

# Aflac and the Public Sector

## Proudly serving those who serve others



Prepared for:

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**Aflac**



# Classic Cancer Care Benefit Overview

## BENEFIT NAME

## BENEFIT AMOUNT

Cancer Wellness Benefit

\$75 per year, per Covered Person

### Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$135; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

### Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$600 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Hormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Radiation Therapy Benefit

\$350 per week; no lifetime max

Experimental Treatment Benefit

\$350 per week if charged; \$100 per week if no charge; no lifetime max

Immunotherapy Benefit

\$350 once per month; \$1,750 lifetime max per Covered Person

Antinausea Benefit

\$100 per month; no lifetime max

Stem Cell Transplantation Benefit

\$7,000; lifetime max \$7,000 per Covered Person

Bone Marrow Transplantation Benefit

\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor

Blood and Plasma Benefit

Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max

Surgical/Anesthesia Benefit

\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$35–\$400; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$200 per day; no lifetime max

### Hospitalization Benefits:

Hospital Confinement Benefit:

- Hospitalization for 30 days or less
- Hospitalization for Days 31+

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

### Continuing Care Benefits:

Extended-Care Facility Benefit

\$100 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$100 per day; limited to 30 days per year, per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$100 per day; no lifetime max

Surgical Prosthesis Benefit

\$2,000; lifetime max \$4,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$175 per occurrence; lifetime max \$350 per Covered Person

Reconstructive Surgery Benefit

\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

### Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.40 per mile; max \$1,200 per round trip; no lifetime max

Lodging Benefit

\$65 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.

# Aflac Critical Care Protection – Option 3 Benefit Overview

## BENEFIT NAME

## BENEFIT AMOUNT

### HOSPITAL INTENSIVE CARE UNIT BENEFIT

Days 1–7: \$800 per day; Days 8–15: \$1,300 per day  
Limited to 15 days per period of confinement; no lifetime maximum  
Benefits reduce by one-half after the policy anniversary date following 70th birthday of the covered person

### STEP-DOWN INTENSIVE CARE UNIT BENEFIT

Days 1–15: \$500 per day; limited to 15 days per period of confinement; no lifetime maximum  
Benefits reduce by one-half after the policy anniversary date following 70th birthday of the covered person

### PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT

An indemnity of \$2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date  
Benefits reduce by one-half after the policy anniversary date following 70th birthday of the covered person

### FIRST-OCCURRENCE BENEFIT:

Named Insured/Spouse  
Dependent Children

\$7,500; lifetime maximum \$7,500 per covered person  
\$10,000; lifetime maximum \$10,000 per covered person

### SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT

\$3,500  
Subsequent occurrence limitations apply. No lifetime maximum.

### SPECIFIED HEART SURGERY BENEFITS

#### Tier One:

\$4,000 when a covered person undergoes one of the following:  
• Heart Valve Surgery  
• Surgical Treatment of Abdominal Aortic Aneurysm

#### Tier Two:

\$2,000 when a covered person undergoes one of the following:  
• Coronary Angioplasty  
• Transmyocardial Revascularization (TMR)  
• Atherectomy  
• Coronary Stent Implantation  
• Cardiac Catheterization  
• Automatic Implantable Cardioverter Defibrillator (AICD) Placement  
• Pacemaker Placement

Tier One and Tier Two benefits are payable only once per covered person, per lifetime. Subsequent occurrence limitations apply.

### SUBSEQUENT TIER ONE SPECIFIED HEART SURGERY BENEFIT

\$1,000  
Subsequent occurrence limitations apply. No lifetime maximum.

### HOSPITAL CONFINEMENT BENEFIT

\$300 per day; no lifetime maximum

\$125 each day when a covered person is charged for any of the following treatments:

### CONTINUING CARE BENEFIT

- Rehabilitation Therapy
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Respiratory Therapy
- Dietary Therapy/Consultation
- Home Health Care
- Dialysis
- Hospice Care
- Extended Care
- Physician Visits
- Nursing Home Care

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or specified heart surgery. No lifetime maximum.

