Benefits Guide

June 1, 2026 - May 31, 2027

WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. Some benefits are company-paid, and coverage is automatic. Other benefits give you choices and require you to enroll.

This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

INSIDE

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Biological children, stepchildren, adopted children or children for whom you may have legal custody (age restrictions apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse
- Child reaching the maximum age limit
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

When Coverage Begins

- **NEW Hires:** You must complete the enrollment process and forms before your effective date. If you enroll on time, coverage is effective on the first on the month following 60 days of employment.
- If you fail to enroll on time, you will **NOT** have benefits coverage.
- **Open Enrollment:** Changes made during Open Enrollment are effective June 1, 2026.

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required information *- When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

EMPLOYEE BENEFIT SUMMARY

Plan Year: June 1, 2026 to May 31, 2027

Medical

Medical Benefits	Plan 1: PPO $6,000 MEMBER PAYS	Plan 2: HSA $6,000 MEMBER PAYS
Deductible (per Calendar Year)		
Per Member	$6,000	$6,000
Per Family	$12,000	$12,000
Coinsurance		
Coinsurance	0%	0%
Maximum Out of Pocket		
Per Member	$6,350	$6,350
Per Family	$12,700	$12,700
Physician/Office Services		
Office Visits - Primary Care	$35 copay	Deductible
Office Visits - Specialty	$70 copay	Deductible
Urgent Care	$70 copay	Deductible
Diagnostic test	Deductible	Deductible
Imaging	Deductible	Deductible
Preventive Care Services		
Routine Physical Exam	No charge	No charge
Well Child Care Exams	No charge	No charge
Well Child Care Immunizations & Labs	No charge	No charge
Routine Mammogram	No charge	No charge
Routine Pap Test	No charge	No charge
Facility Services		
Outpatient Hospital	Deductible	Deductible
Inpatient Hospital	Deductible	Deductible
Emergency Room	Deductible	Deductible
Pharmacy Benefit		
Tier 1	$15 copay	Deductible then $15 copay
Tier 2	$50 copay	Deductible then $50 copay
Tier 3	$75 copay	Deductible then $75 copay
Tier 4	$150 copay	Deductible then $150 copay
Tier 5	20%, not to exceed $250	Deductible then 20%, not to exceed $250
Network	HRA Included	
	Blue Choice	Blue Choice

Health Reimbursement Account (HRA)

Health Reimbursement (HRA) - This pairs ONLY with BCBS Medical Plan 1	
Plan Details	
	An employer-funded plan that reimburses employees for qualified medical expenses.
Condition	You must be enrolled in your employer's medical plan.
Benefit	
Employee	The employee will be responsible for the first $4,000 of the deductible and the HRA will pay the remaining $2,000.
Employee + Dependents	Employee will be responsible for the first $8,000 of the deductible and the HRA will pay the remaining $4,000.

Dental

Dental Benefits	In-Network PLAN PAYS	Out-of-Network PLAN PAYS
Deductible		
Per Member	$50	$50
Per Family	$150	$150
Services		
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Endodontics	80%	80%
Periodontics	80%	80%
Orthodontia	Not Covered	Not Covered
Maximums		
Calendar Year Maximum	$1,000	$1,000
Orthodontia Lifetime Maximum	Not Covered	Not Covered

Vision

Vision Benefits	In-Network MEMBER PAYS
Exam	
Comprehensive Vision Exam	$10 copay
Lenses	
Single Vision	$25 copay
Frames	
	$130 allowance
Contact Lenses	
	$130 allowance
Service Frequency	
Exams	1 per 12 months
Lenses	1 per 12 months
Frames	1 per 24 months

Emergency Transport

Emergency Transport Benefits	
Benefits	
	Emergency ground & air transport * Repatriation ambulance transfer Hospital to hospital ambulance transfer * Returning a companion or child home

Basic Life and AD&D

Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits	
Benefit Amount	
Employee	$25,000
Spouse	$10,000
Child(ren)	$5,000
Additional Features	
Conversion	Allows you to continue your coverage after your group plan has terminated. (Restrictions apply; see certificate of benefits)
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (Restrictions apply; see certificate of benefits)

