whole Life

#### Is your family protected if something happens to you?

If something happens to you, will your family have the funds to pay the bills without your income? Make sure you've done all you can to help protect their way of life by having an Aflac whole life insurance policy that will help your loved ones through the tough times. Our coverage offers a measure of stability you and your loved ones can count on.

#### Face Amounts

If you're **age 50 or under**, you may apply for up to **\$500,000** in coverage.<sup>1</sup>

If you're **between the ages of 51 and 70**, you may be eligible for up to **\$200,000** in life insurance protection.<sup>1</sup>

Aflac also offers the option of guaranteed-issue<sup>2</sup> whole life coverage with a face amount of up to \$50,000. That means you do not have to complete a medical questionnaire.



#### The facts say you need the protection of the Aflac Whole Life insurance plan:

##### FACT NO. 1

**7-in-10**

OF ALL HOUSEHOLDS SAID THEY WOULD HAVE TROUBLE COVERING EVERYDAY LIVING EXPENSES AFTER SEVERAL MONTHS IF THE PRIMARY WAGE EARNER DIED.<sup>3</sup>

##### FACT NO. 2

APPROXIMATELY **50** MILLION

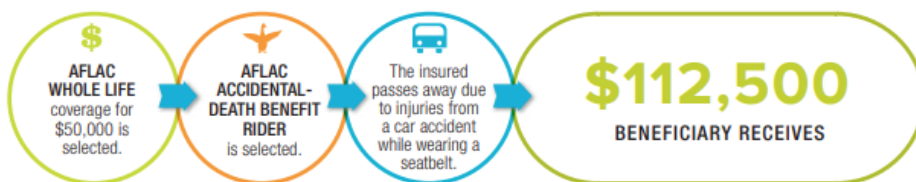
HOUSEHOLDS RECOGNIZE THEY NEED MORE LIFE INSURANCE.<sup>3</sup>

<sup>1</sup>Certain face amounts may not be available. Underwriting requirements apply.

<sup>2</sup>Subject to certain conditions.

<sup>3</sup>Facts from IMRA 2016 Life Insurance Awareness Month | IMRA September 2016

#### How it works



The above example is based on a scenario for whole life insurance that includes the following benefit conditions: \$50,000 death benefit, \$50,000 accidental death benefit, and \$12,500 seatbelt benefit.

# Voluntary Benefits



## Who is Eligible to Enroll? Full-Time and Part-Time Employees

### AFLAC Term Life

### Is your family protected if something happens to you?

If something happens to you, will your family have the funds to pay the bills without your income? Make sure you've done all you can to help protect their way of life by having an Aflac term life insurance policy that will help your loved ones through the tough times. Our coverage offers a measure of stability you and your loved ones can count on.

#### Face Amounts

If you're **age 50 or under**, you may apply for up to **\$500,000** in coverage.<sup>1</sup>

If you're **between the ages of 51 and 68**, you may be eligible for up to \$200,000 in life insurance protection.<sup>1</sup>

Aflac also offers the option of guaranteed-issue<sup>2</sup> 10-year, 20-year, or 30-year term life coverage with a face amount of up to **\$50,000**. That means you do not have to complete a medical questionnaire.

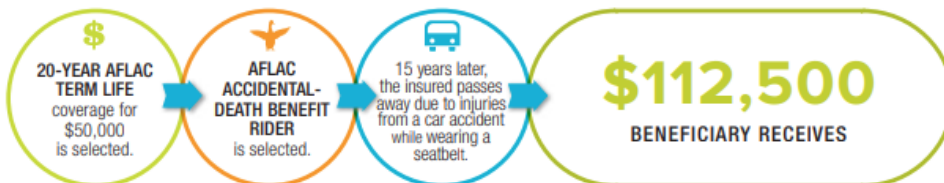
#### Issue Ages

COVERAGE TYPE	ISSUE AGES	COVERAGE TYPE	ISSUE AGES
10-year term life plan	18-68	Spouse 10-year term life rider	18-68
20-year term life plan	18-60	Spouse 20-year term life rider	18-60
30-year term life plan	18-50	Spouse 30-year term life rider	18-50

### How we can help

No one likes to think he or she needs life insurance. But when people depend on you, assuring their financial futures with life insurance benefits is simply the right thing to do.

- **Premiums are guaranteed for the selected term option** – You will know how much your coverage will cost from month to month and year to year.
- **Portable** – You can take the plan with you if you change jobs or retire.
- **Payroll deduction** – Your premiums can be deducted from your paycheck.