### AMBULANCE BENEFIT

\$250 ground or \$2,000 air; no lifetime maximum

### TRANSPORTATION BENEFIT

\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss  
Limited to \$1,500 per occurrence; no lifetime maximum

### LODGING BENEFIT

Up to \$75 per day, for covered lodging charges  
Limited to 15 days per occurrence; no lifetime maximum

### WAIVER OF PREMIUM BENEFIT

Premium waived, from month to month, during total inability (after 180 continuous days)

### CONTINUATION OF COVERAGE BENEFIT

Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

## Coverage Options

### Choose the Policy and Riders that Fit Your Needs

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

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

## Plan 2 Accident Indemnity Advantage® Benefit Overview

BENEFIT NAME		BENEFIT AMOUNT		
WELLNESS BENEFIT		\$60 once per 12-month period		
ACCIDENT EMERGENCY TREATMENT BENEFIT		\$120 once per 24-hour period, per covered accident, per covered person		
X-RAY BENEFIT		\$25 once per covered accident, per covered person		
ACCIDENT FOLLOW-UP TREATMENT BENEFIT		\$35 for one treatment per day, per covered accident, per covered person		
INITIAL ACCIDENT HOSPITALIZATION BENEFIT		\$1,000 once per period of hospital confinement or \$2,000 once when a covered person is admitted directly to an intensive care unit per year, per covered person		
ACCIDENT HOSPITAL CONFINEMENT BENEFIT		\$250 per day, up to 365 days per covered accident, per covered person		
INTENSIVE CARE UNIT CONFINEMENT BENEFIT		Additional \$400 per day, per covered accident, per covered person		
ACCIDENT SPECIFIC-SUM INJURIES BENEFIT		Pays (according to the policy) for the treatments below:		
		DISLOCATIONS.....		\$65-\$2,500
		BURNS .....		\$125-\$12,500
		SKIN GRAFTS.....		50% of the burn benefit amount paid for the burn involved
		LACERATIONS		
		Not requiring sutures .....		\$35
		Less than 5 centimeters .....		\$65
		At least 5 cm but not more than 15 cm .		\$250
		Over 15 centimeters .....		\$500
		CONCUSSION (brain).....		\$50
		PARALYSIS		
		Quadriplegia .....		\$12,500
		Paraplegia.....		\$6,250
		Hemiplegia.....		\$4,750
EMERGENCY DENTAL WORK				
Broken tooth repaired with crown .....		\$400		
Broken tooth resulting in extraction .....		\$130		
EYE INJURIES				
Surgical repair.....		\$300		
Removal of foreign body by a physician .		\$65		
FRACTURES .....		\$125-\$2,500		
COMA .....		\$12,500		
SURGICAL PROCEDURES .....		\$300-\$1,250		
MISCELLANEOUS SURGICAL PROCEDURES				
Miscellaneous surgery with general anesthesia .....		\$300		
Other miscellaneous surgery with conscious sedation .....		\$120		
MAJOR DIAGNOSTIC EXAMS BENEFIT		\$200 per year, per covered person		
EPIDURAL PAIN MANAGEMENT BENEFIT		\$100 paid no more than twice per covered accident, per covered person		
PHYSICAL THERAPY BENEFIT		\$35 per treatment, per covered accident, per covered person		
REHABILITATION UNIT BENEFIT		\$150 per day		
APPLIANCES BENEFIT		\$125 once per covered accident, per covered person		
PROSTHESIS BENEFIT		\$750 once per covered accident, per covered person		
BLOOD/PLASMA/PLATELETS BENEFIT		\$200 once per covered accident, per covered person		
AMBULANCE BENEFIT		\$200 ground or \$1,500 air		
TRANSPORTATION BENEFIT		\$600 per round trip, up to 3 trips per year, per covered person		
FAMILY LODGING BENEFIT		\$125 per night, up to 30 days per covered accident		
ACCIDENTAL-DEATH BENEFIT		Common-Carrier Accident	Other Accident	Hazardous Activity Accident
INSURED		\$150,000	\$40,000	\$10,000
SPOUSE		\$150,000	\$40,000	\$10,000
CHILD		\$25,000	\$12,500	\$3,125
ACCIDENTAL-DISEMBLEMENT BENEFIT		\$625-\$40,000		
CONTINUATION OF COVERAGE BENEFIT		Waives all monthly premiums for up to two months		

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

## Understand the Difference Aflac Makes in Caring for Your Vision

Aflac goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an Eye Exam Benefit and a choice of Vision Correction Benefits, we will pay benefits for specific eye diseases and disorders, eye surgeries, and permanent visual impairment—all without network restrictions.

### NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

### COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

### VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

### GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

### NO COORDINATION OF BENEFITS

Benefits are paid regardless of any other insurance.

### PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

### HOW IT WORKS



Our Vision Now® insurance policy offers you three plan options with **Vision Correction Benefits** of **\$80**, **\$175**, or **\$270** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **\$45**.

The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer or call 1.800.99.AFLAC (1.800.992.3522). || aflac.com



# DENTAL INSURANCE

Policy Series A82000

This brochure accompanies Schedule of Dental Procedures A82175SCHCA.

# DE<sup>1</sup>

## Smile. We've got you under our wing.<sup>®</sup>

Millions of people believe a smile is the most important physical attribute—more so than hair, eyes, or figure.<sup>1</sup> The best way to maintain or improve your smile is to brush and floss your teeth daily, visit your dentist, and apply for an Aflac Dental insurance policy.

Aflac Dental provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your policy; Aflac Dental gives you control.

- **You choose your dentist.** Because Aflac doesn't use a network of dentists, you can go to any dentist you choose.
- **You and your dentist choose the best treatment for you.** Aflac Dental doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.<sup>2</sup>

Aflac Dental is different from many other dental plans you may have seen.

- **You know what you're getting with Aflac Dental.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.<sup>3</sup>

With Aflac Dental's **Annual Maximum Building Benefit**, you can receive even more benefits. Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months the policy is in force up to a maximum of \$500 per Covered Person.

<sup>1</sup>The Public Speaks Up on Oral Health Care: An ADA and Crest Oral B Survey, American Dental Association, October 2008

<sup>2</sup>Subject to applicable Waiting Periods.

<sup>3</sup>If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental pays benefits for seven categories of dental treatments and hundreds of procedures. The benefit amounts within each category vary based on the procedure received and are subject to a Policy Year Maximum. Benefit amounts and the Policy Year Maximum are per Covered Person.

BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$35-\$50
Fillings and Basic Services	3 Months	\$15-\$250
Pain Management and Adjunctive Services	3 Months	\$30-\$130
Other Preventive Services	6 Months	\$20-\$110
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$30-\$850
Crowns and Major Services	12 Months	\$15-\$375
Major Prosthetic Services	24 Months	\$45-\$550
<b>POLICY YEAR MAXIMUM</b>		\$1,400

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY.

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

FOR MORE INFORMATION ABOUT THE BENEFITS AVAILABLE, PLEASE SEE THE SCHEDULE OF DENTAL PROCEDURES.

AFLAC HEREIN MEANS AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS.



**Mt. San Antonio College**

Rate sheet prepared by Web User on 9/28/2018 12:34:35 AM.  
California Payroll Premium rates are Monthly for industry Class A.

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

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

		Premium	IDR* (5 units)	DCR*	Total
18-64	INDIVIDUAL	\$33.50	\$5.95	\$0.00	\$39.45
18-64	INSURED/SPOUSE	\$57.64	\$14.05	\$0.00	\$71.69
18-64	ONE-PARENT FAMILY	\$33.50	\$5.95	\$0.91	\$40.36
18-64	TWO-PARENT FAMILY	\$57.64	\$14.05	\$0.91	\$72.60

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

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

**CRITICAL CARE PROTECTION POLICY - Series A74300**

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$17.81	\$2.34	\$20.15	18-35	\$30.29	\$2.47	\$32.76
36-45	\$25.22	\$4.29	\$29.51	36-45	\$35.75	\$4.55	\$40.30
46-55	\$37.18	\$5.07	\$42.25	46-55	\$46.02	\$5.20	\$51.22
56-64	\$51.48	\$5.59	\$57.07	56-64	\$64.87	\$5.85	\$70.72
Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$34.19	\$4.68	\$38.87	18-35	\$38.74	\$4.81	\$43.55
36-45	\$45.24	\$8.58	\$53.82	36-45	\$49.27	\$8.84	\$58.11
46-55	\$69.68	\$10.14	\$79.82	46-55	\$73.84	\$10.27	\$84.11
56-64	\$99.32	\$11.18	\$110.50	56-64	\$106.34	\$11.44	\$117.78

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



**Mt. San Antonio College**

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California Payroll Premium rates are Monthly for industry Class A.

