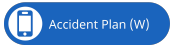


PERSONALIZED BENEFITS 2025



Accident Coverage



Critical Illness Coverage



 **NortonLifeLock™**
Identity Theft Coverage



spot
pet insurance
Pet Insurance

Rate

 **BenefitHub**

Supplemental Health Benefits

Life doesn't announce surprises, so by signing up for personalized supplemental health benefits, you can help cover unexpected expenses. These benefits can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. They can help you bounce back physically, emotionally, and financially.

Key Features to Consider:

- ▶ **Cash Benefit paid directly to you:** No copays, deductibles, coinsurance, or network requirements.
- ▶ **Use the money however you want:** Pay for medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more, it is up to you.
- ▶ **Cost effective:** By signing up through your employer, you get coverage at a low group rate and coverage is guaranteed issue, regardless of your medical history. These plans are portable at the same costs and coverages.



See The Value

Even with medical coverage you may still have out-of-pocket medical costs, such as deductibles, copay's and coinsurance, as well as indirect living expenses.

Accident Insurance:

Scan for Video

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture.



Accident Plan (W)

Examples of covered expenses include:

- ▶ Doctor's office visits
- ▶ Rehab treatment
- ▶ Diagnostic exams
- ▶ Physical therapy sessions

Accident Insurance in Practice

Situation	Alan broke his leg in a bike accident.
Covered Benefits	<ul style="list-style-type: none"> ▶ Doctor's office visits ▶ Diagnostic exams ▶ Broken leg rehab treatment ▶ Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250

Critical Illness Insurance:

Scan for Video

Critical illness insurance provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:



CI Plan (W)

- ▶ Increased living expenses
- ▶ Travel expenses
- ▶ Prescriptions
- ▶ Treatments

Critical Illness Insurance in Practice

Situation	Brittney had a heart attack while raking
Covered Benefits	<ul style="list-style-type: none"> ▶ Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$15,000

Wellness Benefit

Your supplemental health plan(s) comes with a wellness incentive benefit. This benefit is paid to each covered person who completes at least one covered wellness visit or preventive care service.

Please note the above are only examples **and** are provided for illustrative purposes only. Refer to your Personalized Benefits Guide for more details on your coverage, election options, and rates.



GROUP ACCIDENT INSURANCE

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
<p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	<p>\$1,000</p> <p>Per Confinement</p>
<p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	<p>\$300</p> <p>Per Day</p>
<p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$250</p> <p>Per Day</p>
<p>INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE / CHILD</p>	
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p> <p>Hospital emergency room with X-Ray / without X-Ray</p> <p>Urgent care facility with X-Ray / without X-Ray</p> <p>Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray</p>	<p>\$350 / \$200</p> <p>\$300 / \$150</p> <p>\$300 / \$150</p>
<p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$200 Ground</p> <p>\$1,000 Air</p>
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	<p>\$200</p>
<p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p>	<p>\$100</p> <p>Each 24 hour period</p>
<p>ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)</p> <p>Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	<p>\$50</p>
<p>THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	<p>\$50</p>



GROUP ACCIDENT INSURANCE

Benefit Amount

FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.

Hip / Thigh

Vertebrae (except processes)

Pelvis

Skull (depressed)

Sternum

Leg

Forearm / Hand / Wrist / Foot / Ankle / Kneecap

Shoulder Blade / Collar Bone / Lower Jaw (mandible)

Skull (simple) / Upper Arm / Upper Jaw

Facial Bones (except teeth)