Voluntary Life and AD&D

Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits	
Employee Benefit Amount	
Increments	$10,000
Maximum	$150,000
Guarantee Issue	$150,000
Spouse Benefit Amount	
Increments	$5,000
Maximum	$75,000
Guarantee Issue	$50,000
	The amount you select for your spouse cannot exceed 50% of the employee coverage amount
Child (ren) Benefit Amount	
Increments	$5,000
Maximum	$10,000
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employment. (Age and other restrictions apply including evidence of insurability.
Conversion	Allows you to continue your coverage after your group plan has terminated. (Restrictions apply; see certificate of benefits)
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (Restrictions apply; see certificate of benefits)

Employee Contributions

52 Pay Periods

Plan Year: June 1, 2026 to May 31, 2027

Medical Plan 1

	Deduction per pay period	
PPO $6,000	**You Pay**	**Employer Contribution**
Employee Only	$83.09	45%
Employee and Spouse	$178.40	45%
Employee and Child(ren)	$168.15	45%
Family	$263.47	45%

Medical Plan 2

	Deduction per pay period	
HSA $6,000	**You Pay**	**Employer Contribution**
Employee Only	$74.70	45%
Employee and Spouse	$160.38	45%
Employee and Child(ren)	$151.17	45%
Family	$236.85	45%

Dental

	Deduction per pay period	
	You Pay	**Employer Contribution**
Employee Only	$3.42	$3.42
Employee and Spouse	$11.30	$3.42
Employee and Child(ren)	$10.08	$3.42
Family	$17.88	$3.42

Vision

	Deduction per pay period	
	You Pay	**Employer Contribution**
Employee Only	$1.47	$1.47
Employee and Spouse	$3.23	$1.47
Employee and Child(ren)	$4.70	$1.47
Family	$7.34	$1.47

Emergency Transport

	Deduction per pay period
	You Pay
Employee Only	$3.23
Employee and Spouse	$3.23
Employee and Child(ren)	$3.23
Family	$3.23

Life

	Deduction per pay period	
	You Pay	Employer Contribution
Employee Only	$0.00	100%
Dependent	$0.81	0%

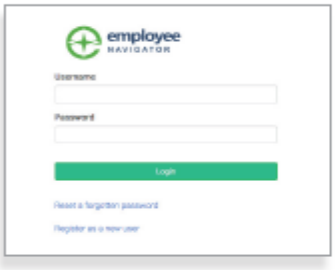
Voluntary Life

	Deduction per pay period
	You Pay
Employee	See Employee Navigator
Spouse	See Employee Navigator
Child(ren)	See Employee Navigator

Employee Navigator Online Instructions

Enrollment Instructions

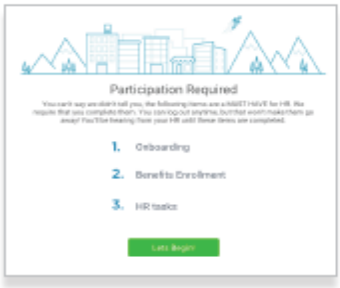
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

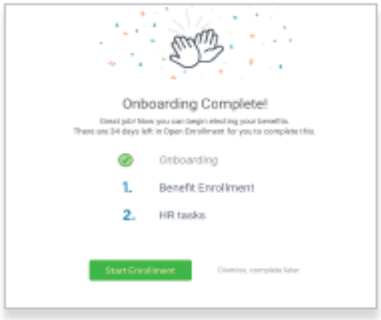
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

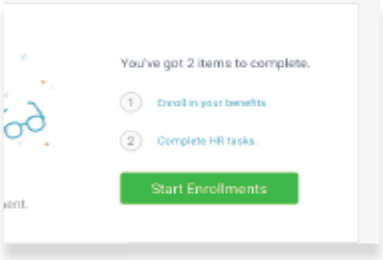


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Information Needed to Enroll:

> Date of birth and social sceurity number for all eligible dependents.

