# AFLAC CHOICE

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000

HC

## Your benefits. Your way.

Like most Americans, you may feel that financial well-being isn't much of a reality these days. With inflation and health care costs on the rise, consumers of all incomes may be struggling to make ends meet. And since health insurance was never really designed to cover all the costs of medical care, an unplanned visit to the hospital could leave you with unexpected medical bills, only adding to financial struggles.

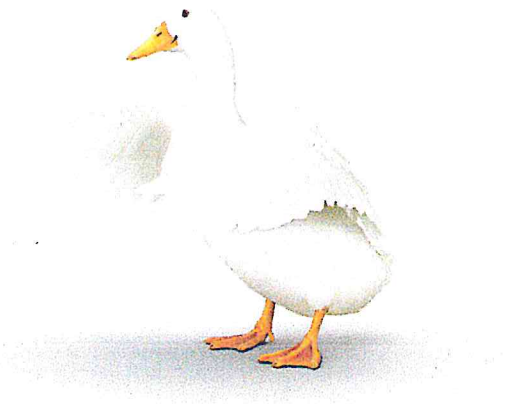
Aflac Choice offers a wide variety of options so you can customize hospital benefits based on your unique needs and budget - to help with out-of-pocket expenses associated with doctor visits, hospitalizations, and mental health treatment, including counseling and urgent care.[1]

### Here's how Aflac can help

Aflac pays you cash to help with the expenses not covered by health insurance, so you can worry less about making ends meet when you're left with unexpected medical bills.

### Why Aflac Choice may be right for you

- It's customizable. You choose the plan that's right for you based on your specific needs.
- Guaranteed-issue options available—that means there is no medical questionnaire required.[2]
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



[1] The Extended Benefits Rider pays a benefit for visits (including telemedicine) to a physician, psychologist or urgent care center.
[2] Subject to certain conditions.

Aflac herein means American Family Life Assurance Company of Columbus.

**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

## How it works

### AFLAC CHOICE HOSPITAL CONFINEMENT INDEMNITY INSURANCE - OPTION 1

POLICYHOLDER FEELS A SHARP PAIN IN HIS RIGHT SIDE AND DECIDES TO VISIT HIS URGENT CARE CLINIC FOR CARE.

DOCTOR DIAGNOSES APPENDICITIS, SENDS PATIENT TO HOSPITAL BY AMBULANCE.

PATIENT HAS LAB TEST AND DIAGNOSTIC EXAM IN HOSPITAL ER. UNDERGOES SURGERY, IS VISITED BY THE ATTENDING PHYSICIAN, AND RELEASED AFTER 3 DAYS.

| Choice 1 | Choice 2 | Choice 3 | Choice 4 |
|---|---|---|---|
| $1,600 | $2,200 | $2,010 | $2,610 |
| **Aflac Choice Policy** | **Policy + Hospital Stay and Surgical Care Rider** | **Policy + Extended Benefits Rider** | **Policy + Both Riders** |

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Confinement Benefit of $1,500 and a Hospital Emergency Room Benefit of $100. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Initial Assistance Benefit of $100, a Surgery Benefit (appendectomy) of $200, and a Daily Hospital Confinement Benefit of $300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Attending Physician Visit Benefit of $25, a Laboratory Test and X-Ray Benefit of $35, a Medical Diagnostic and Imaging Exams Benefit of $150, and an Ambulance Benefit of $200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Attending Physician Visit Benefit of $25, a Laboratory Test and X-Ray Benefit of $35, a Medical Diagnostic and Imaging Exams Benefit of $150, an Ambulance Benefit of $200 (ground), an Initial Assistance Benefit of $100, a Surgery Benefit (appendectomy) of $200, and a Daily Hospital Confinement Benefit of $300 (hospitalized for 3 days).

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Riders are available for an additional cost. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

## Benefits overview 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. |
| MENTAL ILLNESS FACILITY CONFINEMENT | Pays $500; $1,000; $1,500; or $2,000. Payable once per period of mental illness facility confinement, per calendar year, per covered person.<br>The hospital confinement benefit and the mental illness facility confinement benefit are not payable in the same calendar year. |
| 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 18 hours. Limited to 2 payments per calendar year, per policy. |
| WAIVER OF PREMIUM | Yes |
| CONTINUATION OF COVERAGE | Yes |
| **OPTIONAL RIDERS:** | **DESCRIPTION:** |
| EXTENDED BENEFITS RIDER | **Attending Physician Visit Benefit:** Pays $25 for visits (including telemedicine) from an attending physician or psychologist while confined in a hospital. |
| | **Individual Coverage:** Limited to 3 visits per calendar year, per policy. / **Insured/Spouse & Family Coverage:** Limited to 6 visits per calendar year, per policy. |
| | **Laboratory Test and X-Ray Benefit:** Pays $35; limited to 2 payments per covered person, per calendar year.<br>**Medical Diagnostic and Imaging Exams Benefit:** Pays $150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.<br>**Ambulance Benefit:** Pays $200 (ground) or $2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person. |
| HOSPITAL STAY AND SURGICAL CARE RIDER | **Initial Assistance Benefit:** Pays $100 once per calendar year, per rider, when a covered person requires a hospital admission.<br>**Surgery Benefit:** Pays $50-$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.<br>**Invasive Diagnostic Exams Benefit:** Pays $100 for one covered exam, per covered person, per 24-hour period.<br>**Hospital Intensive Care Unit Confinement Benefit:** Pays $500 per day, per covered person, for up to 30 days.<br>**Daily Hospital Confinement Benefit:** Pays $100 per day, per covered person, for up to 365 days.<br>**Daily Mental Illness Facility Confinement Benefit:** Pays $100 per day. Limited to 30 days per period of confinement, per calendar year, per covered person.<br>**Second Surgical Opinion Benefit:** Pays $50 once per covered person, per calendar year. |

Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.