Vertebral Processes

Sacral / Sacrum

Coccyx / Rib / Finger / Toe

INITIAL TREATMENT
BENEFIT
EMPLOYEE /
SPOUSE & CHILD

\$6,000 / \$3,000

\$5,400 / \$2,700

\$4,800 / \$2,400

\$4,500 / \$2,250

\$4,050 / \$2,025

\$3,600 / \$1,800

\$3,000 / \$1,500

\$2,400 / \$1,200

\$2,100 / \$1,050

\$1,800 / \$900

\$1,200 / \$600

\$900 / \$450

\$480 / \$240

DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

Hip

Knee

Shoulder

Foot / Ankle

Hand

Lower Jaw

Wrist

Elbow

Finger / Toe

\$2,000

\$1,300

\$1,000

\$800

\$700

\$600

\$500

\$400

\$160

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$100
per day

TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

\$300 Plane
\$150 Any ground
transportation





GROUP ACCIDENT INSURANCE

Benefit Amount

<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	<p>\$400</p>
<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	<p>\$25</p>
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	<p>\$750</p>
<p>APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace, Cervical Collar Walking Boot, Knee Scooter, Body Jacket Wheelchair, Back Brace, Walker, Crutches, Leg Brace</p>	<p>\$20 \$50 \$100</p>
<p>FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	<p>\$50</p>
<p>EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.</p>	<p>\$50</p>
<p>EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.</p>	<p>\$50 Extraction \$150 Repair with a crown</p>
<p>COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.</p>	<p>\$5,000</p>
<p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	<p>\$100</p>
<p>BLOOD/PLASMA /PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	<p>\$100</p>
<p>BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.</p> <p>Second Degree Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more</p> <p>Third Degree Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more</p>	<p>\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000</p>
<p>RESIDENCE / VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; The use of one hand/arm; or The use of one foot/leg.</p>	<p>\$500</p>





GROUP ACCIDENT INSURANCE

Benefit Amount

<p>PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	\$500
<p>PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia</p>	\$2,500 \$5,000
<p>SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p> <p>Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.</p>	
<p>ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.</p>	\$25,000
<p>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT Payable if the insured:</p> <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. 	\$50,000
<p>The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)</p>	
<p>DISMEMBERMENT (once per accident, within 6 months after the accident)</p> <p>Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means:</p> <ul style="list-style-type: none"> • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). <p>If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.</p>	LIFE CHANGING EVENTS BENEFITS
<p>SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)</p>	
Employee	\$12,500
Spouse	\$5,000
Child(ren)	\$2,500
DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)	
Employee	\$25,000
Spouse	\$10,000
Child(ren)	\$5,000
LOSS OF ONE OR MORE FINGERS OR TOES	
Employee	\$1,250
Spouse	\$500
Child(ren)	\$250
PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)	
Employee	\$100
Spouse	\$100
Child(ren)	\$100
<p>WELLNESS BENEFIT (once per calendar year) Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter</p>	\$50





Benefits At A Glance		Monthly Premiums	
Initial Doctor Visit at Urgent Care or Doctors Office	\$150 without x-ray \$300 with x-ray	Employee Only	\$14.45
Emergency Room Visit	\$200 without x-ray \$350 with x-ray	Employee & Spouse	\$21.19
Follow Up Treatment	\$50	Employee & Children	\$25.10
Physical Therapy	\$50	Family	\$31.84
Ambulance	Ground: \$200 Air: \$1,000	YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY!	
Blood / Plasma	\$100		
Prosthesis	\$500	Wellness Benefit -> \$50 (per person per year)	
Appliance	Up to \$100	Employee Only -> \$14.45 monthly	
Injury Specific	\$50-\$13,500 (up to \$9,000 x 200%)	Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00	
Family Lodging (100+ miles)	\$100 / night	Adjusted Monthly Cost = \$6.67	
Transportation (100+ miles)	Ground: \$150 Air: \$300	Employee & Spouse -> \$21.19 monthly	
Accidental Death	\$25,000/\$12,500/\$2,500	Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00	
Accidental Dismemberment	\$200 - \$25,000	Adjusted Monthly Cost = \$7.56	
Hospital Admission	\$1000	Employee & Children -> \$25.10 monthly	
Regular Room	\$300 / per day	Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00	
Intensive Care	\$550 / per day	Adjusted Monthly Cost = \$10.49	
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>		Family -> \$31.84 monthly	
		Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00	
		Adjusted Monthly Cost = \$11.38	



AFLAC GROUP CRITICAL

Benefits Overview - Lump Sum Benefit Amount That you Choose

Benefit Amount

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURNS*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

OPTIONAL BENEFITS RIDER (Included)

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASES RIDER

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.