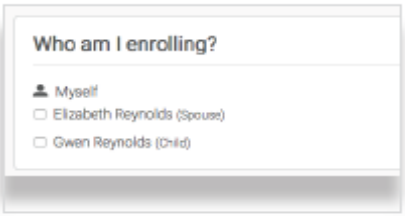
Employee Navigator Online Instructions

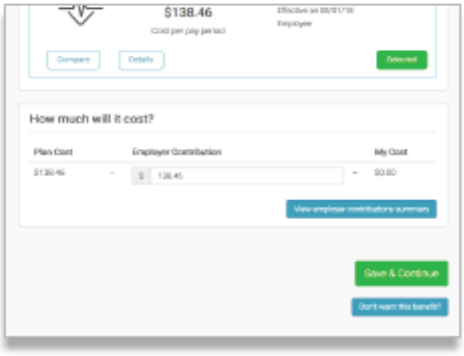
Enrollment Instructions

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



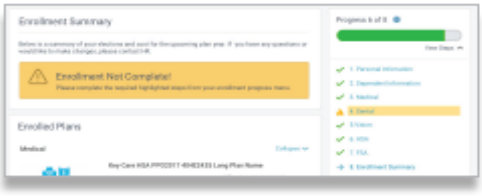


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

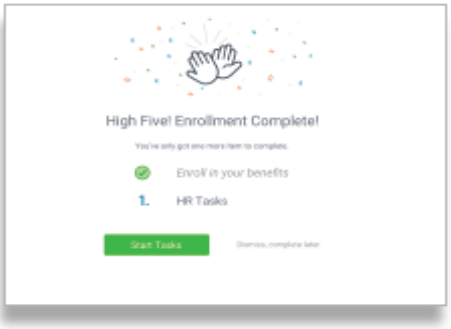


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (If applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

Health Savings Account (H.S.A.)

An H.S.A. is a great way to save for current - and even future - healthcare expenses. It's like a 401(k) account for healthcare. You stretch your healthcare dollars by using pre-tax money to pay for qualified expenses. To participate in an H.S.A., you must be enrolled in a high deductible health plan.

2026 Limits	
Contribution Limits	
Individual	$4,400
Family	$8,750
Catch-up Contribution (Age 55+)	
Individual	$1,000
Family	$1,000

PAY FOR ELIGIBLE HEALTHCARE EXPENSES

H.S.A. Eligible expenses include:

> Medical, dental and vision out-of-pocket expenses
(Deductibles, coinsurance, copays)

TOP 5 REASONS TO PARTICIPATE IN AN H.S.A.

1. **You Own the Account**

   Your H.S.A. is an individual bank account in your name - it belongs to you.

2. **Your Account is Portable**

   Any money in your H.S.A. is yours to keep, even if you change jobs or move off a high deductible health plan in the future.

3. **You Get Triple Tax Savings**

   > Your contributions (deducted from your pay) are tax free.

   > Your H.S.A. earns interest tax free. Any investment earnings also are not taxed.

   > Withdrawals for eligible healthcare expenses are tax free.

4. **You Can Use H.S.A. Funds During Retirement**

   If you use the H.S.A. to pay for eligible healthcare expenses during retirement, those withdrawals will be tax free. Once you turn age 65, if you withdraw funds for a non-eligible expense, you will pay taxes on the withdrawal; however, the 20% IRS penalty that applies to non-eligible expenses prior to age 65, does not apply.

5. **You Keep Any Money You Don't Spend**

   Your money rolls over from year to year and is available for future use. You decide whether to spend it now on eligible healthcare expenses, save it for later and/or invest it for your future.

For more information on Health Savings Accounts:

https://www.youtube.com/watch?v=I_I6qiXAIQM

WATCH VIDEO

Important Information for All Employees

We are required to provide you with certain notices each year. Federal law requires plan sponsors or issuers to provide a Summary of Material Modifications (SMM) to enrollees when making changes to your coverage under the plan as well as providing employees with a Summary of Benefits & Coverage (SBC) for each medical plan available. Plan sponsors are also required to provide a Summary Plan Description (SPD).

Please log into www.employeenavigator.com to review the following federal notices

- ✓ Summary of Material Modification (SMM)
- ✓ Summary Plan Description (SPD)
- ✓ Summary of Benefits and Coverage (SBC) for each medical plan offered
- ✓ Notice of Exchanges
- ✓ Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy
- ✓ Women's Health and Cancer Rights Act (EHCRA) of 1998
- ✓ Medicare Part D Notification
- ✓ Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- ✓ Notice of Patient Protections
- ✓ COBRA coverage
- ✓ Surprise Medical Bills Notice
- ✓ Genetic Information Nondiscrimination Act (GINA) Disclosure
- ✓ Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure
- ✓ Special Enrollment Rights
- ✓ Uniformed Services Employment and Reemployment Rights Act (USERRA)
- ✓ Michelle's Law Notice

You have the right to receive a paper copy of the notices at no cost to you. To request a paper copy, please contact your HR Department.

