

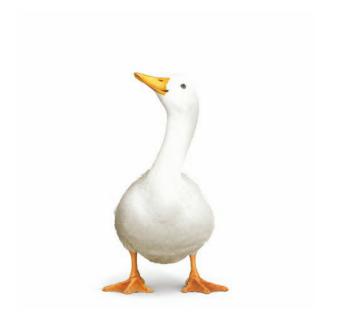


Health insurance wasn't designed to cover everything. That's why there's Aflac. Our product portfolio is as broad as your needs, with individual and group products that help cover the expected – and unexpected – that's sure to come life's way. We help take care of what health insurance doesn't cover, so you can focus on caring for everything else.

- Aflac benefits are paid to you, so you can use the funds any way you need to
- pays in addition to medical insurance or any other insurance
- guaranteed renewable & portable at the same rate
- Children covered through age 25

2025-2026

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Individual coverage is underwritten by Aflac. Group coverage is underwritten by Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac Incorporated. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups sitused in California, group coverage is underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups sitused in New York, coverage is underwritten by Aflac New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999, Continental American Insurance Company | Columbia, SC, 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211

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

The financial effects from accidents can be surprising, but your employees can count on Aflac to be there when they need us most. Aflac Accident Insurance can help them with unexpected costs, so they can focus on getting better.

This information refers to benefit ranges for Policy Series A38000 and is for illustrative purposes only. The table below is not a comprehensivelist of all benefits available through the policy. Pleaserefer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Pleaserefer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Accide	ent Insurance benefits
Benefit	Aflac Accident Insurance (24-hour coverage) Option1
Initial accident treatment (ER, urgent, physician only) (chiropractor excluded)	\$150, per covered accident, per covered person.
Ambulance	\$300 ground,\$2,000 air or water.
Initial hospitalization admissionwith building benefit	<ul> <li>\$1,500-\$3,500 regular hospital admission.</li> <li>\$3,000 - \$7,000 ICU admission.</li> <li>Payableonce per covered accident, per covered person. Benefit increases upon completion of each full building benefit year. Amountwill increase until the maximumbuilding benefit amount is reached at year five.</li> </ul>
Hospital confinement with building benefit	<ul> <li>\$300-\$500 per day.</li> <li>Payableonce per covered accident, per covered person. Benefit increases upon completion of each full building benefit year. Amountwill increase until the maximumbuilding benefit amount is reached at year five.</li> </ul>
ICU confinement with building benefit	<ul> <li>\$600-\$1,000 per day.</li> <li>Payableonce per covered accident, per covered person. Benefit increases upon completion of each full building benefit year. Amountwill increase until the maximumbuilding benefit amount is reached at year five.</li> </ul>
Rehabilitation confinement benefit	\$200/day per covered accident, per covered person, up to 30 days
Named injury benefits	\$20-\$30,000 (fractures, dislocations, burns, dismemberment, lac).
Post-accident care benefit	\$35/visit, upto 30 visits: follow up doctor, physical/occupational/mental thera
Transportation	\$500/trip, up to three per year(50+ miles).
Prosthesis and prosthesis repair and replacement benefit	\$1,000.
Accidental death benefit	\$7,500-\$100,000.
Automobile and/or home modification benefit	\$4,000.
Preventative care benefit	\$100 perpolicy, percalendaryear.
Organizedsporting activity benefit	\$75 one per covered accident, per covered person.
Waiver of premium benefit	90 days. Unable to work or unable to perform two or more ADLs.
Continuation of coverage benefit	After six months, waive up to two months.

Biweekly	Employee	Employee +	Employee +	<u>Family</u>
Premiums	Only	Spouse	Children	
Accident Plan Ages 18-75	\$9.80	\$13.80	\$16.42	\$21.24

# **Cancer Protection Assurance**

<b>Bene</b> 1t		Description	
INITIAL DIAGNOSIS	Named insured or spouse: \$5, Dependent child: \$1 0,000 Payable once per covered pers		
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Physician administered: \$ 1,6	75 per calendar month 00 percalendarmonth nistered treatment and one physician-administere	d treatment per calendar month.
CANCER SCREENING	One \$7 5 benefit per calendar Benefit increases to three scree associated cancerous condition	enings per calendar year after the diagno	sis for internal cancer or an
SURGERY/ANESTHESIA	\$1 0 0 - \$3 , 40 0 Anesthesia: additional 25% of t Maximum daily benefit will not	the surgery benefit exceed \$4,250; no lifetime maximum or	n the number of operations
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named insured or spouse: \$2 ( Dependent child: \$2 5 0	00	
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named insured or spouse: \$4 0 Dependent child: \$5 0 0	00	
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$2 00 per day, per covered per	rson	
SKIN CANCER SURGERY	Laser or cryosurgery: \$3 5 Excision of lesion of skin withou Flap or graft without excision: Excision of lesion of skin with f Maximum daily benefit will not	\$250	the number of operations
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$2 50 per covered person	n, per lifetime	
BREAST RECONSTRUCTION	Breast tissue/muscle reconstruction flap procedures: \$2,000 Breast reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the non-diseased breast occurring within 5 years of breast reconstruction): \$220 Permanent areola repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000		
ANNUAL CARE	\$5 00 on the anniversary date of diagnosis; lifetime maximum of five annual payments percovered person		
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.		
	When a covered person is diag	nosed with any of the diseases listed in t	the specified disease rider:
SPECIFIED DISEASE BENEFIT RIDER	Initial diagnosis	Hospital	ization
DENETH HIDEH	\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered depe cancerous condition; payable o	ndent child is diagnosed as having interr nly once for each covered dependent chi	nal cancer or an associated Id