AFLAC GROUP CRITICAL

	Benefit Amount
<p>REOCCURRENCE</p> <p>We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.</p> <p>CHILD COVERAGE AT NO ADDITIONAL COST</p> <p>Each dependent child is covered at 50 percent of the primary insured’s benefit amount at no additional charge. Children-only coverage is not available.</p>	
<p>SKIN CANCER BENEFIT</p> <p>We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.</p>	\$250
<p>WAIVER OF PREMIUM</p> <p>If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.</p>	
<p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the primary insured’s death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.</p>	
<p>HEALTH SCREENING BENEFIT (Employee and Spouse only)</p> <p>We will pay \$50 for health screening tests performed while an insured’s coverage is in force. We will pay this benefit once per calendar year.</p> <p>This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.</p> <p>COVERED HEALTH SCREENING TESTS INCLUDE:</p> <ul style="list-style-type: none"> •Blood test for triglycerides •CEA (blood test for colon cancer) •Flexible sigmoidoscopy •Bone marrow testing •Chest X-ray •Hemocult stool analysis •Breast ultrasound •Colonoscopy •Mammography •Spiral CT screening for lung cancer •DNA stool analysis •Pap smear •Thermography •Fasting blood glucose test •Stress test on a bicycle or treadmill •CA 125 (blood test for ovarian cancer) •PSA (blood test for prostate cancer) •CA 15-3 (blood test for breast cancer) •Serum cholesterol test to determine level of HDL and LDL •Serum protein electrophoresis (blood test for myeloma) 	\$50



Critical Illness Insurance

Benefits At A Glance		Monthly Rates			
NON-TOBACCO -- Employee					
Cancer	100%	Issue Age	\$10,000	\$20,000	\$30,000
Heart Attack	100%	18-30	\$5.31	\$9.25	\$13.18
Stroke	100%	31-40	\$8.08	\$14.78	\$21.48
Kidney Failure	100%	41-50	\$14.26	\$27.15	\$40.03
Major Organ Transplant	100%	51-60	\$25.54	\$49.70	\$73.85
Bone Marrow Transplant	100%	61+	\$46.78	\$92.18	\$137.58
Sudden Cardiac Arrest	100%				
NON-TOBACCO -- Spouse					
Coronary Artery Bypass Surgery	25%				
Non-Invasive Cancer	25%	Issue Age	\$10,000	\$20,000	\$30,000
Skin Cancer	\$250	18-30	\$5.31	\$9.25	\$13.18
Severe Burn	100%	31-40	\$8.08	\$14.78	\$21.48
Coma	100%	41-50	\$14.26	\$27.15	\$40.03
Paralysis	100%	51-60	\$25.54	\$49.70	\$73.85
Loss of Sight / Hearing / Speech	100%	61+	\$46.78	\$92.18	\$137.58
Benign Brain Tumor	100%				
TOBACCO -- Employee					
Advanced Alzheimer's Disease	25%				
Advanced Parkinson's Disease	25%	Issue Age	\$10,000	\$20,000	\$30,000
Amyotrophic Lateral Sclerosis	25%	18-30	\$7.00	\$12.61	\$18.23
Sustained Multiple Sclerosis	100%	31-40	\$11.88	\$22.38	\$32.88
Health Screening Benefit	\$50 (EE + SP Only)	41-50	\$21.63	\$41.88	\$62.13
		51-60	\$40.48	\$79.58	\$118.68
		61+	\$72.06	\$142.75	\$213.43
TOBACCO -- Spouse					
		Issue Age	\$10,000	\$20,000	\$30,000
		18-30	\$7.00	\$12.61	\$18.23
		31-40	\$11.88	\$22.38	\$32.88
		41-50	\$21.63	\$41.88	\$62.13
		51-60	\$40.48	\$79.58	\$118.68
		61+	\$72.06	\$142.75	\$213.43



Aflac

DON'T FORGET!

To Submit For Your Annual Wellness & Health Screening Benefits

File All Claims Online At:
[AflacGroupInsurance.com](https://www.AflacGroupInsurance.com)

Please remember when filling out a claim on-line you will need the **SSN, DOB, Certificate Number and Home Zip Code** of the primary insured person with Aflac Group to register your employee account.



For Claims Escalations:
voluntaryclaims@hubinternational.com



Aflac's claims process:

Peace of mind when you need it most

If you're sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your claims online. Here's how:



Aflac helps pay expenses health insurance doesn't cover – and because your medical bills won't wait, we do so promptly and fairly. In fact, we paid 7.1 million claims last year to people just like you: people who trusted us to keep our promises.² For all other plans, download the proper forms and follow the instructions for filing by fax or email.