Contact Information

If you have additional questions, issues with claims or need ID cards you may contact your team below:

Tania Glaeser

Senior Account Manager

tglaeser@acrisure.com

(816) 348-2019

Scott Lepley

Client Advisor

slepley@acrisure.com

(816) 348-2027

Katie Wheat

Associate Account Manager

kwheat@acrisure.com

(816) 348-2029

Carrier Mobile Apps

Get your information anytime by downloading the carrier apps below or registering at the Member Portal

- ► **Find Care**
- ► **View ID Card**
- ► **View Claims**

GET IT ON Google Play

Download on the App Store

Medical & Dental
bcbsks.com

Vision
visioncaredirect.com

Emergency Transport
www.masaassist.com

Life & Voluntary Life
usalliancelife.com

HRA
https://bfgroup.wealthcareportal.com

Find a Doctor/Hospital

Is your doctor, hospital or urgent care center in the Blue Cross and Blue Shield of Kansas network?

Turn to our convenient online provider directory to determine whether your current provider contracts with your program network or to search for a new provider located near you.

This easy-to-use directory allows you to search for doctors by:

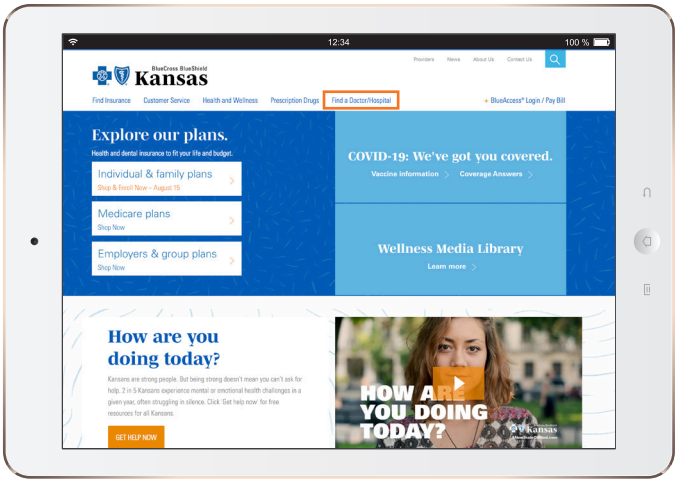
- Address
- County
- Name
- Gender
- Specialty

Members utilizing services out of state can confirm their provider is contracting by following the steps below or by contacting the provider directly to confirm they are in-network with their local Blue Cross and Blue Shield Plan.

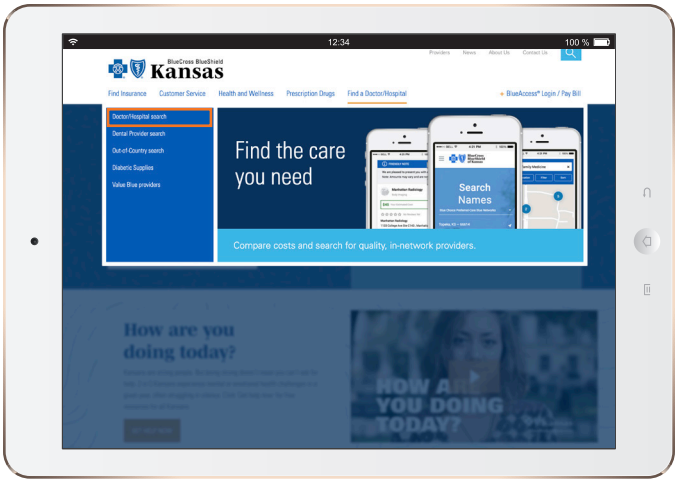
Questions? Contact Blue Cross and Blue Shield of Kansas Customer Service: **1-800-432-3990**

How to get started:

