

## Request for Legislative Action

Res. #21430

Sponsor: Manuel Abarca IV

Date: October 16, 2023

### Completed by County Counselor's Office

Action Requested:	Resolution	Res.Ord No.:	21430
Sponsor(s):	Manuel Abarca IV	Legislature Meeting Date:	10/16/2023

### Introduction

**Action Items:** ['Authorize']

**Project/Title:**

Upon recommendation from CBIZ, this year we will begin offering group policies to all associates. Plans are portable, are guaranteed issue, fall under group underwriting and benefits do not decrease with age of participant. Plans included are for Group Critical Illness, Group Short-term Disability, Group Hospital Indemnity and Group Accident Insurance.

### Request Summary

The County has had an agreement since 1986 with AFLAC to provide AFLAC products to our associates. Upon recommendation from CBIZ, this year we will begin offering group policies to all associates. Plans are portable, are guaranteed issue, fall under group underwriting and benefits do not decrease with age of participant. Plans included are for Group Critical Illness, Group Short-term Disability, Group Hospital Indemnity and Group Accident Insurance.

The premium costs for 2024 by plan types are as follows:

Group Critical Illness Insurance: Premium rate varies by age and coverage amount per participant.

Group Short-Term Disability Insurance: Premium rate varies by age and annual income of participant.

Group Hospital Indemnity Insurance:

- Employee = \$22.24
- Employee and Spouse = \$40.40
- Employee and Child(ren) = \$33.02
- Family = \$51.18

Group Accident Insurance:

- Employee = \$16.72
- Employee and Spouse = \$26.96
- Employee and Child(ren) = \$31.44
- Family = \$41.68

Upon recommendation of CBIZ, we will be utilizing a third-party administrator, Brian Patton Associates (BPA) to assist us with open enrollment due to their knowledge of AFLAC products and their benefits platform, all at no cost to the County.

Human Resources recommends executing this no cost agreement with AFLAC and BPA for furnishing employee group AFLAC insurance with AFLAC of Columbia, South Carolina, pursuant to the recommendation of CBIZ.

## Request for Legislative Action

Contact Information			
Department:	Human Resources	Submitted Date:	10/3/2023
Name:	Michelle Chrisman	Email:	mchrisman@jacksongov.org
Title:	Director of Human Resources	Phone:	816-808-1204

Budget Information			
Amount authorized by this legislation this fiscal year:			\$ 0
Amount previously authorized this fiscal year:			\$ 0
Total amount authorized after this legislative action:			\$
Is it transferring fund?			No
Single Source Funding:			
Fund:	Department:	Line Item Account:	Amount:
			<b>!Unexpected End of Formula</b>

Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
Prior Resolution	
Resolution:	Resolution date:

Purchasing	
Does this RLA include the purchase or lease of supplies, materials, equipment or services?	No
Chapter 10 Justification:	
Core 4 Tax Clearance Completed:	
Certificate of Foreign Corporation Received:	
Have all required attachments been included in this RLA?	

Compliance
Certificate of Compliance
Not Applicable
Minority, Women and Veteran Owned Business Program

## Request for Legislative Action

Goals Not Applicable for following reason: not spending money	
MBE:	.00%
WBE:	.00%
VBE:	.00%
<b>Prevailing Wage</b>	
Not Applicable	

<b>Fiscal Information</b>	
<ul style="list-style-type: none"><li>This legislative action does not impact the County financially and does not require Finance/Budget approval.</li></ul>	

## Request for Legislative Action

### History

Submitted by Human Resources requestor: Michelle Chrisman on 10/3/2023. Comments:

Approved by Department Approver Gina M. Campbell on 10/3/2023 8:43:27 AM. Comments:

Returned for more information by Purchasing Office Approver Barbara J. Casamento on 10/3/2023 9:19:17 AM. Comments: Two problems here: (1) I have to check this statement - you state CBIZ solicited proposals in 1986 - that is 37 years ago - please recheck and if this is correct, please explain further. (2) you are asking for a "No Cost Change Order" to a contract that is in effect right now and to award a "no bid - no cost" contract to BPA -Section 1054.6 does not apply to either of these situations - please revise this statement.

Submitted by Requestor Michelle K. Chrisman on 10/3/2023 3:31:17 PM. Comments: I contacted the County Counselor's office and confirms we currently do not have a contract with AFLAC. But I did find we started offering their products in 1986.

Approved by Department Approver Gina M. Campbell on 10/3/2023 4:00:07 PM. Comments:

Not applicable by Purchasing Office Approver Barbara J. Casamento on 10/3/2023 4:29:04 PM. Comments:

Approved by Compliance Office Approver Ikeela Alford on 10/4/2023 10:24:20 AM. Comments:

Approved by Budget Office Approver David B. Moyer on 10/4/2023 10:36:15 AM. Comments:

Approved by Executive Office Approver Troy Schulte on 10/4/2023 11:40:34 AM. Comments:

Approved by Counselor's Office Approver Jamesia Manning on 10/12/2023 11:58:01 AM. Comments:

# Group Critical Illness Insurance

## Benefits Proposal

This proposal has been  
prepared for:

JACKSON COUNTY  
PERSONNEL

Presented by:

Aflac Group

Proposal State:

Missouri

Presentation Date:

03/31/2023

Expires on 01/01/2024



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C22000

# Group Critical Illness Insurance

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options	
<b>Spouse Coverage</b>	Up to 50% of the face amount elected by the employee	
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee	
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b>	Up to \$30,000
	<b>Spouse:</b>	Up to \$15,000
	<b>Participation Requirement:</b>	0%
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums	
<b>Payment Method</b>	Payroll Deducted	
<b>Pre-existing Condition Exclusion</b>	None	
<b>Waiting Period</b>	There is no waiting period	
<b>Benefit Reductions</b>	No reduction at any age	
<b>Rate Guarantee</b>	2 Year(s)	
<b>Portability/Continuation</b>	Evergreen	
<b>Rate Type</b>	Attained Age	
<b>Eligibility</b>	<b>Work Week Hours:</b>	Employee must work at least 16 hours per week
	<b>Length of Employment:</b>	No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate	
<b>Successor Insured Waiver of Premium</b>	Not Included	
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b>	6 consecutive months
	<b>Reoccurrence:</b>	6 consecutive months
<b>Successor Insured</b>	Included	
<b>Issue Ages</b>	<b>Employee:</b>	18+
	<b>Spouse:</b>	18+
	<b>Children:</b>	Under age 26
<b>Termination Age</b>	None	
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date	

# Group Critical Illness Insurance

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1000 per calendar year
Metastatic Cancer	25%

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50
Health Screening (payable for dependent children)	100% of the Health Screening Amount
Payable per calendar year	1

Progressive Diseases Rider	
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Sustained Multiple Sclerosis (MS)	100%
Chronic Obstructive Pulmonary Disease (COPD)	25%
Crohn's Disease	25%

Specified Diseases Rider	
Tier 1 – Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
Tier 2 - Human Coronavirus Only	
Hospitalization: 4+days	10%
Hospitalization: 10+days	25%
Hospitalization: Intensive Care Unit (ICU)	40%

Please request a sample policy for full benefit provisions and descriptions.