<u>Biweekly Pretax</u> Rates	Employee Only	Employee + Spouse	<u>Employee +</u> Children	<u>Full Family</u>
High level with			Ciliuren	
cash builder and	\$19.46	\$34.65	\$19.88	\$35.07
specified disease				
Low level without				
cash builder or	\$16.30	\$27.75	\$16.30	\$27.75
specified disease				

# **Aflac Short-Term Disability**

Afl	ac Short-Term Disability benefits <sup>3</sup>
Benefit	Description
GUARANTEED-ISSUE OPTIONS <sup>4</sup>	<ul> <li>Monthly benefit amounts up to \$4,000 (subject to income requirements)</li> <li>Benefit periods: 3 or 6 months</li> </ul>
TOTAL DISABILITY BENEFIT PERIODS	6 months
ELIMINATION PERIODS	Injury/Sickness  ● 0/7 days  ● 0/14 days
MINIMUM INCOME AND HOURS REQUIREMENT	Minimum annual income requirement: \$9,000     Minimum weekly hours requirement: 19 hours
MONTHLY BENEFIT AMOUNTS	\$500-\$6,000 (subject to income requirements)
PARTIAL DISABILITY BENEFIT PERIOD	3 months
WAIVER OF PREMIUM BENEFIT	<ul> <li>Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as the insured is disabled, up to the applicable benefit period shown in the policy schedule.</li> <li>Not available with a three-month total disability period.</li> </ul>
PORTABLE	Policyholders can take coverage with them if they change jobs or retire.
TOTAL AND PARTIAL DISABILITY BENEFITS	Pays for either a total or partial disability. Even if the insured is able to work, partial disability benefits may be available to compensate for lost income.
GUARANTEED RENEWABLE	Guaranteed renewable to age 75

### **Available riders**

<ul><li>On-the-job injury.</li></ul>	additional units of disability benefit. • Aflac Plus.	<ul> <li>Aflac value rider.</li> </ul>
Maternity	Treated like any other disability; falls classification	under "sickness"
Mental/Behavioral Health	Illnesses covered: schizophrenia, bipolar disorders, anxiety disorders, eating disorders, alcohol use disorders; 24 month lifetime maxim	PTSD, Substance &
	Limitation & Exclusions	
Pre-Existing Conditions	12 months prior/12 months insured; 1 <sup>st</sup> day of after the 12 months insured period	f disability must fall
Sickness	Initial 30-day waiting period; if a new sicks testing started in the initial 30 days of coverage pre-existing condition limitation	
Maternity	Childbirth within the first 10 months of cover- pregnancy will be covered to the same extent as	
	Optional Add-ons	
Critical Illness Rider	Pays lump sum benefit for the following: hea coma, paralysis, type 1 diabetes, traumatic brain injury advanced Parkinson's, ALS, loss of independence, sustate of sight/hearing/speech, sudden cardiac arrest, encephal Lyme disease, sickle cell anemia, cerebral palsy osteomyelitis, systemic lupus, cystic fibrosis & coronar and hospitalization of 4+ days for the following: h flu/H5N1, influenza, pneumonia or Ebola.	y, advanced Alzheimer's, ined MS, permanent loss litis, bacterial meningitis, y, necrotizing fasciitis, y artery bypass surgery,
Cash Back Rider	After 5 years from the effective date, if there a will be paid. If there is a claim, there wi depending on the claim amount.	

# Short Term Disability: Paycheck insurance! Insures your paycheck up to 60% in the event you are unable to work due to sickness or off the job injury; maternity benefits included after initial 10 month waiting period.