1. Visit the Blue Cross and Blue Shield of Kansas home page at bcbsks.com.



2. Using the top navigation, mouse over "Find a Doctor/Hospital." Select "Doctor/Hospital search."

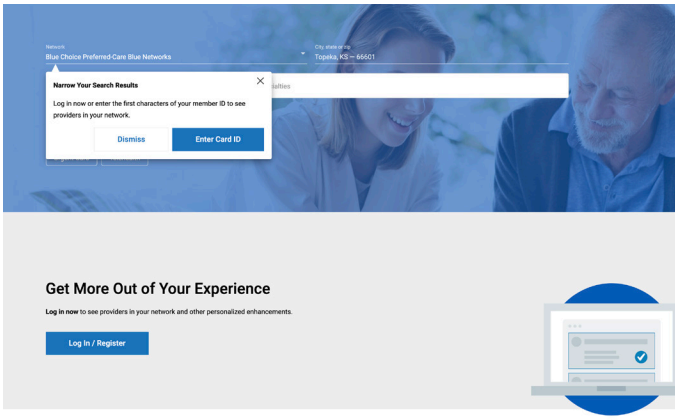


BlueCross BlueShield Kansas

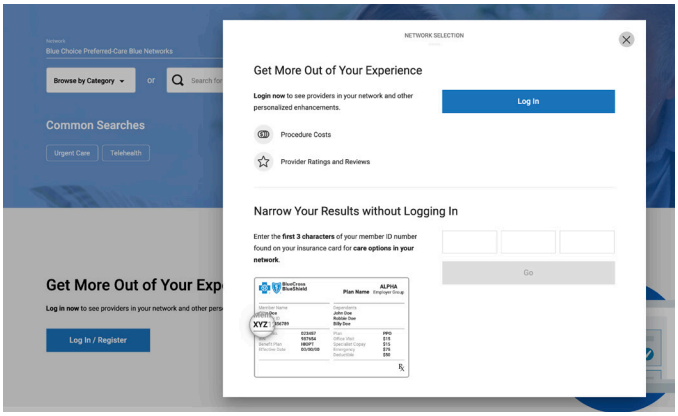
bcbsks.com

3 From the drop-down, select your network.

Your network is the one listed in the upper right-hand corner of your membership ID card. Or, when you log into BlueAccess® first, then go to the Provider Directory, the tool will automatically select the appropriate network.

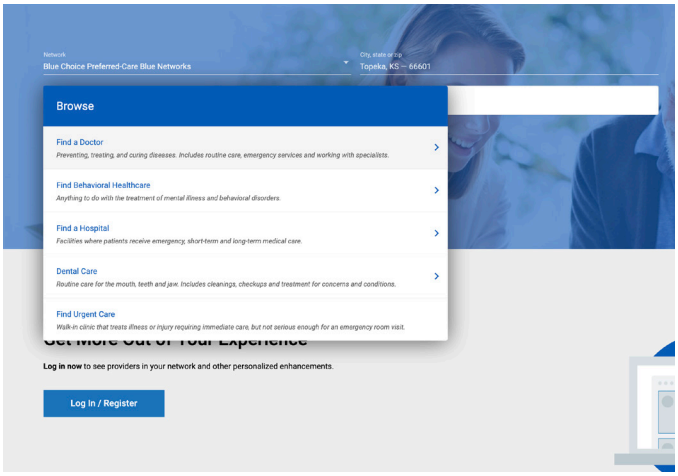


4 You can narrow your results by entering your prefix, or by logging in for personalized enhancements.



5 From there, access the Provider Finder for your benefit plan. From the menu, select the desired service. You may type into the search bar or choose a service from the drop-down menu.

Note: you have to change the “English” to “Español” in the upper right and then it changes the button from “Log In” to “Iniciar Sesión.”