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# Lyons USD 405

KS Payroll Premium rates are Monthly for industry Class A.
Rate sheet prepared by TROY CLOUSTON 7/22/26 4:02 PM

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.
**The rates displayed are valid through 07/22/2026 and are subject to change.**

## AFLAC HOSPITAL CHOICE (EXPRESS) - OPTION 1 Benefit Amount $1,500 - Series B40100

| Age | Coverage | Premium | EBRider | Total |
|---|---|---|---|---|
| 18-49 | INDIVIDUAL | $39.13 | $8.71 | **$47.84** |
| 50-59 | | $39.52 | $9.88 | **$49.40** |
| 60-75 | | $41.34 | $10.01 | **$51.35** |
| 18-49 | INSURED/SPOUSE | $56.94 | $18.20 | **$75.14** |
| 50-59 | | $60.19 | $20.54 | **$80.73** |
| 60-75 | | $65.39 | $20.67 | **$86.06** |
| 18-49 | ONE-PARENT FAMILY | $48.49 | $17.29 | **$65.78** |
| 50-59 | | $49.14 | $17.68 | **$66.82** |
| 60-75 | | $49.66 | $18.07 | **$67.73** |
| 18-49 | TWO-PARENT FAMILY | $57.46 | $22.10 | **$79.56** |
| 50-59 | | $60.71 | $22.49 | **$83.20** |
| 60-75 | | $66.04 | $23.53 | **$89.57** |

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

## AFLAC HOSPITAL CHOICE (EXPRESS) - OPTION 1 Benefit Amount $2,000 - Series B40100

| Age | Coverage | Premium | EBRider | Total |
|---|---|---|---|---|
| 18-49 | INDIVIDUAL | $52.00 | $8.71 | **$60.71** |
| 50-59 | | $52.65 | $9.88 | **$62.53** |
| 60-75 | | $55.64 | $10.01 | **$65.65** |
| 18-49 | INSURED/SPOUSE | $77.61 | $18.20 | **$95.81** |
| 50-59 | | $81.90 | $20.54 | **$102.44** |
| 60-75 | | $89.96 | $20.67 | **$110.63** |
| 18-49 | ONE-PARENT FAMILY | $64.09 | $17.29 | **$81.38** |
| 50-59 | | $64.48 | $17.68 | **$82.16** |
| 60-75 | | $65.00 | $18.07 | **$83.07** |
| 18-49 | TWO-PARENT FAMILY | $78.00 | $22.10 | **$100.10** |
| 50-59 | | $82.42 | $22.49 | **$104.91** |
| 60-75 | | $90.48 | $23.53 | **$114.01** |

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

# AFLAC CRITICAL CARE PROTECTION

## SPECIFIED HEALTH EVENT INSURANCE – OPTION 3

Policy Series A74000

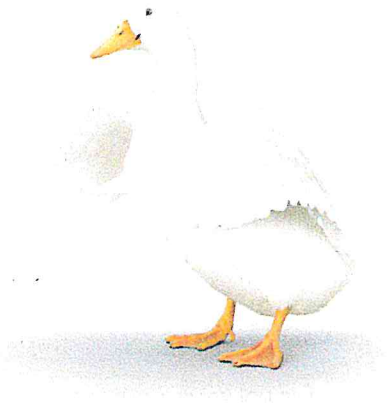
CCP3

## Critical care for you. Added financial protection for your family.

Serious health events are often unexpected — and when they happen, everyday expenses may suddenly seem overwhelming. Aflac Critical Care Protection insurance helps provide financial protection should you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

Benefits are also paid for specific heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation, and pacemaker placement.

Health care costs continue to rise, and major medical insurance was not designed to cover everything. From out-of-pocket medical costs to the inability to work while in recovery, your finances may be strained. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.



Aflac herein means American Family Life Assurance Company of Columbus.

**Understand the difference Aflac can make in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or stroke. This means that you can focus on recovery and not be so concerned about finances.

## Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

## Specified Heart Surgery Benefits covered by the Critical Care Protection policy include:

**Tier One:**

- Heart Valve Surgery
- Surgical Treatment of Abdominal Aortic Aneurysm

**Tier Two:**

- Coronary Angioplasty
- Transmyocardial Revascularization (TMR)
- Atherectomy
- Coronary Stent Implantation
- Cardiac Catheterization
- Automatic Implantable Cardioverter Defibrillator (AICD) Placement
- Pacemaker Placement

## How it works

**AFLAC CRITICAL CARE PROTECTION INSURANCE**

**AFLAC CRITICAL CARE PROTECTION – OPTION 3** COVERAGE IS SELECTED.

POLICYHOLDER SUFFERS A HEART ATTACK AND IS TRANSPORTED TO THE HOSPITAL BY AMBULANCE.

POLICYHOLDER HAS HEART SURGERY TO IMPLANT A STENT AND IS HOSPITALIZED. AFTER LEAVING THE HOSPITAL, POLICYHOLDER RECEIVES PHYSICAL THERAPY.

SEVERAL MONTHS LATER, POLICYHOLDER HAS HEART VALVE SURGERY AND IS HOSPITALIZED.

**AFLAC CRITICAL CARE PROTECTION – OPTION 3 PAYS** TOTAL BENEFITS OF

**$40,600**

The above example is based on a scenario for Aflac Critical Care Protection – Option 3 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of $25,000, Ambulance Benefit (ground ambulance transportation) of $250, Specified Heart Surgery Benefit – Tier Two (Coronary Stent Implantation) of $2,000, Hospital Intensive Care Unit Benefit (4 days) of $3,200, Hospital Confinement Benefit (8 days) of $2,400, Specified Heart Surgery Benefit – Tier One (heart valve surgery) of $4,000, and Continuing Care Benefit (30 days) of $3,750.