# Group Critical Illness Insurance

## Premium Rates

### Employee Uni-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80
26-30	\$2.45	\$4.90	\$7.35	\$9.80	\$12.25	\$14.70
31-35	\$3.15	\$6.29	\$9.44	\$12.58	\$15.73	\$18.87
36-40	\$4.07	\$8.15	\$12.22	\$16.30	\$20.37	\$24.45
41-45	\$5.32	\$10.64	\$15.96	\$21.28	\$26.60	\$31.92
46-50	\$7.00	\$13.99	\$20.99	\$27.99	\$34.98	\$41.98
51-55	\$10.91	\$21.82	\$32.73	\$43.64	\$54.55	\$65.46
56-60	\$13.13	\$26.26	\$39.39	\$52.53	\$65.66	\$78.79
61-65	\$21.38	\$42.77	\$64.15	\$85.53	\$106.92	\$128.30
66+	\$34.11	\$68.22	\$102.33	\$136.44	\$170.56	\$204.67

### Spouse Uni-Tobacco Monthly Premiums

### Spouse Uni-Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-25	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40
26-30	\$2.45	\$3.68	\$4.90	\$6.13	\$7.35
31-35	\$3.15	\$4.72	\$6.29	\$7.86	\$9.44
36-40	\$4.07	\$6.11	\$8.15	\$10.19	\$12.22
41-45	\$5.32	\$7.98	\$10.64	\$13.30	\$15.96
46-50	\$7.00	\$10.50	\$13.99	\$17.49	\$20.99
51-55	\$10.91	\$16.37	\$21.82	\$27.28	\$32.73
56-60	\$13.13	\$19.70	\$26.26	\$32.83	\$39.39
61-65	\$21.38	\$32.08	\$42.77	\$53.46	\$64.15
66+	\$34.11	\$51.17	\$68.22	\$85.28	\$102.33

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.



# Group Critical Illness Insurance

## Benefits Summary

*(Benefit provisions vary by situs state)*

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

### Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. See Master Policy for the full list of covered health screening tests.

### Progressive Diseases Rider

One benefit per disease is payable if an insured is diagnosed with one of the diseases listed. For any subsequent progressive disease to be payable, the two dates of diagnosis must satisfy the separation period for Reoccurrence.

### Specified Diseases Rider

Tier 1 - Benefits are payable if an insured is diagnosed with one of the diseases listed. For any subsequent Tier 1 specified disease to be payable, the two dates of diagnosis for Tier 1 diseases must satisfy the separation period for Reoccurrence.

Tier 2 – Benefits are payable if an insured is diagnosed with one of the diseases listed and such diagnosis results in either a period of Hospital confinement or a period of Hospital Intensive Care Unit confinement as a direct result of the disease. For any subsequent Tier 2 specified disease to be payable, the two dates of diagnosis for Tier 2 diseases must satisfy the separation period for Reoccurrence.

\*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

# Group Critical Illness Insurance

## Limitations & Exclusions

### Exclusions

We will not pay for loss due to:

- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job
- **Participation in Aggressive Conflict of any kind, including:**
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal substance abuse, which includes the following:**
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.

# Group Critical Illness Insurance

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

# Group Accident Insurance

## Benefits Proposal

This proposal has been  
prepared for:

JACKSON COUNTY  
PERSONNEL

Presented by:

Aflac Group

Proposal State:

Missouri

Presentation Date:

05/25/2023

Expires on 01/01/2024



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C70000

# Group Accident Insurance

## Plan Description

The Aflac Group Accident plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	24 Hour
Covered Insureds	Available for all family members Spouse-only and Child-only coverage is not available
Guaranteed-Issue	The base accident product is always offered on a guaranteed-issue basis
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	2 Years
Portability	2019 Portability
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Successor Insured Waiver of Premium	Not Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date Note: Benefits are not payable for accidents that occurred prior to the effective date of coverage

# Group Accident Insurance

## Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category- High (Custom)				Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident						
ER/Urgent Care				\$200	\$200	\$200
ER/Urgent Care with X-Ray				\$250	\$250	\$250
Doctor's Office				\$100	\$100	\$100
Doctor's Office with X-Ray				\$150	\$150	\$150
<b>Ambulance</b> - once per day, within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground				\$300	\$300	\$300
Air				\$1,000	\$1,000	\$1,000
<b>Major Diagnostic Testing</b> - within six months of the accident						
Maximum number of diagnostic tests per covered accident: 1				\$200	\$200	\$200
<b>Emergency Room Observation</b> - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)				\$50	\$50	\$50
Long Observation Period (24+ Hours)				\$100	\$100	\$100
<b>Prescriptions</b> - within six months of the accident						
Maximum number of filled prescriptions per covered accident: 2				\$5	\$5	\$5
<b>Pain Management</b> - within six months of the accident						
Maximum number of payments per covered accident: 1				\$100	\$100	\$100
<b>Blood/Plasma/Platelets</b> - within six months of the accident						
Maximum number of days per covered accident: 3				\$200	\$200	\$200
<b>Concussion</b> - once per accident, within six months of the accident				\$500	\$500	\$500
<b>Traumatic Brain Injury</b> - once per accident, within six months of the accident				\$5,000	\$5,000	\$5,000
<b>Coma</b> - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident				\$10,000	\$10,000	\$10,000
<b>Burns</b> - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%				\$100	\$100	\$100
At least 10%, but less than 25%				\$200	\$200	\$200
At least 25%, but less than 35%				\$500	\$500	\$500
35% or more				\$1,000	\$1,000	\$1,000
<u>Third Degree Burns</u>						
Less than 10%				\$1,000	\$1,000	\$1,000
At least 10%, but less than 25%				\$5,000	\$5,000	\$5,000
At least 25%, but less than 35%				\$10,000	\$10,000	\$10,000
35% or more				\$20,000	\$20,000	\$20,000
<b>Emergency Dental Work</b> - once per accident, within six months of the accident						
Repair with Crown				\$200	\$200	\$200
Extraction				\$50	\$50	\$50
<b>Eye Injury</b> - removal of a foreign body				\$250	\$250	\$250
<b>Dislocations</b> - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Hand	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Lower Jaw	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Wrist	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
Elbow	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240
<b>Lacerations</b> - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Under 5 centimeters				\$100	\$100	\$100
5 to 15 centimeters				\$400	\$400	\$400
Over 15 centimeters				\$800	\$800	\$800
<u>Lacerations not requiring stitches</u>				\$50	\$50	\$50

# Group Accident Insurance

**Fracture** - once per covered accident, within 90 days of the accident

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$8,000	\$8,000	\$8,000	\$4,000	\$4,000	\$4,000
Vertebrae/Sternum	\$7,200	\$7,200	\$7,200	\$3,600	\$3,600	\$3,600
Pelvis	\$6,400	\$6,400	\$6,400	\$3,200	\$3,200	\$3,200
Skull (Depressed)	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Leg	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Forearm/Hand/Wrist	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Foot/Ankle/Kneecap	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Shoulder Blade/Collar Bone	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Lower Jaw	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Skull (Simple)	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Upper Arm/Upper Jaw	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Facial Bones (except teeth)	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Vertebral Processes/Sacrum	\$1,600	\$1,600	\$1,600	\$800	\$800	\$800
Coccyx/Rib/Finger/Toe	\$640	\$640	\$640	\$320	\$320	\$320

**Outpatient Surgery and Anesthesia** (per day) - within one year of the accident

Performed in a Hospital or Ambulatory Surgical Center

\$400 \$400 \$400

Maximum number of payments per covered accident: No Maximum

Performed in a Doctor's Office, Urgent Care Facility or Emergency Room

\$50 \$50 \$50

Maximum number of payments per covered accident: 2

**Facilities Fee for Outpatient Surgery** - within one year of the accident

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

\$100 \$100 \$100

**Inpatient Surgery and Anesthesia** (per day) - within one year of the accident

Maximum number of payments per covered accident: No Maximum

\$1,000 \$1,000 \$1,000

**Transportation** - within six months of the accident

Maximum number of payments per covered accident: 3

Minimum Required Distance (miles): 100

Plane \$500 \$500 \$500

Any ground transportation \$200 \$200 \$200

(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.)