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product brochure for each insurance policy/plan listed below.

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

		Premium	Total
18-49	INDIVIDUAL	\$27.56	\$27.56
50-59		\$28.08	\$28.08
60-64		\$28.99	\$28.99
18-49	INSURED/SPOUSE	\$39.13	\$39.13
50-59		\$41.34	\$41.34
60-64		\$44.20	\$44.20
18-49	ONE-PARENT FAMILY	\$34.97	\$34.97
50-59		\$35.62	\$35.62
60-64		\$36.14	\$36.14
18-49	TWO-PARENT FAMILY	\$41.47	\$41.47
50-59		\$41.86	\$41.86
60-64		\$44.72	\$44.72

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

		Premium	Total
18-49	INDIVIDUAL	\$39.13	\$39.13
50-59		\$39.52	\$39.52
60-64		\$41.34	\$41.34
18-49	INSURED/SPOUSE	\$56.94	\$56.94
50-59		\$60.19	\$60.19
60-64		\$65.39	\$65.39
18-49	ONE-PARENT FAMILY	\$48.49	\$48.49
50-59		\$49.14	\$49.14
60-64		\$49.66	\$49.66
18-49	TWO-PARENT FAMILY	\$57.46	\$57.46
50-59		\$60.71	\$60.71
60-64		\$66.04	\$66.04

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

		Premium	Total
18-49	INDIVIDUAL	\$52.00	\$52.00
50-59		\$52.65	\$52.65
60-64		\$55.64	\$55.64
18-49	INSURED/SPOUSE	\$77.61	\$77.61
50-59		\$81.90	\$81.90
60-64		\$89.96	\$89.96
18-49	ONE-PARENT FAMILY	\$64.09	\$64.09
50-59		\$64.48	\$64.48
60-64		\$65.00	\$65.00
18-49	TWO-PARENT FAMILY	\$78.00	\$78.00
50-59		\$82.42	\$82.42
60-64		\$90.48	\$90.48

**Mt. San Antonio College**

Rate sheet prepared by Web User on 9/27/2018 6:43:36 PM.  
California Payroll Premium rates are Monthly for industry Class A.

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For more information about policy/plan benefits and limitations, please refer to the accompanying  
product brochure for each insurance policy/plan listed below.

**Accident Advantage - 24-Hour ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 2 - Series A36000**

	Premium	Accidental Death*	Total
18-64 INDIVIDUAL	\$17.29	\$4.29	\$21.58
18-64 NAMED INSURED/SPOUSE	\$24.57	\$5.98	\$30.55
18-64 ONE-PARENT FAMILY	\$29.25	\$4.81	\$34.06
18-64 TWO-PARENT FAMILY	\$38.22	\$6.76	\$44.98

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

**VISION NOW - Series VSN100**

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-39	\$13.90	\$22.90	\$21.90	\$28.90
40-49	\$18.90	\$26.40	\$31.90	\$37.30
50-65	\$28.40	\$32.90	\$48.90	\$49.90

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

	Premium	Orthodontic*	Cosmetic**	Total
18-65 INDIVIDUAL	\$31.33	\$23.66	\$25.61	\$80.60
18-65 ONE-PARENT FAMILY	\$60.19	\$25.87	\$25.61	\$111.67
18-65 INSURED/SPOUSE	\$60.97	\$25.87	\$25.61	\$112.45
18-65 TWO-PARENT FAMILY	\$91.00	\$25.87	\$25.61	\$142.48

\* = Optional Orthodontic Rider (Series A82050) premium

\*\* = Optional Cosmetic Rider (Series A82051) premium