The above example is based on a scenario for 20-year term life insurance that includes the following benefit conditions: \$50,000 death benefit, \$50,000 accidental death benefit, and \$12,500 seatbelt benefit.

# Employee Premium Rates -24 Payroll Deductions Per Year

## Medical Plan – MedCost PPO

Coverage Tier	Employee Cost Per Pay Period
Employee Only	\$0.00
Employee + Spouse	\$317.00
Employee + Child/ren	\$152.00
Employee + Family	\$792.00

## Dental Plan - Lincoln Financial

Coverage Tier	Employee Cost Per Pay Period
Employee Only	\$16.15
Employee + Spouse	\$31.28
Employee + Child/ren	\$28.84
Employee + Family	\$44.20

## Vision – Community Eye Cre

Coverage Tier	Employee Cost Per Pay Period
Employee Only	\$6.50
Employee + One	\$12.46
Employee + Family	\$18.40

**Telemedicine – AllyHealth \$0.00 to Employees and Their Household**

## Group Life and AD&D Plan – Lincoln Financial

Coverage Tier	Employee Cost Per Pay Period
Employee \$20,000	\$0.00
Spouse \$10,000	\$2.73
Children \$5,000	

## Voluntary Short-Term Disability – Lincoln Financial

Your estimated monthly premium is determined by multiplying your weekly salary amount (up to \$1,667) by the premium rate of 0.06534. If your weekly salary exceeds \$1,667, multiply \$1,667 by 0.06534.

$$\begin{array}{r}
 \$ \quad \underline{\hspace{2cm}} \\
 \text{weekly salary} \\
 \times \quad \underline{0.06534} \\
 \text{premium rate} \\
 \hline
 =\$ \quad \underline{\hspace{2cm}} \\
 \text{monthly premium}
 \end{array}$$

### PAY ROLL PREMIUM CALCULATION

Example

Your Estimated Monthly Premium	\$49
<u>Multiplied by 12</u>	<u>X 12</u>
Divide by Number of Pay Periods (24)	\$588.00
Estimated Payroll Premium	<u>/ 24</u> \$24.50

# Employee Premium Rates -24 Payroll Deductions Per Year

## Voluntary Long-Term Disability - Lincoln Financial

### Option 1

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$10,000) by the premium rate: 0.00858. If your monthly salary exceeds \$10,000, multiply \$10,000 by 0.00858.

$$\begin{array}{r} \$ \\ \hline \text{monthly salary} \\ \times \quad 0.00858 \\ \hline \text{premium rate} \\ \hline =\$ \\ \hline \text{monthly premium} \end{array}$$

### Option 2

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$10,000) by the premium rate: 0.00506. If your monthly salary exceeds \$10,000, multiply \$10,000 by 0.00506.

$$\begin{array}{r} \$ \\ \hline \text{monthly salary} \\ \times \quad 0.00506 \\ \hline \text{premium rate} \\ \hline =\$ \\ \hline \text{monthly premium} \end{array}$$

### Option 3

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$10,000) by the premium rate: 0.00737. If your monthly salary exceeds \$10,000, multiply \$10,000 by 0.00737.

$$\begin{array}{r} \$ \\ \hline \text{monthly salary} \\ \times \quad 0.00737 \\ \hline \text{premium rate} \\ \hline =\$ \\ \hline \text{monthly premium} \end{array}$$



# Employee Premium Rates -24 Payroll Deductions Per Year

## Voluntary Life and AD&D – Lincoln Financial

Employee Age Range	Life & AD&D Premium Rate
0 - 29	0.0001350
30 - 34	0.0001450
35 - 39	0.0001650
40 - 44	0.0002350
45 - 49	0.0003550
50 - 54	0.0006350
55 - 59	0.0009850
60 - 64	0.0011550
65 - 69	0.0020450
70 - 74	0.0039350
75 - 79	0.0104250
80 - 99	0.0238350

### Group Rates for You

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$ } \underline{\hspace{2cm}}$$

coverage amount                  premium rate                  monthly premium

*Note: Rates are subject to change and can vary over time.*

### Group Rates for Your Spouse

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$ } \underline{\hspace{2cm}}$$

coverage amount                  premium rate                  monthly premium

*Note: Rates are subject to change and can vary over time.*

Employee Age Range	Life & AD&D Premium Rate
0 - 29	0.0001350
30 - 34	0.0001450
35 - 39	0.0001650
40 - 44	0.0002350
45 - 49	0.0003550
50 - 54	0.0006350
55 - 59	0.0009850
60 - 64	0.0011550
65 - 69	0.0020450

### Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$2.00

### Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

# Employee Premium Rates -24 Payroll Deductions Per Year

## Voluntary Benefits - AFLAC

### CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series B70100

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-64	INDIVIDUAL	\$8.30	\$2.98	\$0.00	\$0.46	\$11.73
18-64	INSURED/SPOUSE	\$13.18	\$7.03	\$0.00	\$0.46	\$20.66
18-64	ONE-PARENT FAMILY	\$8.30	\$2.98	\$0.46	\$0.46	\$12.18
18-64	TWO-PARENT FAMILY	\$13.18	\$7.03	\$0.46	\$0.46	\$21.11

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium

### CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-64	INDIVIDUAL	\$16.75	\$2.98	\$0.00	\$0.46	\$20.18
18-64	INSURED/SPOUSE	\$28.82	\$7.03	\$0.00	\$0.46	\$36.30
18-64	ONE-PARENT FAMILY	\$16.75	\$2.98	\$0.46	\$0.46	\$20.64
18-64	TWO-PARENT FAMILY	\$28.82	\$7.03	\$0.46	\$0.46	\$36.76

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium

### CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-64	INDIVIDUAL	\$23.69	\$2.98	\$0.00	\$0.46	\$27.12
18-64	INSURED/SPOUSE	\$40.43	\$7.03	\$0.00	\$0.46	\$47.91
18-64	ONE-PARENT FAMILY	\$23.69	\$2.98	\$0.46	\$0.46	\$27.57
18-64	TWO-PARENT FAMILY	\$40.43	\$7.03	\$0.46	\$0.46	\$48.37

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium

# Employee Premium Rates -24 Payroll Deductions Per Year

## Voluntary Benefits - AFLAC

### Accident Advantage - 24-HOUR ACCIDENT OPTION 2 - Series A36000

	Premium	Accidental Death*	Total
18-75 INDIVIDUAL	\$8.65	\$2.15	\$10.80
18-75 NAMED INSURED/SPOUSE	\$12.29	\$2.99	\$15.28
18-75 ONE-PARENT FAMILY	\$14.63	\$2.41	\$17.04
18-75 TWO-PARENT FAMILY	\$19.11	\$3.38	\$22.49

Accidental Death\*: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)

### Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000

	Premium	Accidental Death*	Total
18-75 INDIVIDUAL	\$10.99	\$2.15	\$13.14
18-75 NAMED INSURED/SPOUSE	\$15.60	\$2.99	\$18.59
18-75 ONE-PARENT FAMILY	\$18.46	\$2.41	\$20.87
18-75 TWO-PARENT FAMILY	\$23.92	\$3.38	\$27.30

Accidental Death\*: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)

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

	Premium	Accidental Death*	Total
18-75 INDIVIDUAL	\$12.55	\$2.15	\$14.70
18-75 NAMED INSURED/SPOUSE	\$17.94	\$2.99	\$20.93
18-75 ONE-PARENT FAMILY	\$21.52	\$2.41	\$23.93
18-75 TWO-PARENT FAMILY	\$28.08	\$3.38	\$31.46

Accidental Death\*: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)

### AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	\$1.56
30-39		\$2.21
40-49		\$3.77
50-70		\$6.44
18-29	INSURED/SPOUSE	\$2.93
30-39		\$4.36
40-49		\$7.15
50-70		\$12.29
18-29	ONE-PARENT FAMILY	\$3.12
30-39		\$3.38
40-49		\$4.55
50-70		\$6.63
18-29	TWO-PARENT FAMILY	\$3.77
30-39		\$4.88
40-49		\$7.35
50-70		\$12.35

# Employee Premium Rates -24 Payroll Deductions Per Year

## Voluntary Benefits - AFLAC

### 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 - 7/7 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	\$13.65	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48	\$21.84	\$23.21	\$24.57	\$25.94
	50-64	\$14.30	\$15.73	\$17.16	\$18.59	\$20.02	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17
	65-74	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
6 MONTHS	18-49	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
	50-64	\$18.85	\$20.74	\$22.62	\$24.51	\$26.39	\$28.28	\$30.16	\$32.05	\$33.93	\$35.82
	65-74	\$23.40	\$25.74	\$28.08	\$30.42	\$32.76	\$35.10	\$37.44	\$39.78	\$42.12	\$44.46