Visit us at bcbsks.com

BlueCross BlueShield Kansas

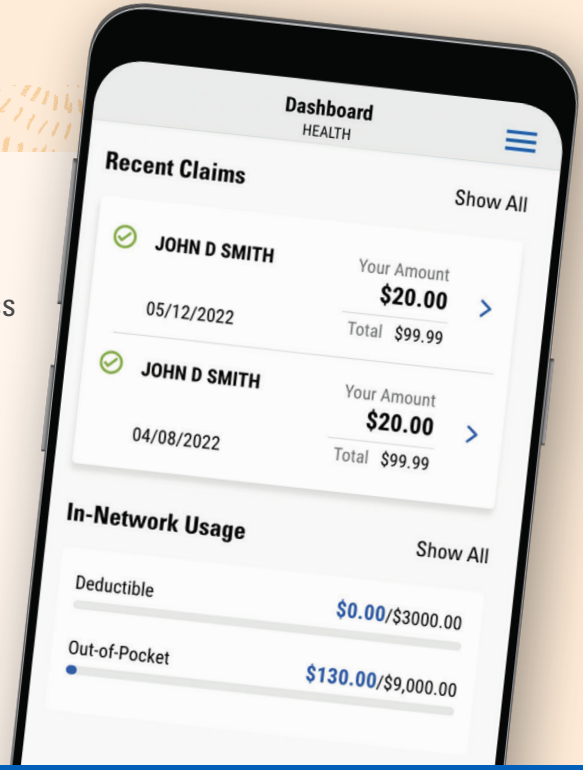
1133 SW Topeka Blvd, Topeka, KS 66629

5-68 06/23

The new BlueAccess® mobile app is here!

With convenient and secure access to your health plan details, you can make informed decisions when you need care.

- Check your claims
- Quickly access your ID card
- Find an in-network doctor
- View your plan information
- and more!



Get started

1. Register for a BlueAccess account, if you don't already have one.
2. Download the app and sign in using your BlueAccess log in.

bcbsks.com/app

BlueCross BlueShield Kansas

Get care 24/7

Telehealth services allow you to get care whenever you need it.

Blue Cross members have access to virtual care services through their own network provider or Amwell®. Amwell is convenient, affordable, private and secure.

Virtual care options

Telehealth through Amwell isn't meant to replace your primary care provider (PCP). Amwell is designed to provide care for non-emergency services when your PCP isn't available, after hours or on the weekend.

Ask your doctor about their virtual visit options. Virtual visits are covered the same as in-office visits under your Blue Cross plan.

Patient benefits:

- Available 24/7/365
- Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Private and secure
- No exposure to other potentially contagious patients

When can I use it?

Consult a doctor and get prescriptions sent to the pharmacy of your choice for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

Behavioral health services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available through Amwell seven days a week, 6:00 a.m. to 10:00 p.m. CST.

Can my family use Amwell?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

Register for Amwell – for free!
bcbsks.com/telehealth

Visit us at bcbsks.com

BlueCross BlueShield Kansas

1133 SW Topeka Blvd, Topeka, KS 66629

MC120 09/23

masa Access

How to use your MASA benefits

Transportation coordination services

When to access:

During or immediately following your emergency care treatment.

How to access:

Call 800-643-9023.

The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

Note: *If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.*

View your benefits online at: masaaccess.com/member or through the MASA app.

Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Emergency Air Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage

When to file your claim:

When you receive the ambulance bill.

Note: *Be sure to file within 180 days of the transport.*

How to file your claim:

Online: masaaccess.com/member
Email: ambulanceclaims@masaglobal.com

Note: *To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.*

Check the status of your claim at: masaaccess.com/member, through the MASA app, or call (800) 643-9023.