Benefits and/or premiums may vary based on state and option level selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

## Aflac Critical Care Protection – Option 3 Benefit Overview

| BENEFIT NAME | BENEFIT AMOUNT |
|---|---|
| FIRST–OCCURRENCE BENEFIT:<br>• NAMED INSURED/SPOUSE<br>• DEPENDENT CHILDREN | <br>$25,000; lifetime maximum $25,000 per covered person<br>$30,000; lifetime maximum $30,000 per covered person |
| SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT | $12,500; subsequent occurrence limitations apply; no lifetime maximum |
| HOSPITAL CONFINEMENT BENEFIT | $300 per day; no lifetime maximum |
| CONTINUING CARE BENEFIT | $125 each day when a covered person is charged for any of the following treatments:<br>• 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<br>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 |
| HOSPITAL INTENSIVE CARE UNIT BENEFIT | Days 1–7: $800 per day; Days 8–15: $1,300 per day<br>Limited to 15 days per period of confinement; no lifetime maximum |
| STEP-DOWN INTENSIVE CARE UNIT BENEFIT | $500 per day; limited to 15 days per period of confinement; no lifetime maximum |
| 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 |
| SPECIFIED HEART SURGERY BENEFITS | **Tier One:**<br>$4,000 when a covered person undergoes one of the following:<br>• Heart Valve Surgery • Surgical Treatment of Abdominal Aortic Aneurysm<br>**Tier Two:**<br>$2,000 when a covered person undergoes one of the following:<br>• Coronary Angioplasty • Transmyocardial Revascularization (TMR) • Atherectomy • Coronary Stent Implantation • Cardiac Catheterization • Automatic Implantable Cardioverter Defibrillator (AICD) Placement • Pacemaker Placement<br>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 |

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

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# Lyons USD 405

KS Payroll Premium rates are Monthly for industry Class A.
Rate sheet prepared by TROY CLOUSTON 7/22/26 4:02 PM

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## CRITICAL CARE PROTECTION POLICY - Series A74200

### Critical Care Protection (Individual)

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)
SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $16.90 | $2.34 | $1.17 | $20.41 |
| 36-45 | $24.05 | $4.29 | $2.86 | $31.20 |
| 46-55 | $32.76 | $5.07 | $4.68 | $42.51 |
| 56-70 | $42.25 | $5.59 | $6.63 | $54.47 |

### Critical Care Protection (Insured/Spouse)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $32.50 | $4.68 | $2.34 | $39.52 |
| 36-45 | $42.25 | $8.58 | $4.81 | $55.64 |
| 46-55 | $56.94 | $10.14 | $8.06 | $75.14 |
| 56-70 | $79.30 | $11.18 | $12.35 | $102.83 |

### Critical Care Protection (One Parent Family)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $28.73 | $2.47 | $1.30 | $32.50 |
| 36-45 | $34.06 | $4.55 | $2.86 | $41.47 |
| 46-55 | $43.81 | $5.20 | $4.68 | $53.69 |
| 56-70 | $57.59 | $5.85 | $6.76 | $70.20 |

### Critical Care Protection (Two Parent Family)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $36.92 | $4.81 | $2.47 | $44.20 |
| 36-45 | $46.93 | $8.84 | $5.20 | $60.97 |
| 46-55 | $62.66 | $10.27 | $8.71 | $81.64 |
| 56-70 | $86.06 | $11.44 | $13.00 | $110.50 |

## CRITICAL CARE PROTECTION POLICY - Series A74300

### Critical Care Protection (Individual)

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)
SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $17.81 | $2.34 | $1.17 | $21.32 |
| 36-45 | $25.22 | $4.29 | $2.86 | $32.37 |
| 46-55 | $37.18 | $5.07 | $4.68 | $46.93 |
| 56-70 | $51.48 | $5.59 | $6.63 | $63.70 |

## Critical Care Protection (Insured/Spouse)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $34.19 | $4.68 | $2.34 | **$41.21** |
| 36-45 | $45.24 | $8.58 | $4.81 | **$58.63** |
| 46-55 | $69.68 | $10.14 | $8.06 | **$87.88** |
| 56-70 | $99.32 | $11.18 | $12.35 | **$122.85** |

## Critical Care Protection (One Parent Family)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $30.29 | $2.47 | $1.30 | **$34.06** |
| 36-45 | $35.75 | $4.55 | $2.86 | **$43.16** |
| 46-55 | $46.02 | $5.20 | $4.68 | **$55.90** |
| 56-70 | $64.87 | $5.85 | $6.76 | **$77.48** |

## Critical Care Protection (Two Parent Family)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $38.74 | $4.81 | $2.47 | **$46.02** |
| 36-45 | $49.27 | $8.84 | $5.20 | **$63.31** |
| 46-55 | $73.84 | $10.27 | $8.71 | **$92.82** |
| 56-70 | $106.34 | $11.44 | $13.00 | **$130.78** |

# AFLAC CANCER PROTECTION ASSURANCE

## CANCER INDEMNITY INSURANCE – OPTION 3

Policy Series B70000

C3

## We're there when you need us most

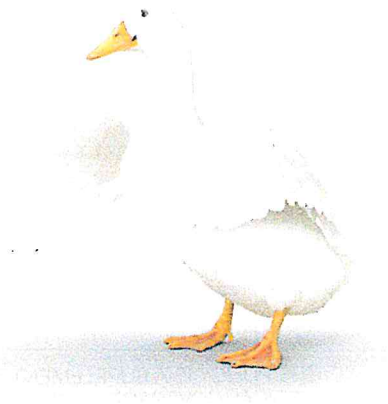
The unfortunate reality is cancer touches almost everyone at some point in their lives, whether it's yourself or a loved one. But each person has a unique story, especially when it comes to cancer treatment. We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families – before, during, and after treatment.

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower you to seek treatment, while easing the financial concerns that often accompany it.

### Benefits paid directly to you

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Health insurance was never intended to cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these.



Aflac herein means American Family Life Assurance Company of Columbus.