Hospitalization Category - High-LT	Employee	Spouse	Child
<b>Hospital Admission</b> (per confinement) - once per accident, within six months of the accident	\$1,000	\$1,000	\$1,000
Maximum number of admissions per covered accident: 1			
<b>Hospital Confinement</b> (per day) - within 6 months of the accident	\$300	\$300	\$300
Maximum days of confinement per covered accident: 365			
<b>Hospital Intensive Care</b> (per day) - within 6 months of the accident	\$600	\$600	\$600
Maximum days of confinement per covered accident: 30			
<b>Family Member Lodging</b> (per day) - within six months of the accident	\$200	\$200	\$200
Maximum days of lodging per covered accident: 30			
Minimum Required Distance (miles): 100			

# Group Accident Insurance

After Care Category - Mid (Custom)	Employee	Spouse	Child
<b>Appliances</b> - within six months of the accident			
Cane	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Ankle Brace	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Walking Boot	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Walker	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Crutches	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Leg Brace	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Cervical Collar	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Wheelchair	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Knee Scooter	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Body Jacket	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Back Brace	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
<b>Accident Follow-Up Treatment</b> - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Maximum number of visits per covered accident: 6			
<b>Post Traumatic Stress Disorder (PTSD)</b> - once per accident, within 6 months of the accident	\$150	\$150	\$150
<b>Rehabilitation Unit</b> (per day)			
Maximum number of days per confinement: 31	\$75	\$75	\$75
No more than 62 days total per calendar year for each insured			
<b>Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Maximum number of visits per covered accident: 10			
<b>Chiropractic or Alternative Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$15	\$15	\$15
Maximum number of visits per covered accident: 6			
Life Changing Events Category - Low-LT	Employee	Spouse	Child
<b>Dismemberment</b> - once per accident, within six months of the accident			
Single Loss	\$5,000	\$2,000	\$1,000
Double Loss	\$10,000	\$4,000	\$2,000
Loss of one or more fingers or toes	\$500	\$200	\$100
Partial Dismemberment (includes at least one joint of a finger or toe)	\$50	\$50	\$50
<b>Paralysis</b> - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$2,500	\$2,500	\$2,500
Quadriplegia	\$5,000	\$5,000	\$5,000
<b>Prosthesis</b> - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$500	\$500	\$500
<b>Prosthesis Repair/Replacement</b> - once per prosthetic device, within three years of initial Prosthesis payment	\$500	\$500	\$500
<b>Residence/Vehicle Modification</b> - once per accident, within one year of the accident	\$500	\$500	\$500
Wellness Rider - High-LT	Employee	Spouse	Child
Amount paid will be based on the certificate year in which the wellness test was performed:			
Maximum number of payments per calendar year, per insured: 1			
<b>Year 1</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 2</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 3</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 4</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 5</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 6+</b> - Once per calendar year	\$50	\$50	\$50



# Group Accident Insurance

Gunshot Wound Rider - High		Employee
<b>Gunshot Wound</b> - once per accident Injury must result in treatment within 24 hours and admission to a hospital as an inpatient		\$5,000

Accidental Death Rider	Employee	Spouse	Child
<b>Accidental Death</b> - within 90 days of the accident			
Accidental Death	\$25,000	\$25,000	\$10,000
Accidental Common-Carrier Death	\$50,000	\$50,000	\$20,000

Line of Duty Rider	Employee
Employee only, once per accident An additional percentage of the benefit is payable for injuries sustained while on the job or in the line of duty and treatment is within 7 days of accident.	20 %

Please request a sample policy for full benefit provisions and descriptions.

# Group Accident Insurance

## Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$16.72
Employee and Spouse	\$26.96
Employee and Child(ren)	\$31.44
Family	\$41.68

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

# Group Accident Insurance

## Benefits Summary

*(Benefit provisions vary by situs state)*

### Initial Accident Treatment Category – Base Plan

#### Initial Treatment

Payable for initial treatment received under the care of a doctor. This benefit is not payable for treatment via telemedicine services.

#### Ambulance

Payable when an insured receives transportation by a professional ambulance service.

#### Major Diagnostic Testing

Payable when one of the following exams is performed in a hospital, doctor's office, medical diagnostic imaging center, or an ambulatory surgical center:

- Computerized Tomography (CT/CAT scan)
- Magnetic Resonance Imaging (MRI)
- Electroencephalography (EEG)

#### Emergency Room Observation

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.

#### Prescriptions

Payable when a prescription is filled that is ordered by a doctor, dispensed by a licensed pharmacist, and medically necessary for the care and treatment of the insured. Certain items are excluded from this benefit. See Master Policy for details.

#### Pain Management

Payable when an insured is prescribed and receives, in a doctor's office, a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is not payable for an epidural administered during a surgical procedure.

#### Blood/Plasma/Platelets

Payable when an insured receives blood, plasma, or platelets.

#### Concussion

Payable when an insured is diagnosed by a doctor with a concussion.

#### Traumatic Brain Injury (TBI)

Payable when an insured is diagnosed by a neurologist with a TBI. To qualify as a TBI, the neurological deficit must require treatment by a neurologist, and a prescribed course of physical, speech, and/or occupational therapy under the direction of a neurologist.

#### Burns

Payable when an insured is burned and then treated by a doctor. This benefit is payable according to the percentage of body burned.

#### Emergency Dental Work

Payable when an insured has an accidental injury to natural teeth.

#### Eye Injury

Payable for eye injuries requiring the removal of a foreign body by a doctor, with or without anesthesia.

#### Lacerations

Payable when an insured receives a laceration that is repaired by a doctor. Liquid skin adhesive will be paid as stitches.

#### Fractures

Payable when an insured fractures a bone and is treated by a doctor. 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.

#### Dislocations

Payable when an insured dislocates a joint and is treated by a doctor. 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.

#### Outpatient Surgery and Anesthesia

Payable for each day that an insured has an outpatient surgical procedure performed by a doctor in one of the facilities listed.

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.

#### Facilities Fee for Outpatient Surgery

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

#### Inpatient Surgery and Anesthesia

Payable for each day that 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 of that benefit amount.

# Group Accident Insurance

## Transportation

Payable for transportation when an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

## Hospitalization Category

### Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient. This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

### Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient. 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.

### Hospital Intensive Care

Payable for each day an insured is confined in a hospital intensive care unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

### Family Member Lodging

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family when the insured is confined to a hospital under the insured's treating doctor.

*If confinement benefits are paid, and the insured becomes confined again within six months because of the same or a related condition, it will be treated as the same period of confinement.*

## After Care Category

### Appliances

Payable when a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

### Accident Follow-Up Treatment

Payable for doctor-prescribed follow up treatment for injuries received in a covered accident. Follow-up treatments may not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures. See Master Policy for details.

### Post-Traumatic Stress Disorder (PTSD)

Payable when an insured is diagnosed with PTSD. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.

### Rehabilitation Unit

Payable when an insured receives treatment as an inpatient at a rehabilitation facility following an inpatient hospital confinement. This is not payable for the same days that the hospital confinement benefit is paid. The highest eligible benefit will be paid.