Step 1: Circle your income (annual if you have been for 1+ years OR hourly if you are new)	income (annu + years OR ho - new)	ual if ourly	Your maximum	- #	Step 2: If you are between 18-49 as effective date, circle one of the follow corresponds to your income:	If you are between 18-49 as of the date, circle one of the following that corresponds to your income:	Step 2: If you are be date circle one correspond	Step 2: If you are between 50-64 as of effective date circle one of the following that corresponds to your income:	ctive	Step 2: If you are between 65-74 as of effective date, circle one of the following that corresponds to your income:	you are between 65-74 as of e s, circle one of the following th corresponds to your income:	effective lat
	or if your	2	monthly disability	ੁੱ ∓	For coverage to start the <b>1st</b> day for an	For coverage to start the <b>1st</b> day for an	For coverage to start the <b>1st</b> day for an	rt For coverage to start the <b>1st</b> day for an	tart	For coverage to start the <b>1st</b> day for an	For coverage to start the <b>1st</b> day for an	o start or an
is between:		ween		acc	accident and the <b>8th</b> day for sickness, your	accident and the <b>15th</b> day for sickness, your	accident and the <b>8th</b> day for sickness, your	th accident and the <b>15th</b> ur day for sickness, your	<b>15th</b> /our	accident and the <b>8th</b> day for sickness, your	accident and the <b>15th</b> day for sickness, your	ne <b>15th</b>
				ber	per paycheck rate is	per paycheck rate is	per paycheck rate is.	per paycheck rate is.	Si &	per paycheck rate is	per paycheck rate is.	ate is
\$ 18,000 \$ 19,999	\$ 8.65 \$	9.61	00'006 \$	❖	16.20	\$ 11.34	\$ 19.44	4 \$ 1	5.12	\$ 24.30	\$	18.90
\$ 20,000 \$ 21,999	\$ 9.62 \$1	\$10.58	\$ 1,000.00	❖	18.00	\$ 12.60	\$ 21.60	\$	16.80	\$ 27.00	\$	21.00
\$ 22,000 \$ 23,999	\$10.58   \$1	\$11.54	\$ 1,100.00	❖	19.80	\$ 13.86	\$ 23.76	\$	18.48	\$ 29.70	\$	23.10
\$ 24,000 \$ 25,999	\$11.54 \$1	\$12.50	\$ 1,200.00	❖	21.60	\$ 15.12	\$ 25.92	\$	20.16	\$ 32.40	\$	25.20
\$ 26,000 \$ 27,999	\$12.50 \$1	\$13.46		ᡐ	23.40	\$ 16.38	\$ 28.08	\$	21.84	\$ 35.10	\$	27.30
\$ 28,000 \$ 29,999	\$13.46	\$14.42	\$ 1,400.00	❖	25.20	\$ 17.64	\$ 30.24	\$	23.52	\$ 37.80	\$	29.40
\$ 30,000 \$ 31,999	\$14.42 \$1	\$15.38	\$ 1,500.00	❖	27.00	\$ 18.90	\$ 32.40	\$	25.20	\$ 40.50	\$	31.50
\$ 32,000 \$ 33,999	\$15.38	\$16.35	\$ 1,600.00	ᡐ	28.80	\$ 20.16	\$ 34.56	\$	26.88	\$ 43.20	\$	33.60
\$ 34,000 \$ 35,999	\$16.35 \$1	\$17.31	\$ 1,700.00	↔	30.60	\$ 21.42	\$ 36.72	\$	28.56	\$ 45.90	\$	35.70
\$ 36,000 \$ 37,999	\$17.31 \$1	\$18.27		ᡐ	32.40	\$ 22.68	\$ 38.88	\$	30.24	\$ 48.60	\$	37.80
\$ 38,000 \$ 39,999	\$18.27 \$1	\$19.23		↔	34.20	\$ 23.94	\$ 41.04	\$	31.92	\$ 51.30	\$	39.90
\$ 40,000 \$ 41,999	\$19.23   \$2	\$ 20.19	\$ 2,000.00	❖	36.00	\$ 25.20	\$ 43.20	\$	33.60	\$ 54.00	\$	42.00
\$ 42,000 \$ 43,999	\$20.19 \$2	\$21.15	\$ 2,100.00	↔	37.80	\$ 26.46	\$ 45.36	\$	35.28	\$ 56.70	\$	44.10
\$ 44,000 \$ 45,999	\$21.15   \$2	\$22.11	\$ 2,200.00	❖	39.60	\$ 27.72	\$ 47.52	\$	36.98	\$ 59.40	\$	46.20
\$ 46,000 \$ 47,999	\$22.12 \$2	\$23.08	\$ 2,300.00	↔	41.40	\$ 28.98	\$ 49.68	\$	38.64	\$ 62.10	\$	48.30
\$ 48,000 \$ 49,999	\$23.08 \$2	\$ 24.04	\$ 2,400.00	❖	43.20	\$ 30.24	\$ 51.84	\$	40.32	\$ 64.80	\$	50.40
\$ 50,000 \$ 51,999	\$24.04 \$2	\$25.00		ᡐ	45.00	\$ 31.50	\$ 54.00	\$	42.00	\$ 67.50	\$	52.50
\$ 52,000 \$ 53,999	\$25.00 \$2	\$ 25.96	\$ 2,600.00	↔	46.80	\$ 32.76	\$ 56.16	\$	43.68	\$ 70.20	\$	54.60
\$ 54,000 \$ 55,999	\$25.96 \$2	\$ 26.92	\$ 2,700.00	ᡐ	48.60	\$ 34.02	\$ 58.32	\$	45.36	\$ 72.90	\$	56.70
\$ 56,000 \$ 57,999	\$26.92	\$27.88	\$ 2,800.00	↔	50.40	\$ 35.28	\$ 60.48	\$	47.04	\$ 75.60	\$	58.80
\$ 58,000 \$ 59,999	\$27.88 \$2	\$ 28.85		ᡐ	52.20	\$ 36.54	\$ 62.64	\$	48.72	\$ 78.30	\$	06.09
\$ 60,000 \$ 60,999	$\dashv$	\$29.33		∽	54.00	\$ 37.80		\$	50.40		\$	63.00
\$ 61,000 \$ 62,999	\$ 29.33 \$3	\$30.29		ᡐ	55.80	\$ 39.06	\$ 66.96	\$	52.08	\$ 83.70	\$	65.10
\$ 63,000 \$ 67,999	\$30.29 \$3	\$32.69	\$ 3,200.00	❖	57.60	\$ 40.32	\$ 69.12	\$	53.76	\$ 86.40	<b>ب</b>	67.20
\$ 68,000 \$ 72,999	\$32.69 \$	35.10	\$ 3,300.00	\$	59.40	\$ 41.58	\$ 71.28	\$	55.44	\$ 89.10	\$	69.30
\$ 73,000 \$ 77,999	\$35.10 \$	37.50	\$ 3,400.00	❖	61.20	\$ 42.84	\$ 73.44	\$	57.12	\$ 91.80	<b>ئ</b>	71.40
\$ 78,000 \$ 81,999	\$37.50 \$3	\$39.42		∽	63.00	\$ 44.10	\$ 75.60	\$	58.80	\$ 94.50	\$	73.50
\$ 82,000 \$ 86,999	\$39.42 \$4	\$41.83	\$ 3,600.00	ᡐ	64.80	\$ 45.36	\$ 77.76	<b>ب</b>	60.48	\$ 97.20	\$	75.60
\$ 87,000 \$ 91,999		\$44.23		ᡐ	09.99	\$ 46.62	\$ 79.92	\$	62.16	\$ 99.90	\$	77.70
\$ 92,000 \$ 96,999		\$46.63		↔	68.40	\$ 47.88	\$ 82.08	\$	63.84	\$ 102.60	\$	79.80
		\$49.04		❖	70.20			\$	65.52	\$ 105.30	\$	81.90
\$102,000 \$105,999	\$ 49.04   \$5	\$ 50.96	\$ 4,000.00	\$	72.00	\$ 50.40	\$ 86.40	\$	67.20	\$ 108.00	\$	84.00
J1	4		.]			1		11			-	