**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

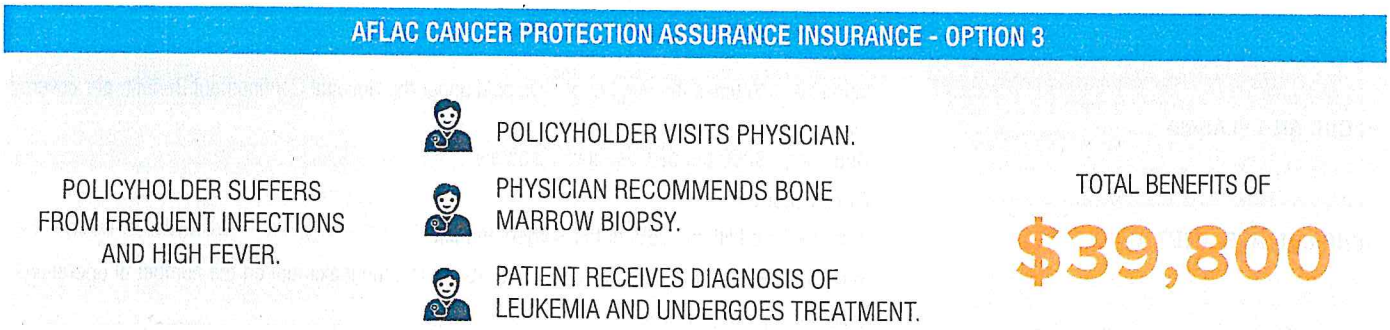
## Aflac Cancer Protection Assurance stays with you for life*

**We're with you, even when you're well.** We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

**We'll see you all the way through treatment.** If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

**We give you the freedom to choose the best care for you.** You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

### How it works




The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 3 with three units of the Initial Diagnosis Building Benefit Rider (purchased three years prior to claim) and includes the following benefit conditions: Initial Diagnosis Benefit of $7,500, Initial Diagnosis Building Benefit Rider (three units for three years) of $900, Bone Marrow Biopsy (Cancer Screening Benefit) of $100, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of $6,000, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of $12,000, Antinausea Benefit (9 months) of $1,350, Stem Cell Transplant Benefit of $10,000, Hospital Confinement Benefit (4 days) of $1,200, Annual Care Benefit (paid on the first anniversary of diagnosis) of $750.

*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

## **Benefits overview** Choose the Policy and Riders that Fit Your Needs

| BENEFIT: | DESCRIPTION: |
|---|---|
| INITIAL DIAGNOSIS | Named Insured or Spouse: $7,500<br>Dependent Child: $15,000<br>Payable once per covered person, per lifetime |
| RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY | Self-Administered: $600 per calendar month<br>Physician Administered: $2,000 per calendar month<br>This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month |
| ANNUAL CARE | $750 on the anniversary date of diagnosis; lifetime maximum of five annual $750 payments per covered person |
| CANCER SCREENING | One $100 benefit per calendar year, per covered person<br>Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition |
| PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT) | $350 per covered person, per lifetime |
| ADDITIONAL OPINION | $400 per covered person, per lifetime |
| HORMONAL THERAPY | $40 once per calendar month |
| TOPICAL CHEMOTHERAPY | $200 once per calendar month |
| ANTINAUSEA | $150 once per calendar month |
| STEM CELL AND BONE MARROW TRANSPLANTATION | $10,000; lifetime maximum of $10,000 per covered person<br>Donor Benefit:<br>$150 for stem cell donation, or<br>$1,000 for bone marrow donation<br>Payable one time per covered person |
| BLOOD AND PLASMA | Inpatient: $75 times the number of days paid under the Hospital Confinement Benefit, per covered person<br>Outpatient: $250 per day, per covered person |
| SURGICAL/ANESTHESIA | $140-$5,000<br>Anesthesia: additional 25% of the Surgery Benefit<br>Maximum daily benefit will not exceed $6,250; no lifetime maximum on the number of operations |
| SKIN CANCER SURGERY | Laser or Cryosurgery: $50<br>Excision of lesion of skin without flap or graft: $250<br>Flap or graft without excision: $375<br>Excision of lesion of skin with flap or graft: $600<br>Maximum daily benefit will not exceed $600. No lifetime maximum on the number of operations |
| PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS) | $350 per covered person, per lifetime |
| HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS | Named Insured or Spouse: $300<br>Dependent Child: $375 |
| HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE | Named Insured or Spouse: $600<br>Dependent Child: $750 |

| | |
|---|---|
| OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE | $300 per day, per covered person |
| EXTENDED-CARE FACILITY | $150 per day; limited to 30 days in each calendar year, per covered person |
| HOME HEALTH CARE | $150 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person |
| HOSPICE CARE | $1,000 for first day; $50 per day thereafter; $12,000 lifetime maximum per covered person |
| NURSING SERVICES | $150 per day; payable for only the number of days the Hospital Confinement Benefit is payable |
| SURGICAL PROSTHESIS | $3,000; lifetime maximum of $6,000 per covered person |
| NONSURGICAL PROSTHESIS | $250 per occurrence, per covered person; lifetime maximum of $500 per covered person |
| BREAST RECONSTRUCTION | Breast Tissue/Muscle Reconstruction Flap Procedures: $3,000<br>Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $700<br>Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): $350<br>Permanent Areola Repigmentation (on the diseased breast): $150<br>Maximum daily benefit will not exceed $3,000 |
| OTHER RECONSTRUCTIVE SURGERY | Facial Reconstruction: $700<br>Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit<br>Maximum daily benefit will not exceed $700 |
| EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION | $1,500 for a covered person to have oocytes extracted and harvested<br>$250 for the storage of a covered person's oocyte(s) or sperm<br>$250 for embryo transfer<br>Lifetime maximum of $2,000 per covered person |
| AMBULANCE | $250 ground<br>$2,000 air ambulance |
| TRANSPORTATION | $.50 cents per mile for transportation; payable up to a combined maximum of $1,500, per round trip |
| LODGING | $80 per day; limited to 90 days per calendar year |
| WAIVER OF PREMIUM | Yes |
| CONTINUATION OF COVERAGE | Yes |
| **OPTIONAL RIDERS:** | **DESCRIPTION:** |
| INITIAL DIAGNOSIS BUILDING BENEFIT RIDER | This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by $100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force. |
| SPECIFIED-DISEASE BENEFIT RIDER | When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider: |

| Initial diagnosis | Hospitalization | |
|---|---|---|
| $2,000 | 30 days or less; $400 per day | 31 days or more; $800 per day |

| | |
|---|---|
| DEPENDENT CHILD RIDER | $10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child |