### Therapy

Payable when an insured has a covered doctor-prescribed therapy treatment.

### Chiropractic or Alternative Therapy

Payable when an insured has a covered therapy treatment due to injuries received in a covered accident.

## Life Changing Events Category

### Dismemberment

Payable when an insured loses a hand, foot or sight as the result of a covered accident. For Dismemberment definitions, see Master Policy. 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.

### Paralysis

Payable when an insured has permanent loss of movement of two or more limbs for more than 90 days (30 days in Utah) as the result of a covered accidental injury.

### Prosthesis

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.

### Prosthesis Repair/Replacement

\* 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.

### Residence/Vehicle Modification

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 the sight of one eye, the use of one hand/arm, or the use of one foot/leg.

# Group Accident Insurance

## Wellness Rider

Payable when an insured has a covered test performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

## Gunshot Wound Rider

Payable if, on the job (or in the line of duty), the employee insured receives an unintentional gunshot wound from a conventional fire arm in a covered accident that does not cause death. The injury must result in treatment within 24 hours and admission to a hospital as an inpatient. If the insured is shot more than once in a 24-hour period, we will pay benefits only for the first wound. If, within 90 days, the insured loses a finger/toe, a hand/foot, or the sight of an eye or eyes, or dies as the result of the same covered accident, we will pay only one benefit. We will pay the larger of the applicable Gunshot Wound Benefit, Dismemberment Benefit, or Accidental Death Benefit (if available).

# Group Accident Insurance

## Limitations and Exclusions

*We will not pay benefits for accidental injury, disability, or death contributed to, caused by, or resulting from:*

- **War** - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
  - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.
  - In Connecticut: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary taking part in an insurrection, riot, civil commotion, or civil state of belligerence. (A riot can be defined as a public uproar, disturbance, or outbreak.) War does not include acts of terrorism.
  - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
  - In Illinois: the statement "war does not include acts of terrorism" is not applicable
  - In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion, or civil state of belligerence. War does not include acts of terrorism.
  - In New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot. War does not include acts of terrorism.
  - In North Carolina: War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.
  - In New York: war or act of war (whether declared or undeclared); participation in a riot or insurrection; and service in the Armed Forces or units auxiliary thereto.
  - In Maryland: War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- **Suicide** - committing or attempting to commit suicide, while sane or insane.
  - In Montana and Missouri: committing or attempting to commit suicide, while sane
  - In Illinois, Michigan, and Minnesota: this exclusion does not apply
  - In New York: attempted suicide, or intentionally self-inflicted injury.
- **Sickness** - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
  - Allergic reactions
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings
    - In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary, or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid, or other arthropod bites or stings
    - In North Carolina: any viral or microorganism infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings
  - An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
  - Any related medical/surgical treatment (in New Hampshire, medical/surgical care) or diagnostic procedures for such illness
  - In New York: having any disease or bodily/mental illness or degenerative process. (However, we will not exclude coverage for an infection that was the result of a covered accident.)
- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally.
  - In Idaho: intentionally self-inflicting injury.
  - In Montana: injuring or attempting to injure oneself intentionally, while sane
  - In Michigan: this exclusion does not apply

# Group Accident Insurance

- In New York: this exclusion does not apply
- **Racing** - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
  - In Idaho: this exclusion does not apply
  - In New York: this exclusion does not apply
- **Illegal Occupation** - voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In California, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Connecticut: Felonious Occupation - voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
  - In Michigan: voluntarily participating in, committing, or attempting to commit a felony, or being engaged in an illegal occupation
  - In New Hampshire: voluntarily participating in, committing, or attempting to commit a felony
  - In Idaho, South Dakota and Maryland: this exclusion does not apply
  - In New York: Any loss to which a contributing cause was the insured's commission of a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
- **Sports** - participating in any organized sport in a professional or semi-professional capacity for pay or profit.
  - In California and Idaho: participating in any organized sport in a professional capacity for pay or profit
  - In New York: participation as a professional in athletics or sports.
- **Cosmetic Surgery** - having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.
  - In Alaska, Massachusetts, and Montana: having cosmetic surgery, other elective procedures, or dental treatment except as a result of a covered accident.
  - In California: having cosmetic surgery or other elective procedures that are not medically necessary ("cosmetic surgery" does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.
  - In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered Dependent Child.
  - In New Hampshire: Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary except that "cosmetic surgery" shall not include reconstructive surgery, when such service is incidental to or follows surgery resulting from injury; or having dental care except as a result of a covered accident
  - In New York: having cosmetic surgery except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
  - In Maryland: Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary, as determined by a treating doctor, or having dental treatment except as a result of a covered accident.
- **Dental Care and Treatment**
  - In New York : except for such care or treatments due to accidental injury to sound natural teeth within 12 months of the covered accident, and except for dental care or treatment necessary due to congenital disease or anomaly.
- **Felony** (In Idaho only) - participation in a felony
  - In Maryland: We will not pay benefits for any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in §1-302 of the Health Occupations Article.

## For 24-Hour Coverage, the following exclusions will not apply:

- An injury arising from any employment.
- An injury or sickness covered by worker's compensation.

# Group Accident Insurance

- In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers' compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- An injury or sickness covered by any state or federal worker's compensation, employers. liability, or occupational disease law, unless where otherwise provided in State or Federal statute.

\*"Contributed to" language doesn't apply in Illinois

## **Catastrophic Accident Rider Limitations and Exclusions**

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

## **Outpatient Doctor Treatment Benefit Rider**

The sickness exclusion above does not apply to this benefit.

## **Sickness Rider Limitations and Exclusions**

### **Pre-existing Condition Limitation**

We will not pay benefits for any loss resulting from or affected by a pre-existing condition if the loss occurs within the 12-month period after the rider effective date.

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

Pregnancy is a "Pre-existing Condition" if conception was before an insured's effective date (except in Florida, North Carolina, Montana, and Wyoming)

### **Pre-existing Condition Limitation in North Carolina**

We will not reduce or deny a claim for benefits for any loss that occurred more than twelve months after the effective date of coverage.

Coverage for these pre-existing conditions will only be excluded for a maximum period of twelve months from the effective date.

## **Exclusions**

We will not pay benefits for a loss that is wholly or partly caused by or results from:

- Mental or emotional disorders without demonstrable organic disease.
- In Montana, mental or emotional disorders, except for mental illness, without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.

## **Organized Athletic Activity Rider Limitation**

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event (in Idaho, in a professional capacity). This benefit is also not payable for accidental injuries which occur during or are due to physical education classes (except in Idaho).

## **Life Changing Events Exclusions**

- In Maryland: The following exclusions are applicable to the Dismemberment Benefit only:

**Illegal Occupation** - loss to which a contributing cause was the insured being engaged in an illegal occupation or the insured's commission of or attempt to commit a felony.

**Intoxication** - loss sustained or contracted in the consequence of the insured being intoxicated or under the influence of any narcotic, unless taken under the direction of a doctor.