1 second

We pay a claim every second between Aflac Individual and Aflac Group*



7.1 million

Aflac Individual and Aflac Group Claims paid in 2018²



2 days

Average processing of Aflac Group Claims.

Get to know Aflac.
Visit aflacgroupinsurance.com to learn more.

¹ Aflac proprietary data, 2019.

² Aflac proprietary data, 2018.

*Based on a 40-hour work week, 52 weeks a year.

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Opt-in to Cyber Safety

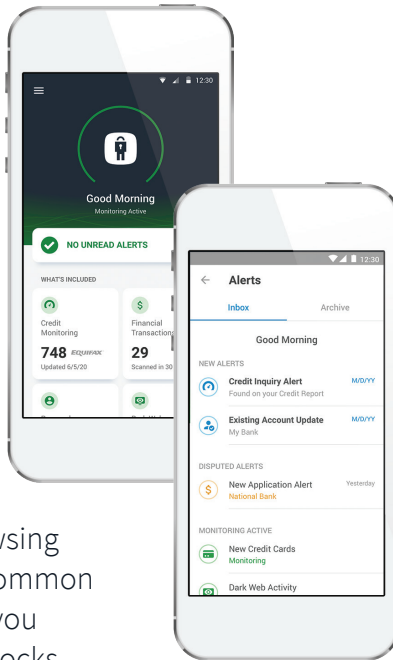
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Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.

Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes. Features may differ depending on plan.

Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]

Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

No one can prevent all identity theft or cybercrime.
[†] We do not monitor all transactions at all businesses.

¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.

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1- Waived \$1,640 lender fee available through MarillacHealth corporate benefits team for loans that have a triggered RESPA app date as of 01/01/2024-12/31/2024 at 11:59pm EST. "Triggered RESPA" in accordance with Regulation X, is defined as lender receipt of all six pieces of information received in a secure format; applicant name, property address, home value, loan amount, income, and SSN. Qualified participants, including MarillacHealth employees, friends, and family, must access the Rate website from the MarillacHealth Intranet or visit www.rate.com/MarillacHealth, successfully complete a mortgage loan application, and close the mortgage loan with Rate. Applicant subject to credit and underwriting approval. Restrictions may apply. Guaranteed Rate, Inc. dba Rate is a private corporation organized under the laws of the State of Delaware. It has no affiliation with the US Department of Housing and Urban Development, the US Department of Veterans Affairs, the Nevada Department of Veterans Services, the US Department of Agriculture, or any other government agency. No compensation can be received for advising or assisting another person with a matter relating to veterans' benefits except as authorized under Title 38 of the United States Code.

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3 - At least one borrower must be a first time homebuyer with total qualifying income 100% or less of the MSA (Metropolitan Statistical Area) where the property is located and 120% or less of the property is located in an area where the loan limits exceed standard conforming limits. Must meet income threshold based on the MSA. Amount by which loan cost may be reduced, if at all, is based on a variety of factors including FICO score. Talk to your loan officer to find out if you qualify for the loan cost reduction. Restrictions apply.

4 - Rate's Same Day Mortgage promotion offers qualified customers who provide certain required financial information/documentation to Rate within 24 hours of locking a rate on a mortgage loan the opportunity to receive a loan approval within 1 business day of timely submission of documentation and does not suggest that the borrower will receive funding on the same day as their application submission. For purposes of this offer, documents provided after 1 pm local time or on a weekend or company holiday will be deemed submitted the next business day. Rate cannot guarantee that a loan will be approved or that a closing will occur within a specific timeframe. Rate reserves the right to revoke this approval at any time if there is a change in your financial condition or credit history which would impair your ability to repay this obligation. Read and understand your Loan Commitment before waiving any mortgage contingencies. Borrower documentation and Intent to Proceed must be signed within 24 business hours of receipt. Not eligible for all loan types or residence types. Minimum down payment requirements apply. Self-employed borrowers are not eligible. Not all borrowers will be approved. Borrower's interest rate will depend upon the specific characteristics of borrower's loan transaction, credit profile and other criteria. Not available in all states. Restrictions apply. Visit Rate.com/same-day-mortgage for terms and conditions. By refinancing, you may pay more in costs and interest over the extended term.

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