MASA connections

Member services: (800) 643-9023

Member site: masaaccess.com/member

Download on the App Store

GET IT ON Google Play

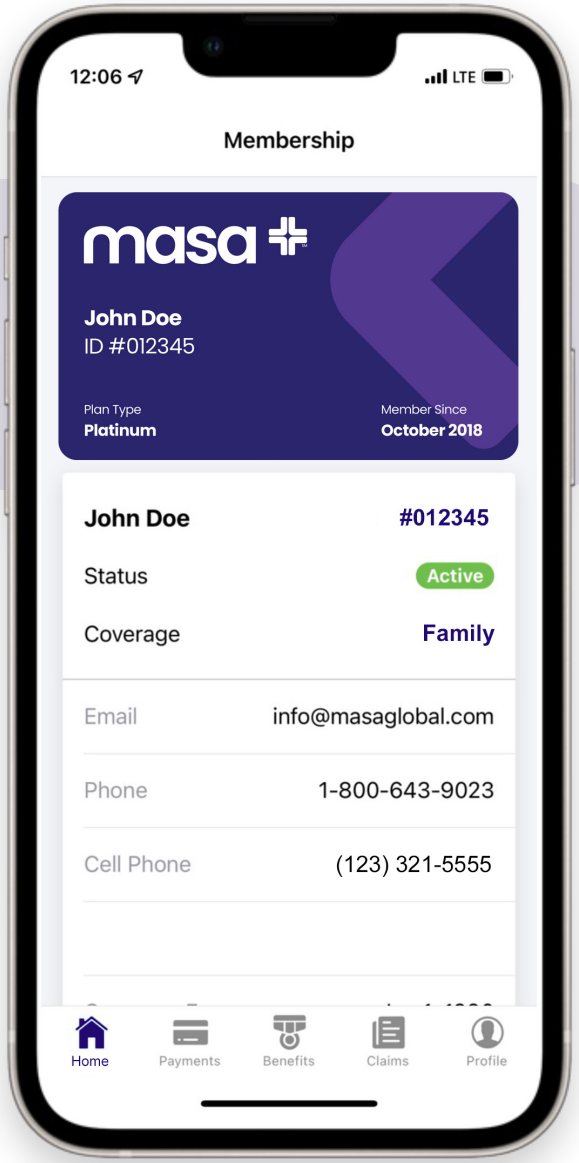
MASA app

masa

Download the MASA mobile app today!

Registration is easy with your member ID.

- Access your digital ID cards.
- View plan documents and benefits.
- View your claims history.



You now have access to emergency transportation solutions in the palm of your hand. The MASA App allows you to check and update your membership information, view payment history, immediately access benefits and to view up-to-the minute claims processing information, along with many more exciting features to come.

This one stop shop is a must have app for all MASA Global members, while at home or traveling.

Download on the App Store

GET IT ON Google Play

Using these FAQs

At **MASA**, we are here to answer any question you may have. In this document, you will get answers to some of the most frequent questions we receive about our company, products and coverage options.

coverage

Which ambulance company can a customer use?

We work hand-in-hand with the benefits health plan administrators and transport companies to ensure members and their family have no out-of-pocket costs** no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and while traveling in Canada. Coverage extends globally for those with a plan that includes global coverage. Additionally, our coverage applies regardless of network. In the event of an emergency, members simply call 911 and get to the hospital.

Will you pay my customer's copay or deductible?

Yes! Our goal is to leave members with complete peace of mind. We will cover out-of-pocket costs including copays and deductibles.

What do you guarantee?

- No health questions
- No age limits
- No claim forms (bill must be submitted within 180 days)
- No deductibles
- No network limitations

When should my customer call you?

Members call us after they receive a bill from any emergency medical transportation ambulance provider.

Who is covered by your plans?

With our family plans, we cover your customer, their partner, and all children under the age of 26 in their household.

** If a member has a high deductible health plan ("HDHP") that is compatible with a health savings account ("HSA"), benefits may become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code (IRC) section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for HDHP coverage that is compatible with a HSA.

Out-Of-Pocket Expenses are costs that remain after applying any primary insurance that needs to be paid for by the insured with personal financial resources.

How much does an ambulance ride cost?

The average cost of a ground ambulance is $2,008[1]. Depending on the provider, the personnel on board, and the amount of miles traveled, your employee's bill can get expensive.

Why would an ambulance be out-of-network?

There are over 27,000 ambulance companies operating in the United States.[2] Some companies are run by cities and states, others are run by local or national companies. Many insurance plans only cover in-network ambulance companies. Even if your employee is heading to an in-network hospital, the ground ambulance itself could be out-of-network and leave them with a "balance bill". We offer coverage for ALL ambulance companies operating within the continental United States, Alaska, Hawaii and while traveling in Canada.

Why might an employee have to pay out-of-pocket for an ambulance bill?

The ambulance that picks your employee up may be out-of-network, the reason for their trip may not be deemed a medical necessity, or your employee might still have to meet their health insurance deductible. Research shows that there's nearly an 80% chance your employee could be responsible for a large portion of their ground emergency transportation bill.[3]

What is medical necessity?