# Group Accident Insurance

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina

# Group Hospital Indemnity Insurance

## Benefits Proposal

This proposal has been  
prepared for:

JACKSON COUNTY  
PERSONNEL

Presented by:

Aflac Group

Proposal State:

Missouri

Presentation Date:

03/31/2023

Expires on 01/01/2024



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C80000

# Group Hospital Indemnity Insurance

## Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	Available for all family members Spouse-only and Child-only coverage is not available
Guaranteed Issue Amounts	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Pre-existing Condition Exclusion	None
Pregnancy Limitation	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	2 Years
Portability/Continuation	2019 Portability
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Successor Insured Waiver of Premium	Not Included
Issue Ages	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date

# Group Hospital Indemnity Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

Hospitalization Benefits - Mid	
<b>Hospital Admission (per confinement)</b> Once per covered sickness or accident per calendar year	<b>\$1,000</b>
<b>Hospital Confinement (per day)</b> Maximum confinement period: 31 days per covered sickness or covered accident	<b>\$150</b>
<b>Hospital Intensive Care (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$150</b>
<b>Intermediate Intensive Care Step-Down Unit (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$75</b>
Health Screening Benefit	
<b>Health Screening Benefit</b> Payable once per calendar year per insured.	<b>\$50</b>

Please request a sample policy for full benefit provisions and definitions.

# Group Hospital Indemnity Insurance

## Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$22.24
Employee and Spouse	\$40.40
Employee and Child(ren)	\$33.02
Family	\$51.18

The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

# Group Hospital Indemnity Insurance

## Benefits Summary

*(Benefit provisions may vary by state)*

### Hospitalization Benefits

#### Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or because of a covered sickness. Not payable for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

#### Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, 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, more than one covered sickness, or a covered accidental injury and a covered sickness.

#### Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intensive care unit and an insured becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

*This benefit is payable in addition to the Hospital Confinement Benefit.*

#### Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

*This benefit is payable in addition to the Hospital Confinement Benefit.*

***Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care, and Intermediate Intensive Care Step-Down Unit Benefits only.***

### Health Screening Benefit

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 each insured.

# Group Hospital Indemnity Insurance

## Limitations and Exclusions

*We will not pay for loss due to:*

- **War** - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
  - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, or riot.
  - In Connecticut: a riot is not excluded.
  - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a felony, riot, or insurrection.
  - In New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection or riot. War does not include acts of terrorism.
  - In New Jersey: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- **Suicide** - committing or attempting to commit suicide, while sane or insane.
  - In Colorado, Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Idaho: committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicting injury.
  - In Minnesota and Ohio: this exclusion does not apply.
- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
  - In Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane.
  - In Idaho and Ohio: this exclusion does not apply
- **Racing** - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
  - In Idaho and New Hampshire: this exclusion is not applicable
- **Illegal Occupation** - voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In California, Ohio, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Connecticut and New Hampshire: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
  - In South Dakota: voluntarily committing a felony.
  - In Idaho and Maryland: this exclusion does not apply
- **Sports** - participating in any organized sport in a professional or semi-professional capacity.
  - In California: participating in any organized sport in a professional capacity
  - In Idaho: participating in any professional organized sport.
- **Custodial Care** - this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
  - In New Hampshire: this exclusion is not applicable

# Group Hospital Indemnity Insurance

- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
  - In Idaho and New Hampshire: this exclusion is not applicable
- **Services performed by a family member.**
  - In Idaho: Services performed by an immediate family member
  - In Arizona, New Hampshire and South Dakota: this exclusion does not apply.
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
  - In California, Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Idaho and New Hampshire: this exclusion is not applicable
- **Elective Abortion - an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.**
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
  - In New Hampshire: this exclusion is not applicable
- **Dental Services or Treatment.**
  - In New Hampshire: this exclusion is not applicable
- **Cosmetic Surgery, except when due to:**
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental injury or a covered sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns
    - In California: Cosmetic surgery, except when due to:
      - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental Injury or a covered sickness or when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease
      - Reconstructive surgery, when the service is related to or follows mastectomy or lymph node dissection. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.
    - In New Hampshire: this exclusion is not applicable
- In Maryland only: We will not pay benefits for any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in 1-302 of the Health Occupations Article.
- In New Jersey, an insured refers to a covered person



# Group Hospital Indemnity Insurance

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina



**BPA**

**JACKSON**  
County ★ Missouri

**BENEFIT SOLUTIONS**

## BPA Consulting Services

BPA is a full-service benefit solutions firm offering a complete suite of services to help our clients maintain and grow their businesses.

### **OUR LEADERSHIP TEAM**

has more than 155 years of combined experience in many aspects of HR, employee benefits, and compliance laws in addition to other business related areas.

**BY UTILIZING OUR SERVICES,** clients can save time and money with our four divisions that focus on benefit administration. All of our services are offered a la carte so you can customize our services around your business needs.

## Billing & Reconciliation

**A PREMIUM** billing and reconciliation management solution for group, individual, and voluntary products to help stop premium leakage and ensure correct balances and payments.



**Audits** of carrier invoices against employee's payroll deductions



**Policy-level** reconciliation for actual and expected deductions



**Summaries** of all changes and terminations for all plans



**Reconciliation** of premium payments on a monthly basis



**Premium** remittance and payment with full reporting

## Ben Admin System Capabilities

We provide a powerful online solution that streamlines benefit administration and supports employee communication and education.



Our Benefits Administration System provides a comprehensive Web-based enrollment and employee benefits administration platform.

- **Online** total compensation statements and summary plan descriptions.
- **Powerful** online communication tool to distribute mass and individual emails and post corporate messaging, including videos.
- **Responsive** site design that optimizes the user experience so that the system can be viewed on any mobile device regardless of screen size.
- **Complete** event processing (life event, employment event, new hire and annual enrollment).
- **Custom-built** HRIS/payroll and standardized 834 eligibility interface(s) included.
- **Client ad hoc** management reporting.
- **Administrative** module that provides real-time views of participant activity for HR and benefit professionals.