If you earn over the above amounts listed per year or want a longer benefit period than 6 months, underwriting is required.

Cash back option: additional \$5.04

Critical Illness Rider: \$1.44 ages 18-29; \$2.04 ages 30-39; \$3.54 ages 40-49; \$5.94 ages 50-70



## Voluntary Term Life

- · Spouse rider available: 50% of employee value, \$50,000 max
- · Child rider available: 25% of employee value, \$15,000 max
- Whole Life available
- Portable at the same rate
- · Underwriting required without a physical or blood draw

• Chacimin	ig required without a	physical of blood dis	. ***		
30 year term	\$25,000	\$50,000	\$100,000	\$200,000	\$500,000
Ages		Ma	le, no nicotine examp	oles	
25	\$4.11	\$5.40	\$8.96	\$14.40	\$36.00
30	\$4.43	\$5.96	\$10.07	\$18.28	\$45.69
35	\$5.10	\$7.85	\$13.85	\$27.69	\$69.23
40	\$6.90	\$11.73	\$21.60	\$43.38	\$108.46
45	\$9.83	\$17.68	\$33.51	\$67.20	\$168.00
50	\$16.57	\$27.05	\$52.25	\$104.49	\$261.23
55	\$14.33 (20 year)	\$24.33 (20 year)	\$46.80 (20 year)	\$93.60 (20 year)	n/a
60	\$22.76 (20 year)	\$37.80 (20 year)	\$73.76 (20 year)	\$147.51 (20 year)	n/a
65	\$22.76 (10 year)	\$37.80 (10 year)	\$73.76 (10 year)	\$147.51 (10 year)	n/a

Biweekly Rates

+‡+



You can't predict it. But you can help protect it.