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Aflac

# Lyons USD 405

KS Payroll Premium rates are Monthly for industry Class A.
Rate sheet prepared by TROY CLOUSTON 7/22/26 4:02 PM

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.
**The rates displayed are valid through 07/22/2026 and are subject to change.**

## CANCER PROTECTION ASSURANCE (EXPRESS) PLAN OPTION 2 - Series B70200

| Age | Coverage | Premium | IDR | DCR | SDR | Total |
|---|---|---|---|---|---|---|
| 18-75 | INDIVIDUAL | $33.50 | $5.95 | $0.00 | $0.91 | **$40.36** |
| 18-75 | INSURED/SPOUSE | $57.64 | $14.05 | $0.00 | $0.91 | **$72.60** |
| 18-75 | ONE-PARENT FAMILY | $33.50 | $5.95 | $0.91 | $0.91 | **$41.27** |
| 18-75 | TWO-PARENT FAMILY | $57.64 | $14.05 | $0.91 | $0.91 | **$73.51** |

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051) ($10,000)
SDR* = Optional Specified Disease Rider (Series B70052)

## CANCER PROTECTION ASSURANCE (EXPRESS) PLAN OPTION 3 - Series B70300

| Age | Coverage | Premium | IDR | DCR | SDR | Total |
|---|---|---|---|---|---|---|
| 18-75 | INDIVIDUAL | $47.37 | $5.95 | $0.00 | $0.91 | **$54.23** |
| 18-75 | INSURED/SPOUSE | $80.86 | $14.05 | $0.00 | $0.91 | **$95.82** |
| 18-75 | ONE-PARENT FAMILY | $47.37 | $5.95 | $0.91 | $0.91 | **$55.14** |
| 18-75 | TWO-PARENT FAMILY | $80.86 | $14.05 | $0.91 | $0.91 | **$96.73** |

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051) ($10,000)
SDR* = Optional Specified Disease Rider (Series B70052)

# AFLAC ACCIDENT INSURANCE

## ACCIDENT-ONLY INSURANCE – OPTION 3

Policy Series A38000

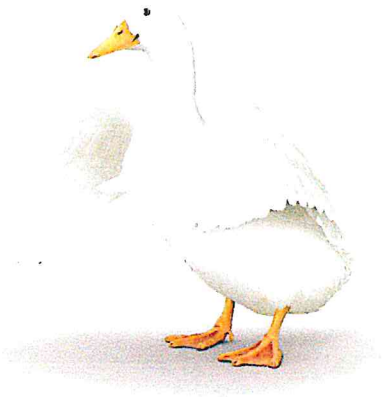
AC3

## Accidents can happen at any moment. Let Aflac help ease the financial pain

Accidents can happen at any time and treating them can be costly. Even with health insurance there may be out-of-pocket costs — causing everyday expenses to suddenly seem overwhelming. Aflac Accident Insurance helps provide financial protection if a covered accidental injury occurs.

Health care costs continue to rise, and health insurance wasn't designed to cover everything. From out-of-pocket medical costs to time away from work, the financial impact can be surprising. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.

Aflac has been there for our policyholders for nearly 70 years — in some of their most challenging moments. Aflac Accident Insurance can help give you peace of mind if you experience an accidental injury so you can focus on recovery rather than worrying about finances.



Aflac herein means American Family Life Assurance Company of Columbus.

**Understand the difference Aflac can make in your financial security.**

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind, and the assurance that your family will have help financially, are powerful reasons to consider Aflac.

## What does the Aflac Accident Insurance policy include?

- A preventive care benefit payable for routine medical exams.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures.
- Benefits payable for initial treatment as well as follow-up care, including therapy and mental health treatment.
- A hospital confinement benefit that increases every year you have the policy, for a five-year period.
- An intensive care unit benefit that increases every year you have the policy, for a five-year period.
- An accidental death benefit.

## Why Aflac Accident Insurance may be the right choice for you:

- We pay you, not the doctor or hospital.
- No underwriting questions to answer.
- No coordination of benefits—we pay regardless of any other insurance you may have.
- No network restrictions—you choose your own health care provider.
- Portable—take the plan with you if you change jobs or retire.*
- 24-hour accident insurance.

*Coverage remains in force as long as premiums are paid.

## How it works

**AFLAC ACCIDENT INSURANCE**

**AFLAC ACCIDENT INSURANCE – OPTION 3** COVERAGE IS SELECTED



WHILE PLAYING ON HIS TRAVEL BASEBALL TEAM, YOUR SON WAS INJURED SLIDING INTO HOME PLATE AND WAS TAKEN TO THE ER BY AMBULANCE.



HIS ANKLE IS BROKEN AND SURGERY IS PERFORMED.

**AFLAC ACCIDENT INSURANCE – OPTION 3** COVERAGE PROVIDES THE FOLLOWING:

**$5,125**

**TOTAL BENEFITS**

The above example is based on a scenario for the Aflac Accident Insurance – Option 3 that includes the following benefit conditions: Ambulance Benefit of $400 (ground ambulance transportation); Initial Accident Treatment Benefit of $250; Named Injury Benefit (Dislocation and Fracture, Category 2, Surgically Repaired) of $2,000; Initial Hospitalization Admission Benefit of $1,500 (Year 1); Hospital Confinement Benefit (Year 1) of $300 (hospitalized for 1 day); Post-Accident Care Benefit of $450 (9 physical therapy treatments); Post-Accident Care Benefit of $100 (2 follow-up visits with surgeon); and Organized Sporting Activity Benefit of $125.