Medical necessity is established when any other transportation method (besides an ambulance) would endanger the patient's life. For example, let's say you're experiencing symptoms associated with a heart attack and end up taking an ambulance to the hospital. If your health insurance decides that the cause of your symptoms (perhaps indigestion, heartburn, or a panic attack) doesn't meet their requirements for an ambulance, they could deny your claim and potentially leave you on the hook for thousands of dollars.

ACRISURE

Burnham & Flower Group Mobile

Make better healthcare spending and saving decisions.

A simple, intuitive, powerful mobile app experience

The Acrisure Burnham & Flower Group Mobile takes the guesswork out of your healthcare spending and saving decisions. It includes a personalized, real-time and self-guided experience that ensures you have access to not only easily manage your Health Benefit Accounts on-the-go, but also powerful new tools to help save you money.

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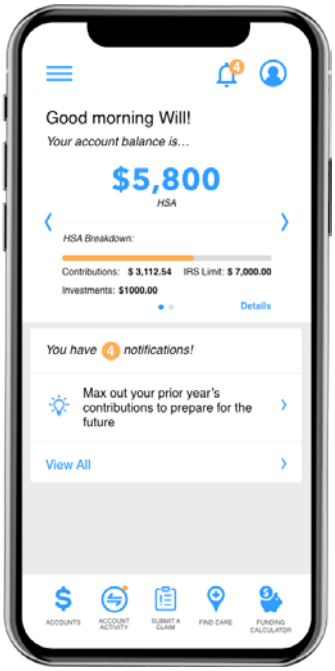
- **Virtual medicine cabinet** to help you find ways to save on your prescriptions
- **Personalized recommendations** to help you make informed decisions about where to best spend and save your healthcare dollars
- **Find care** to help you search for providers or procedure and drug prices
- **Funding calculator** to help you save for the future



On-the-go access

- Check your balance
- Submit claims for reimbursement
- View claims status
- Manage account activity
- Store receipts
- Use a pharmacy discount card
- Check item eligibility

Download It Today!

The Acrisure Burnham & Flower Group Mobile is available on the App Store and Google Play.

notes

Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information the plan documents will always govern.

Brought to you by:

Get help with expenses health insurance doesn't cover

Aflac for FCG Inc

Unexpected medical expenses can leave you financially vulnerable. Aflac offers a layer of financial protection to help you with the costs that may not be covered by your major medical insurance.

Aflac supplemental insurance policies

Accident

Individual accident insurance can help with unexpected expenses associated with an accidental injury, so you can focus on getting better.

Cancer/Specified-Disease

Aflac cancer/specified-disease policy provides robust benefits so you can seek the treatment you need while easing the financial concerns that often accompany it–before, during and after diagnosis.

Critical Illness (Specified Health Event)

An Aflac specified health event policy is designed to help with the costs of treatment if you experience a covered health event.

Hospital Confinement Indemnity

Health insurance isn't meant to cover all expenses associated with hospitalization – like deductibles and copays. Aflac hospital insurance can help minimize those out-of-pocket costs so you can focus on recovery.

Short-Term Disability

What if you couldn't work due to injury or illness? Aflac Short-Term Disability insurance helps replace some of your income and keeps working when you can't.

Whole or Term Life

With Aflac's whole or term life insurance, you can rest easy knowing that your family can have financial security when they need it most.

Supplemental Dental

Help keep a bright, healthy smile with Aflac's dental policy. Our policy provides benefits for dental care, paid directly to you (unless otherwise assigned).

Supplemental Vision

Don't take your vision for granted. An Aflac vision policy can help with the costs of vision treatment and benefits are paid directly to you.

To learn more, visit **https://aflacenrollment.com/FCGINCKS/JGT55KS.**

Contact your Aflac benefits advisor:

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This is a brief product overview only. Coverage may not be available in all states, including but not limited to ID, NJ, NM, NY or VA. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. Policies/riders have limitations and exclusions that may affect benefits payable. Refer to the specified policy/rider form(s) for complete details, benefits, limitations and exclusions. For availability and costs, please contact your local Aflac agent.

Individual coverage is underwritten by American Family Life Assurance Company of Columbus | WWHQ | 1932 Wynnton Road | Columbus, GA 31999 | 800.992.3522 |In New York, coverage is underwritten by American Family Life Assurance Company of New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211 | 800.366.3436