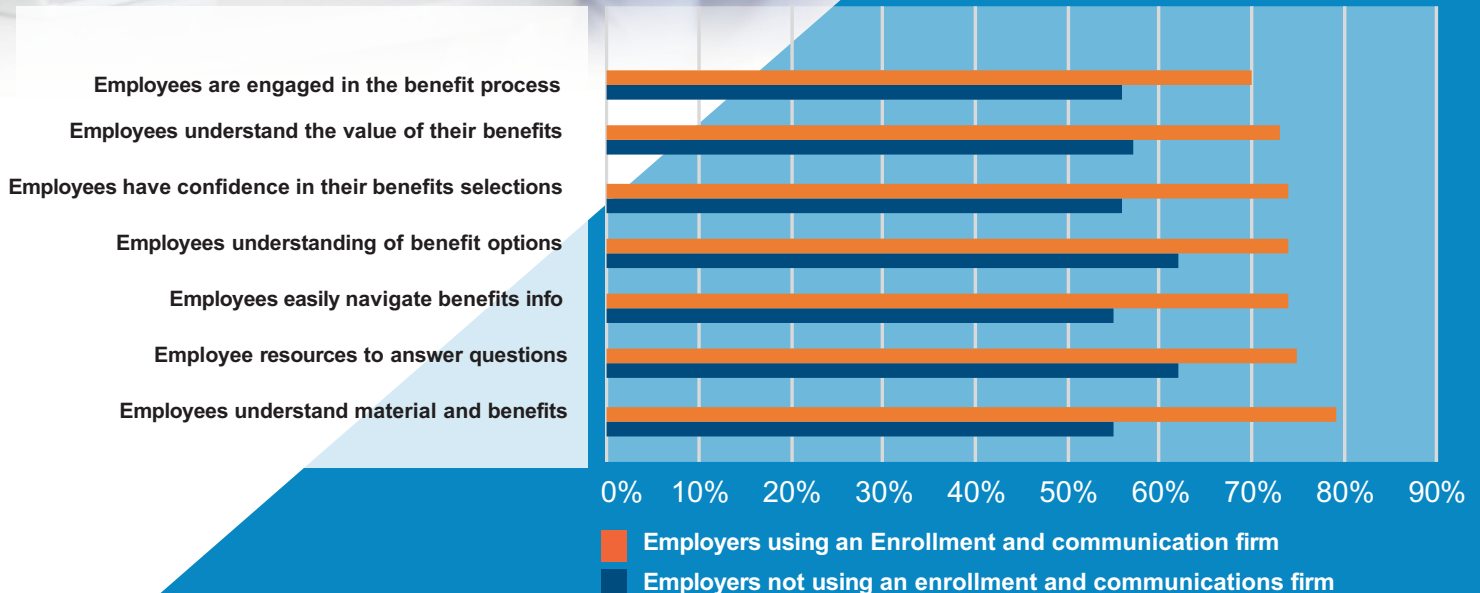
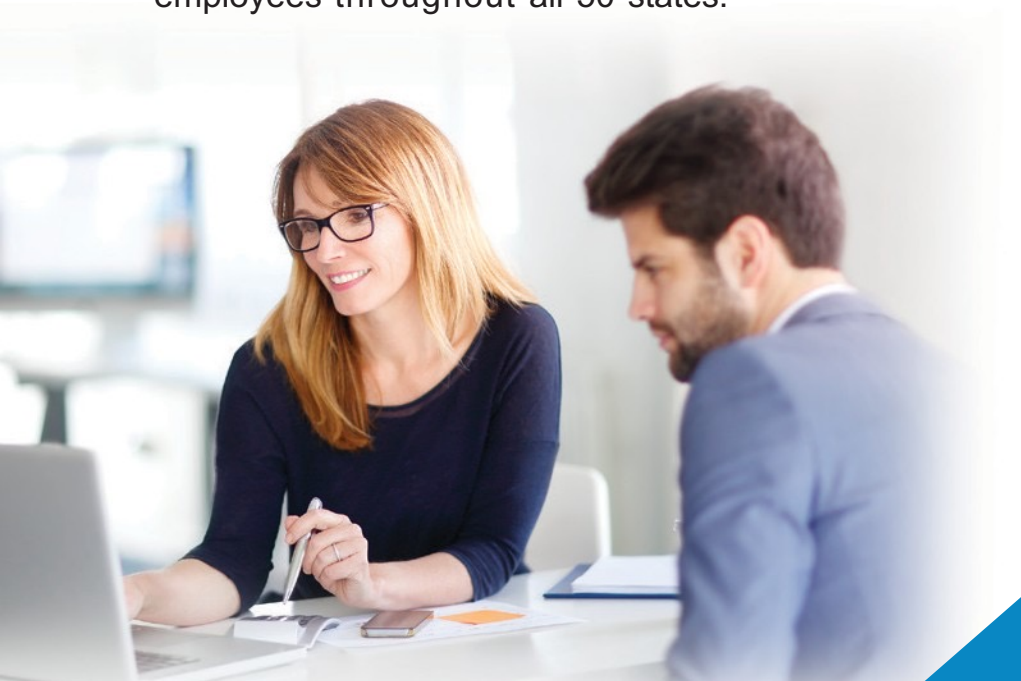
## Education & Enrollment Services

We specialize in assisting organizations with the explanation and enrollment of core and ancillary employee benefits.

BPA is comprised of a leadership team with over 155 years of benefit enrolling and consulting experience. Our benefit coaches average over 5 years of field experience. Currently Brian Patten and Associates services over 1.5 million employees throughout all 50 states.

Our firm's enrollment capabilities include the following types of enrollments and products:

- Inbound and Outbound call center campaigns
- In person with a live benefits consultant
- Self-service web based
- Paper Enrollment
- Electronic PDF
- Medical
- Individual and Group Life (guaranteed issue)
- Dental
- Vision
- Short- and Long-Term Disability
- Accident
- Hospital
- Critical Illness
- Mini Medical
- Legal
- Personal Lines
- Pet



\*Statistics pulled from MetLife 2018 work forces report

\*\*Statistics pulled from Aflac 2018 workforce report

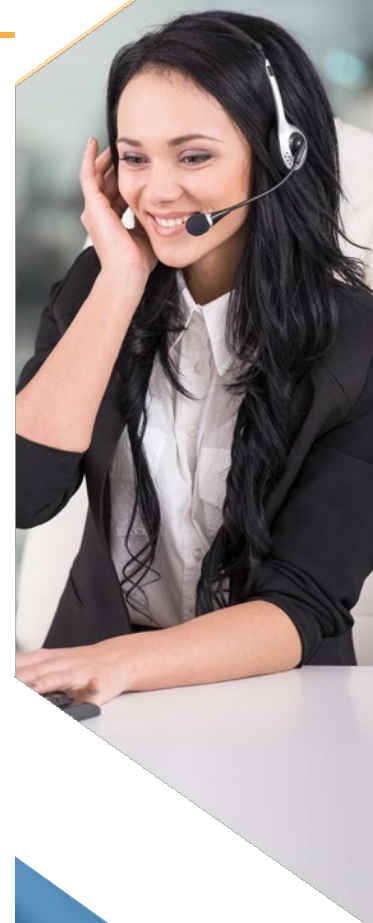


## Call Center Capabilities

BPA puts state of the art call center capabilities at our client's disposal.

- **Each client** receives their own dedicated 1-800 number
- **BPA will work** with client to help build a customized campaign to guide employees through the benefit enrollment process
- **Call Center** can support password resets for employees
- **Text message and voicemail** communications are available to help with strategic messaging to employees
- **Both** outbound and inbound benefit enrollments

- Customizable IVR that can be accessed 24 hours
- Assist employees with navigating benefit platform
- Year-round support for the employees on any benefit questions (i.e. deductibles & networks)
- Help employees enroll in benefits through any enrollment platform
- Bi-lingual services are available (English & Spanish)
- Dedicated account executive as a single point of contact for the "Client" management team
- 250+ languages are supported with the call center interpreter partner
- Scheduled video calls for ASL
- Support includes new hires, change of status, and rehires (when eligible)
- Changes/Cancellations
- All call center employees are licensed and full-time benefit counselors
- Call center hours can be a custom schedule based on the client's needs
- Provide data analytics and call tracking based on the consultant and client's needs
- All calls are recorded for quality assurance with our voice signature technology



We have a dedicated customer service center and a TPA set up. This allows us to provide incredible value to our clients both during the enrollment process and after.

## Client Services and Third-Party Administration

### Value Added Services Provided by BPA

- Benefit Audits with Discrepancy Reports
- Single Point Billing and Reconciliation of invoices
- Dependent Audits – Both Hard and Soft
- Employee Benefit Statement
- BPA Rx Prescription Discount Card
- Dedicated Account Executive as a Single Point of Contact for the Client Management Team
- Provide an Experienced Liaison with Insurance Carriers
- Cafeteria and Section 125 Plan Administration
- Flexible Spending Accounts, Including Medical Reimbursement (Section 105) and Dependent Daycare Accounts (Section 129)



## HR Outsourcing

HR outsourcing lets you delegate employee management tasks like benefits administration and audits to a professional firm instead of hiring additional HR staff or adding more to their current workload.