Benefits and/or premium may vary based on state and benefit option selected. The policy/rider has limitations and exclusions that may affect benefits payable. Rider is available for an additional cost. This brochure is for illustrative purposes only. Refer to the policy/rider for benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

# AFLAC ACCIDENT INSURANCE – OPTION 3 BENEFIT OVERVIEW

| BENEFIT NAME | BENEFIT DETAILS |
|---|---|
| | **INITIAL TREATMENT BENEFITS** |
| INITIAL ACCIDENT TREATMENT BENEFIT | $250 once per covered accident, per covered person.<br>Limited to the maximum number of visits listed below per policy, per calendar year based on the type of coverag<br>**Type of Coverage** / **Number of Visits**<br>Individual: 10<br>Named Insured/Spouse Only: 15<br>One-Parent Family: 20<br>Two-Parent Family: 25 |
| AMBULANCE BENEFIT | • Ground: $400<br>• Air or Water: $2,500<br>Limited to two trips per covered accident, per covered person. |
| | **CONFINEMENT BENEFITS** |
| INITIAL HOSPITALIZATION ADMISSION WITH BUILDING BENEFIT | Pays the benefit amount as shown in the Building Benefit Table for a covered person's hospital admission or intensive care unit (ICU) admission as the result of injuries.<br>**Year 1** / **Year 2** / **Year 3** / **Year 4** / **Year 5+**<br>**Hospital Admission**: $1,500 / $2,000 / $2,500 / $3,000 / $3,500<br>**ICU Admission**: $3,000 / $4,000 / $5,000 / $6,000 / $7,000<br>Only one initial hospitalization admission benefit, the highest amount, is payable per covered accident, per covered person. If a covered person is confined to a hospital bed and is later confined to the ICU, the difference between the two benefits will be paid. |
| HOSPITAL CONFINEMENT WITH BUILDING BENEFIT | Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to a hospital as the result of injuries.<br>**Year 1**: $300 / **Year 2**: $350 / **Year 3**: $400 / **Year 4**: $450 / **Year 5+**: $500<br>Payable up to 365 days per covered accident, per covered person. |
| INTENSIVE CARE UNIT CONFINEMENT WITH BUILDING BENEFIT | Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to an intensive care unit (ICU) as the result of injuries.<br>**Year 1**: $600 / **Year 2**: $700 / **Year 3**: $800 / **Year 4**: $900 / **Year 5+**: $1,000<br>Payable up to 15 days per covered accident, per covered person. |
| REHABILITATION CONFINEMENT BENEFIT | Pays $250 for each day a covered person is confined to a rehabilitation facility for at least 18 hours as the result of injuries.<br>Payable up to 30 days per covered accident, per covered person. |
| | **NAMED INJURY BENEFITS** |
| DISLOCATION AND FRACTURE BENEFIT | The benefit amount payable will be based on the body part (joint) dislocated or body part (bone) fractured regardless of the number of dislocations and/or fractures incurred on the same body part.<br>**Category 1** / **Category 2** / **Category 3**<br>**Surgical**: $400 / $2,000 / $4,000<br>**Non-Surgical**: $150 / $1,000 / $2,000<br>**Chip Fracture**: $40 / $250 / $500<br>If a covered person suffers multiple dislocations and/or fractures of different body parts as the result of one covered accident, we will pay the applicable amount for each injury per accident, per covered person. |

| BENEFIT NAME | BENEFIT DETAILS |
|---|---|
| DISMEMBERMENT BENEFIT | **Dismemberment Type** — **Benefit**<br>Double Dismemberment — $50,000<br>Single Dismemberment — $15,000<br>Finger/Toe Dismemberment — $2,000<br>Partial Dismemberment — $500<br>Loss of Hearing (in one ear) — $7,500<br>Loss of Sight (in one eye) — $7,500<br>The dismemberment must occur within 90 days after the covered accident. Only one dismemberment benefit amount, the highest amount, is payable per covered accident, per covered person. |
| EMERGENCY DENTAL TREATMENT BENEFIT | **Type** — **Benefit**<br>Loss or Extraction of a tooth — $200<br>Repair/Replacement of a tooth — $500<br>No more than one loss or extraction of a tooth and one repair or replacement of a tooth per covered accident, per covered person. |
| EMERGENCY VISION TREATMENT BENEFIT | **Type** — **Benefit**<br>Foreign Object Removal — $100<br>Eye Surgery — $500<br>No more than one foreign object removal or eye surgery per covered accident, per covered person. |
| LACERATION BENEFIT | **Type** — **Benefit**<br>Laceration with suture — $100<br>Laceration without suture — $50<br>Only one laceration benefit amount, the highest amount, is payable per covered accident, per covered person. |
| ROAD RASH WITH SKIN GRAFT BENEFIT | Pays when a covered person suffers a road rash and requires a skin graft to repair.<br>**Road Rash Percentage** — **Benefit**<br>< 10% of total body surface — $175<br>10% - 19% of total body surface — $550<br>20% - 29% of total body surface — $1,500<br>30% or greater of total body surface — $3,000<br>Only one road rash with skin graft benefit amount, the highest amount, is payable per covered accident, per covered person. |
| SECOND-DEGREE BURN BENEFIT | **Second-Degree Burn Percentage** — **Benefit**<br>< 10% of total body surface — $175<br>10% - 19% of total body surface — $550<br>20% - 29% of total body surface — $1,500<br>30% or greater of total body surface — $3,000<br>Only one second-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person. |
| THIRD-DEGREE BURN BENEFIT | **Third-Degree Burn Percentage** — **Benefit**<br>< 2.5% of total body surface — $275<br>2.5% - 10% of total body surface — $1,350<br>10% - 19% of total body surface — $4,000<br>20% - 29% of total body surface — $15,000<br>30% or greater of total body surface — $25,000<br>Only one third-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person. |