### AFLAC-SHORT TERM DISABILITY - Series A-57600

#### Elimination Period Accident/Sickness - 14/14 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	\$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

### CRITICAL CARE PROTECTION POLICY - Series A74200

Individual					One Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$8.45	\$1.17	\$0.59	\$10.21	18-35	\$14.37	\$1.24	\$0.65	\$16.25
36-45	\$12.03	\$2.15	\$1.43	\$15.60	36-45	\$17.03	\$2.28	\$1.43	\$20.74
46-55	\$16.38	\$2.54	\$2.34	\$21.26	46-55	\$21.91	\$2.60	\$2.34	\$26.85
56-64	\$21.13	\$2.80	\$3.32	\$27.24	56-64	\$28.80	\$2.93	\$3.38	\$35.10
Insured/Spouse					Two Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$16.25	\$2.34	\$1.17	\$19.76	18-35	\$18.46	\$2.41	\$1.24	\$22.10
36-45	\$21.13	\$4.29	\$2.41	\$27.82	36-45	\$23.47	\$4.42	\$2.60	\$30.49
46-55	\$28.47	\$5.07	\$4.03	\$37.57	46-55	\$31.33	\$5.14	\$4.36	\$40.82
56-64	\$39.65	\$5.59	\$6.18	\$51.42	56-64	\$43.03	\$5.72	\$6.50	\$55.25

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

# Employee Premium Rates -24 Payroll Deductions Per Year

## Voluntary Benefits - AFLAC

### CRITICAL CARE PROTECTION POLICY - Series A74300

Individual					One Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$8.91	\$1.17	\$0.59	\$10.66	18-35	\$15.15	\$1.24	\$0.65	\$17.03
36-45	\$12.61	\$2.15	\$1.43	\$16.19	36-45	\$17.88	\$2.28	\$1.43	\$21.58
46-55	\$18.59	\$2.54	\$2.34	\$23.47	46-55	\$23.01	\$2.60	\$2.34	\$27.95
56-64	\$25.74	\$2.80	\$3.32	\$31.85	56-64	\$32.44	\$2.93	\$3.38	\$38.74

Insured/Spouse					Two Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$17.10	\$2.34	\$1.17	\$20.61	18-35	\$19.37	\$2.41	\$1.24	\$23.01
36-45	\$22.62	\$4.29	\$2.41	\$29.32	36-45	\$24.64	\$4.42	\$2.60	\$31.66
46-55	\$34.84	\$5.07	\$4.03	\$43.94	46-55	\$36.92	\$5.14	\$4.36	\$46.41
56-64	\$49.66	\$5.59	\$6.18	\$61.43	56-64	\$53.17	\$5.72	\$6.50	\$65.39

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

### DENTAL LEVEL 1 - Series A-82200R

		Premium	Total
18-70	INDIVIDUAL	\$15.67	\$15.67
18-70	ONE-PARENT FAMILY	\$30.10	\$30.10
18-70	INSURED/SPOUSE	\$30.49	\$30.49
18-70	TWO-PARENT FAMILY	\$45.50	\$45.50

### DENTAL LEVEL 2 - Series A-82300R

		Premium	Total
18-70	INDIVIDUAL	\$19.18	\$19.18
18-70	ONE-PARENT FAMILY	\$37.31	\$37.31
18-70	INSURED/SPOUSE	\$37.57	\$37.57
18-70	TWO-PARENT FAMILY	\$56.10	\$56.10

### VISION NOW - Series VSN100

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-39	\$6.95	\$11.45	\$10.95	\$14.45
40-49	\$9.45	\$13.20	\$15.95	\$18.65
50-64	\$14.20	\$16.45	\$24.45	\$24.95

Aflac Whole Life with Chronic Condition Rider, Aflac Whole Life, and Aflac Term Life are individual rates that can be discussed in your individual consults.

# Next Steps For Open Enrollment

## **You will need to attend your individual Open Enrollment consultation**

Individual consultations October 31, 2022, through November 4, 2022  
Open Enrollment changes will be effective January 1, 2023

## **Be sure you have the following information available at your scheduled individual consultation**

Demographic information such as personal phone number, address, etc.

Spouse and dependent information including legal name, social security number, date of birth, etc.

Beneficiary information such as legal name, social security number, date of birth, etc.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

# Contact Information

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## SONA Benefits –Pharmacy Benefit Administrators

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