- Employee & Vendor Administration
- Processing Change-Of-Status for employees
- Obtaining and processing EOIs
- Onboarding & Offboarding of employees benefits
- Eligibility Audits
- Direct communication/administration with vendors on all employee benefits
- Assist with Open Enrollment and New Hires as an extension of HR
- Communication of benefits to employees
- Employee Assistance on Benefit questions throughout the year



## Project Scope

This proposal from Brian Patten & Associates (BPA) details objectives and goals for Jackson County (the Client). BPA will create a custom campaign based on the Client's needs for education and enrollment in all benefits through virtual education.

## Project Details

### ▪ **Employee Enrollment Support with Benefit Coaches to Include:**

- Dedicated account executive as a single point of contact for the "Client" management team
  - BPA will handle the billing and reconciliation of the AFLAC products offered
- Custom 1-800 number provided
- BPA will work with client to help build customized scripts to guide employees through the benefit enrollment process
- Guidance on navigating the benefit administration platform for completing enrollments
- Benefit coach team that is US based and holds an active insurance license that will work to educate the employees on benefit offerings
- BPA will support both on-site and virtual enrollment
- Handling of open enrollment, new hires, change of status, and rehires (if required)
- What the employee is eligible for by classification or locations
- Customizable IVR that can be accessed 24 hours
- Bi-lingual services are available (English & Spanish)
- Warm transferring to carriers
- Voicemail drops are available to the group to help communicate benefits and eligibility
- Text message drops are available to the group for real-time information such as open enrollment and benefit updates
- Help employees enroll in benefits through the benefit administration platform
- Support for employees including open enrollment, new hire onboarding, QLE support and general benefit questions
- Year-round support for employees on any benefit question (i.e., deductibles & networks)
- Call Center hours are M-F 9 am-5 pm EST (custom hours are available for open enrollment)
- BPA can provide an enrollment platform if needed for the Aflac plans if the client would prefer

### ▪ **Benefit Enrollment Platform to Include:**

- BPA will build out the benefit administration platform
- BPA will provide implementation and all ongoing service related to platform for the client
- BPA will process all elections (adds/terms/deletes) that are made in the benefit administration platform with the vendors & carriers
- BPA will test all the plans and rates prior to releasing the site to the client for final approval
- Weekly update via call or email (depending on preference) during implementation
- Post-enrollment payroll file extraction
- Post-enrollment carrier file extraction
- Producing weekly payroll files to be sent securely to the Client
- Ongoing benefits administration support
- Dedicated account executive for day-to-day support
- HR training and support
- Assistance with system, plan, and employee updates
- Assistance with creating and running reports

#### Contract Requirements and Terms

- The Client's eligibility guidelines
- Completed workbook (template will be supplied)
- Employee Census (template will be supplied)
- Broker and Client contact information
- Carrier/Vendor Contact Information
- Letter of authorization for BPA to interact with carriers (group numbers & dedicated contact)
- 70% of benefit eligible employees must be enrolled through a BPA benefit coach
- The client agrees to offer the following AFLAC products during open enrollment and during new hire onboarding: Accident, Critical Illness, Hospital Indemnity, and Short-Term Disability
- Contract renewal date is September 1<sup>st</sup>
- The contract will auto renew yearly, unless a written termination be either party is received no less that sixty (60) days prior to annual renewal date

CLIENT	SIGNATURE	
	PRINTED NAME	
	DATE	
BPA	SIGNATURE	
	PRINTED NAME	
	DATE	



# Group Short-Term Disability Insurance

## Benefits Proposal

This proposal has been  
prepared for:

JACKSON COUNTY  
PERSONNEL

Presented by:

Aflac Group

Proposal State:

Missouri

Presentation Date:

03/31/2023

Expires on 01/01/2024



Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C50000

# Group Short-Term Disability Insurance

## Plan Description

The Aflac Group Disability Advantage insurance plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable elimination period is satisfied and continue during disability, up to the disability benefit period.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	\$300 to \$4,000
<b>Coverage</b>	Non-Occupational
<b>Guaranteed Issue Amounts</b>	Monthly benefit of up to \$4,000 <b>Participation Requirement:</b> 0%
<b>Requirement for Group Billing</b>	25 Payors
<b>Payment Method</b>	Payroll Deducted
<b>Maximum Income Replacement</b>	60% of the employee's base annual pay (up to 40% in states with state disability benefits)
<b>Pre-existing Condition Exclusion</b>	None
<b>Rate Guarantee</b>	1 Year(s)
<b>Portability/Continuation</b>	Standard Portability (An employee's coverage may be continued when eligibility or employment ends. Coverage will end on the date the group plan is terminated.)
<b>Waiver of Premium</b>	Not Included
<b>Eligibility</b>	Employee must work at least 19 hours per week with a base annual pay of at least \$9,000.
<b>Issue Ages</b>	<b>Employee:</b> 18-74
<b>Termination Age</b>	Terminates at age 75

# Group Short-Term Disability Insurance

## Plan Benefits

(Descriptions of specific provisions may vary by state.)

Benefits	
Benefit Duration	3 Months
Elimination Period	14/14 Days

### Total Disability Benefit

#### Total Disability Benefit

This benefit pays the monthly benefit when a covered employee is totally disabled and unable to work due to sickness or injury. Benefits begin following the expiration of an applicable elimination period.

Total Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, **or**
- The employee earns 80% or more of pre-disability income working at any job, **or**
- The employee reaches the end of the total disability benefit period.

### Partial Disability Benefit

This benefit pays 50% of the monthly benefit when a covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury. Benefits begin following the expiration of an applicable elimination period.

Partial Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, **or**
- The employee earns 80% or more of pre-disability income working at any job, **or**
- The employee reaches the end of the partial disability benefit period, a maximum of 3 months.

The Partial Disability Benefit has its own benefit period; it is **not** subject to the Total Disability Benefit Period. The employee may be eligible for the Partial Disability Benefit even if he has not received the Total Disability Benefit.

### Separate Periods of Disability

#### Same or Related Conditions

Separate periods of disability resulting from the **same condition or a related condition** are considered a continuation of the prior disability if they are not separated by 180 days or more.

Once the maximum Disability Benefit has been paid, the covered employee will not be eligible for a new Disability Benefit due to the **same or a related condition for 180 days** after **all** the following conditions are met:

- The employee has been released by a doctor from the prior disability.
- The employee is no longer disabled.
- The employee is no longer qualified to receive any disability benefits under the certificate.

After the disability benefit period, the employee may continue coverage if **all** of the following conditions are met:

- The employee returns to work within 90 days after the benefit period ends.
- Premium payments for the coverage resume upon return to work.
- The group master policy is still in force upon return to work.

# Group Short-Term Disability Insurance

## Unrelated Causes

Separate periods of disability resulting from unrelated causes **are** considered a continuation of the prior disability if they are not separated by the covered employee returning to work at a full-time job for **30 consecutive days**, during which the employee is performing the material and substantial duties of that job.

Once the maximum Disability Benefit has been paid, the employee will not be eligible for a new Benefit for disability due to an unrelated cause, until 30 consecutive days after all the following conditions are met:

- The employee has been released by a doctor from a prior disability.
- The employee is no longer qualified to receive any disability benefits under this certificate.