| BENEFIT NAME | BENEFIT DETAILS |
|---|---|
| SURGERY BENEFIT | Pays the benefit amount listed below when a covered person undergoes surgery performed in a medical facility.<br>**Surgery Type** — **Benefit**<br>Category 1 Repair of Hernia, Arthroscopy, Surgery (Other) — $400<br>Category 2 Ruptured Disc, Tendons/Ligaments, Torn Knee Cartilage, Torn Rotator Cuff — $1,500<br>Category 3 Cranial Surgery, Open Abdominal Surgery, Open Thoracic Surgery (excluding chest tube insertions) — $3,000 |
| ACQUIRED BRAIN INJURY BENEFIT | Pays the benefit amount listed below when a covered person is diagnosed with an acquired brain injury.<br>**Severity** — **Benefit**<br>Severe (Glasgow Scale 8 or less or coma diagnosis) — $20,000<br>Moderate (Glasgow Scale 9-12) — $1,000<br>Mild (Glasgow Scale 13-15 or concussion diagnosis) — $250<br>Payable once per covered accident, per covered person. |
| PARALYSIS BENEFIT | Pays the benefit amount listed below when a covered person is diagnosed by a medical professional with permanent paralysis.<br>**Paralysis Type** — **Benefit**<br>One or two limbs — $15,000<br>Three or four limbs — $50,000<br>Only one paralysis benefit amount, the highest amount, is payable per covered accident, per covered person. |
| | **FOLLOW-UP CARE AND SERVICES BENEFITS** |
| POST-ACCIDENT CARE BENEFIT | $50 per visit<br>Payable up to 30 visits per covered accident, per covered person. |
| TRANSPORTATION BENEFIT | $1,000 per round trip to any medical facility or rehabilitation facility located more than 50 miles from the site of the covered accident or residence of the covered person when a covered person requires confinement for injuries sustained in a covered accident.<br>Payable for up to 3 round trips per calendar year, per covered person. |
| PROSTHESIS BENEFIT | $1,000; payable once per covered accident, per covered person. |
| PROSTHESIS REPAIR/ REPLACE BENEFIT | $1,000; replacement must occur 12 months or more after any previously paid prosthesis benefit. |
| | **LOSS OF LIFE BENEFIT** |
| ACCIDENTAL DEATH BENEFIT | **Common-Carrier Accident** / **Other Accident**<br>**Named Insured/Spouse** — $200,000 / $80,000<br>**Child** — $50,000 / $25,000<br>Payable once per covered person. |
| | **SPECIALTY BENEFITS** |
| AUTOMOBILE AND/OR HOME MODIFICATION BENEFIT | $5,000; payable once per covered accident, per covered person. |
| PREVENTIVE CARE BENEFIT | $100; payable once per policy, per calendar year. |
| ORGANIZED SPORTING ACTIVITY BENEFIT | $125; payable once per covered accident, per covered person. |
| WAIVER OF PREMIUM | Yes |
| CONTINUATION OF COVERAGE BENEFIT | Yes |

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

# COUNT ON AFLAC FOR LIFE



## You may be eligible for Aflac's guaranteed-issue life insurance policy once participation requirements are met!

You want your loved ones to be financially secure, but you may not have considered the demand that funeral expenses and out-of-pocket medical costs may have on the family income.

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

**Jackie Kennedy**
316.204.3812
jacquelene_kennedy@us.aflac.com

Aflac®

Group Term Life (Q60000 series): In Arkansas, Idaho & Oklahoma, Policy ICC18Q60200M. In Delaware, Policy Q60200M. Not available in Virginia. Group Whole Life (Q60000 series): In Arkansas & Delaware, Policy Q60100M. In Idaho, Policy Q60100MID. In Oklahoma, Policy Q60100MOK. Not available in VA. This is a brief product overview only. Coverage may not be available in all states, including but not limited to NY or VT. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. Plans and riders may also contain a waiting period. Refer to the exact plans and riders for benefit details, definitions, limitations and exclusions. For availability and costs, please contact your local Aflac agent/producer.
Coverage is underwritten by American Family Life Assurance Company of Columbus. Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999
Z2600197 EXP 3/27

# Don't miss out on LIFE

The pandemic made most of us start thinking about the need for life insurance. But there are questions — which type do I buy, how much do I need? No matter which type you choose, Aflac Life insurance helps provide the financial protection you need to prepare for the future.



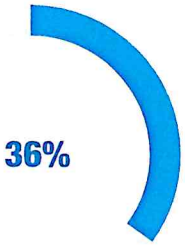
**Whole**

Lasts as long as you live (and pay premiums). Whole life is a smart piece of your long-term financial planning strategy. It has an investment component that can build cash value over time — and allows you to borrow money against it, or even cash in the plan early.



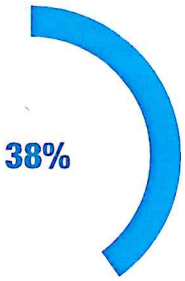
**Term**

A lower cost plan that lasts for a fixed length of time, and it's particularly good for high-need years — for example, when you have kids, education expenses or a long-term mortgage.



**36%**

**of Americans say they haven't purchased, or purchased more, life insurance because they are unsure how much they need or what type to buy.[1]**



**38%**

**of Americans say their household would face financial hardship within six months* should a wage earner die unexpectedly.[1]**

*30% would struggle financially within a month.

Aflac®

[1]2023 Life Insurance Fact Sheet. LIMRA. https://www.limra.com/siteassets/newsroom/liam/2023/0859-2023-liam-fact-sheet-2023_final.pdf

# When is the best time to consider life insurance?

## 01 Graduation

Joe graduates from college and hasn't given a second thought to life insurance.

## 02 First Job

Joe is 25 and starts his first adult job. He is offered life insurance along with major medical. Joe applies for a 10-year term life policy with a face amount of $25,000.