After the disability benefit period, the employee may continue coverage if all of the following conditions are met:

- The employee returns to work within 90 days after the benefit period ends.
- Premium payments for the coverage resume upon return to work.
- The group Policy is still in force upon

# Group Short-Term Disability Insurance

## Monthly Rates per \$100 of monthly benefit

Age Band	18-49	50-64	65-74
Premium Rate	\$1.65	\$1.78	\$2.02

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74
\$9,000 or more	\$300	\$4.94	\$5.34	\$6.05
\$9,000 to \$9,999	\$400	\$6.59	\$7.12	\$8.06
\$10,000 to \$11,999	\$500	\$8.24	\$8.90	\$10.08
\$12,000 to \$13,999	\$600	\$9.87	\$10.68	\$12.09
\$14,000 to \$15,999	\$700	\$11.52	\$12.46	\$14.10
\$16,000 to \$17,999	\$800	\$13.17	\$14.24	\$16.12
\$18,000 to \$19,999	\$900	\$14.82	\$16.02	\$18.13
\$20,000 to \$21,999	\$1,000	\$16.46	\$17.80	\$20.15
\$22,000 to \$23,999	\$1,100	\$18.11	\$19.58	\$22.17
\$24,000 to \$25,999	\$1,200	\$19.76	\$21.36	\$24.18
\$26,000 to \$27,999	\$1,300	\$21.40	\$23.14	\$26.20
\$28,000 to \$29,999	\$1,400	\$23.05	\$24.92	\$28.21
\$30,000 to \$31,999	\$1,500	\$24.70	\$26.70	\$30.23
\$32,000 to \$33,999	\$1,600	\$26.34	\$28.48	\$32.25
\$34,000 to \$35,999	\$1,700	\$27.98	\$30.26	\$34.25
\$36,000 to \$37,999	\$1,800	\$29.63	\$32.04	\$36.27
\$38,000 to \$39,999	\$1,900	\$31.28	\$33.82	\$38.28
\$40,000 to \$41,999	\$2,000	\$32.93	\$35.60	\$40.30
\$42,000 to \$43,999	\$2,100	\$34.57	\$37.38	\$42.31
\$44,000 to \$45,999	\$2,200	\$36.22	\$39.16	\$44.33
\$46,000 to \$47,999	\$2,300	\$37.87	\$40.94	\$46.35
\$48,000 to \$49,999	\$2,400	\$39.51	\$42.72	\$48.36
\$50,000 to \$51,999	\$2,500	\$41.16	\$44.50	\$50.38
\$52,000 to \$53,999	\$2,600	\$42.80	\$46.28	\$52.39
\$54,000 to \$55,999	\$2,700	\$44.45	\$48.06	\$54.41
\$56,000 to \$57,999	\$2,800	\$46.09	\$49.84	\$56.42
\$58,000 to \$59,999	\$2,900	\$47.74	\$51.62	\$58.43
\$60,000 to \$61,999	\$3,000	\$49.39	\$53.41	\$60.45
\$62,000 to \$63,999	\$3,100	\$51.04	\$55.18	\$62.46
\$64,000 to \$65,999	\$3,200	\$52.68	\$56.97	\$64.48
\$66,000 to \$67,999	\$3,300	\$54.33	\$58.74	\$66.50



## Group Short-Term Disability Insurance

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74
\$68,000 to \$69,999	\$3,400	\$55.98	\$60.53	\$68.51
\$70,000 to \$71,999	\$3,500	\$57.62	\$62.30	\$70.53
\$72,000 to \$73,999	\$3,600	\$59.26	\$64.09	\$72.54
\$74,000 to \$75,999	\$3,700	\$60.91	\$65.86	\$74.56
\$76,000 to \$77,999	\$3,800	\$62.56	\$67.65	\$76.58
\$78,000 to \$79,999	\$3,900	\$64.20	\$69.42	\$78.58
\$80,000 or more	\$4,000	\$65.85	\$71.21	\$80.60

# Group Short-Term Disability Insurance

## Exclusions and Limitations

We will pay all applicable benefits if the covered employee's disability is caused by a covered sickness or covered injury and if it occurs while this coverage is in force. All benefits are subject to the limitations and exclusions, pre-existing condition limitations, and other plan terms.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one sickness, more than one injury, or a sickness and an injury. We reserve the right to meet with the covered employee while a claim is pending, or to use an independent consultant and doctor's statement to determine whether the covered employee is qualified to receive disability benefits.

The covered employee must be under the care and attendance of a doctor for these benefits to be payable. Benefits will cease on the date of the covered employee's death.

### Limitations and Exclusions

- A. We will not pay benefits whenever coverage provided by this plan is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.**
- In Tennessee: this exclusion does not apply
- B. We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.**
- In Texas: We will not pay benefits whenever fraud is committed in making a claim under this coverage.
- C. We will not pay benefits for disability that is caused by or occurs as a result of:**
- 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot.**
    - In Connecticut: Participation (taking part or sharing) in aggressive conflict of any kind, including any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot (A riot can be defined as a public uproar, disturbance, or outbreak)
    - In Florida: add, War does not include acts of terrorism
    - In Maryland: this exclusion does not apply
    - In North Carolina: Any act of war, declared or undeclared; insurrection; rebellion; or act of active participation in a riot; this does not include terrorism.
    - In Utah: Any act of war, declared or undeclared; voluntary participation in an insurrection or rebellion; or voluntary act of participation in a riot.
    - In Oklahoma: Any act of war, declared or undeclared; while serving in the military: insurrection; rebellion; or act of active participation in a riot.
  - 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.**
  - 3. An intentionally self-inflicted injury.**
  - 4. A commission of a crime for which the Employee has been convicted; we will not pay a benefit for any period of disability during which the Employee is incarcerated.**
    - In Maryland: Loss to which a contributing cause was the insured's commission of or attempt to commit a felony; and we will not pay a benefit for any period of disability during which the insured is incarcerated.
    - In Nebraska: Commission of or attempt to commit a felony.
  - 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft.**
    - In New Hampshire: Aviation, except as a fare paying passenger in a licensed passenger aircraft
  - 6. Mental illness as defined in the plan.**
    - In California: this exclusion does not apply
    - In Montana: this exclusion does not apply
    - In Vermont: this exclusion does not apply
  - 7. Alcoholism or drug addiction**
    - In California: this exclusion does not apply
    - In Connecticut: Being legally intoxicated or voluntarily using any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the insured. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
    - In Maryland: The insured's being intoxicated or under the influence of any narcotic.
    - In Michigan: This exclusion does not apply

# Group Short-Term Disability Insurance

- In Minnesota: Loss occurred while the insured is driving or operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law; and loss sustained or contracted in consequence of the insured being under the influence of any narcotic unless administered on the advice of a physician.
- In South Dakota: Treatment of alcoholism or drug addiction, or complications due to an addiction
- In Vermont: this exclusion does not apply.

**For off-job coverage, the following limitations and exclusions will apply:**

**8. An injury that arises from any employment.**

- In California: this exclusion does not apply
- In South Dakota: An injury arising from any employment. (An injury which occurs on the job that is denied Workers' Compensation benefits for any reason permissible by Title 58 of South Dakota's Insurance Related Law is not considered to be an "injury arising from any employment.")

**9. Injury or sickness that is covered by Worker's Compensation.**

- In California: An Injury or Sickness that is covered by Worker's Compensation or that arises from any employment as determined by the California Workers Compensation Appeals Board
- In North Carolina: Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- In South Dakota: Injury or Sickness paid by Worker's Compensation.

# Group Short-Term Disability Insurance

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina

For Texas: THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

For Wyoming: The Policy does not contain comprehensive adult wellness benefits as defined by law.