## 03 Marriage

Joe is 28 and marries his college sweetheart. He also received a promotion at work. He adds a whole life policy with a $200,000 face amount along with a 10-year spouse term rider with a face amount of $50,000.

## 04 First child

They purchase a new home and soon their first child, a daughter, is born. With a family and a 30-year mortgage, would Joe's wife and daughter be able to maintain their lifestyle if something were to happen to Joe?

Joe purchases an additional $100,000 30-year term life policy during his next open enrollment. He also adds a child rider with a face amount of $15,000.

## 05 Second Child

A few years later, they have a son and purchase a larger home. Joe adds another whole life policy with a $100,000 face amount.

## 06 College

Joe is now 46 and his first child is ready to start college. Because Joe purchased the whole life policy, he can borrow against it to help with tuition if he needs to.

## 07 The Big 5-0!

Joe turns 50. He thinks about how lucky he has been. He is happily married with two healthy children. Because Joe purchased life insurance when he was younger, he is positioned well as he approaches retirement.

## 08 Retirement

Joe is ready to retire. He is grateful that his Aflac representative showed him the importance of applying for life insurance when he started his first job and guided him to adjust his coverage as his family and responsibilities grew. Even though he won't be working anymore, his policies are portable and he can take them with him. He also knows that when the time comes, his wife will have the help she needs and his final expenses won't be a problem because he counted on Aflac for Life.

## Ask your Aflac agent about which life insurance options may be best for you.

The details listed within the scenario above are for illustrative purposes only. The plans described herein have limitations, exclusions and preexisting condition limitations that may affect benefits payable. Coverage may not be available in all locations, including but not limited to ID, NJ, NM, NY or VA. Benefits and/or premiums may vary based on the state and benefit option selected. For costs and complete details of the coverage, contact your Aflac insurance agent/producer.

**Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York.** Life. Juvenile Whole & Term Life (B61000 Series): In Arkansas, Idaho, Oklahoma, Oregon, Pennsylvania, Texas, & Virginia, Policies: ICC18B61JWO & ICC18B61JTO. In Delaware, Policies B61JWO, B61JTO. These policies are not available in Delaware or New York. Direct Whole & Term Life (B60000 Series): In Arkansas, Idaho, Oklahoma, Pennsylvania, Texas, & Virginia, Policies: ICC18B60C10, ICC18B60100, ICC18B60200, ICC18B60300, & ICC18B60400. These policies are not available in Delaware, Oregon, New York. Whole and Term Life (68000 Series): In Arkansas, Idaho, Oklahoma, Oregon, Pennsylvania, Texas & Virginia, Policies: ICC1368100, ICC1368200, ICC1368300, ICC1368400. In Delaware, Policies A68100-A68400. In New York, NY68100-NY68400. Whole (Q60000 series): In Arkansas, Delaware & Oregon, Policy Q60100M. In Idaho Policy Q60100MID. In Oklahoma, Policy Q60100MOK. In Texas, Policy Q60100MTX. Term (Q60000 series): In Delaware, Policies Q60200CM. In Arkansas, Idaho, Oklahoma, Oregon, Texas, Policies ICC18Q60200C, ICC18Q60300C, ICC18Q60400C.

WWHQ | 1932 Wynnton Road | Columbus, GA 31999
NY | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211

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EXP 10/25

# Aflac Whole and Term Life Group Insurance (Q60000)

## Whole life

**Riders available with Aflac Whole Life**

- **Employer-chosen riders.**
  - Waiver of premium benefit.
  - Accidental death benefit.
  - Accelerated death payment for a chronic condition.
  - Restoration of the payment of death proceeds.[1]
  - Extension of chronic condition periodic payments.[1]
- **Employee-chosen riders.**
  - Child.
  - Spouse 10-year term life insurance.

**Issue age:** 18-70.[2]

**57% of men own life insurance.[3]**

**46% of women own life insurance.[3]**

- 45% of women (56 million) acknowledged they have a coverage gap.[3]
- 4 in 10 women said they planned to buy coverage within the next year.[3]

## KEY FEATURES

- Face amounts $20,000 to $500,000.
- Certificate fee waived if already an Aflac policyholder.
- Spouse GI coverage available up to $15,000. Employee-chosen child rider available (also GI if participation is met).
- $5,000 advanced claim payment (not payable in the first two years).
- Aflac Term Life available in 10/20/30-year terms.
- Accelerated death benefit due to terminal illness[1] (50% of face amount) available via employer-chosen rider.
- Portable.

**NEW**

| NUMBER OF BENEFIT-ELIGIBLE EMPLOYEES | MAX GUARANTEED-ISSUE AMOUNT | NUMBER OF APPLICANTS TO MEET PARTICIPATION | MAX FACE AMOUNT |
|---|---|---|---|
| **3-29** | $50,000 | 3 | $500,000 |
| **30-99** | $100,000 | 5 | $500,000 |
| **100-249** | $100,000 | 10 | $500,000 |
| **250-499** | $125,000 | 25 | $500,000 |
| **500+** | $150,000 | 35 | $500,000 |

**51%**
of consumers reported owning life insurance.[3]

**42%**
of American adults – representing 102 million people – say they need (or need more) life insurance.[3]

**55%**
4 in 10, or more than 100 million middle-income adults, believe they live with a life insurance coverage gap.[3]

**$**
No. 1 reason consumers give for not purchasing life insurance – or more of it – is that it's too expensive. 72% of Americans overestimate the true cost of a basic term life insurance policy.[3]

## Term life

**Riders available with Aflac Term Life**

- **Employer-chosen riders.**
  - Waiver of premium benefit.
  - Accidental death benefit.
  - Accelerated death payment for a chronic condition.
- **Employee-chosen riders.**
  - Spouse 10/20/30-year terms.
  - Child.
- **Issue ages:**
  - 10-year: 18-70.[2]
  - 20-year: 18-60.[2]
  - 30-year: 18-50.[2]



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