## Aflac for SDPEBA

### Group Aflac Open Enrollment: April 1<sup>st</sup>- June 30<sup>th</sup>

Aflac is Supplemental Insurance that pays benefits directly to you, regardless if you miss work or if your health insurance charges you for anything. You can use these benefits to pay for unexpected every day expenses, utilities, rent, or spend it however you wish.



#### **Group Accident Insurance:**

Benefits are paid for Accidental injuries that occur both on and off the job. Reccommended for anyone who has a hazardous job, children, play sports or lives an active lifestyle.

Receive benefits for:

Broken Bones, Cuts & Burns, Torn Ligaments, Physical Therapy, Ambulance Rides, Hospitalization and more

#### **Group Critical Illness Insurance:**

Lump sum cash benefits (\$10,000-\$50,000) are paid for anyone who is diagnosed with a critical illness.

This includes:

Cancer, Heart Attacks, Strokes, Kidney Failure, Childhood Conditions, Loss of Sight, Hearing, and more

Also receive benefits for annual wellness exams:

\$200 for mammograms \$50 for other screenings



#### **Group Hospital Indemnity Insurance:**

Receive benefits for doctor visits and medical treatment with no waiting periods and no pre-existing conditions.

This includes:

Doctor Visits, Urgent Care Visits, Emergency Room Visits, Surgeries, Prescriptions, Telemedicine Calls, Chiropractor Visits, Hospitalization and more

AFLAC has been wonderful. It is super easy to submit a claim and they work really hard to get you paid! Not your typical insurance company! -Anthony, SDPD

# To learn how to enroll and for eligiblity requirements, please email info@sdpeba.org, or call 888-315-8027



Aflac	for	SD	PEBA
G	oup Premiums	(Bi-Weekly	)

	Accident	G	Froup Premiums (Bi-V	Veekly)			
L	DW OPTION IGH OPTION	<b>Employee Only</b> \$5.70 \$9.95	<b>EE &amp; Spouse</b> \$8.83 \$15.43	<b>1 Parent Family</b> \$9.89 \$17.83	<b>2 Parent Family</b> \$13.02 \$23.30		
20	ritical II	Iness Pla	ın				
			EMPLOYE	=			
		NON-TOBACCO		TOBACCO			
8-29 0-39 0-49 0-59 0+	<b>\$10,000</b> \$5.70 \$6.91 \$9.86 \$15.57 \$26.38	\$20,000 \$7.75 \$10.16 \$16.06 \$27.49 \$49.10	\$30,000 \$9.79 \$13.40 \$22.26 \$39.40 \$71.81	<b>\$10,000</b> \$6.49 \$8.67 \$13.37 \$22.91 \$39.20	<b>\$20,000</b> \$9.31 \$13.68 \$23.07 \$42.16 \$74.75	\$30,000 \$12.14 \$18.68 \$32.78 \$61.41 \$110.29	
VT	ψ20.00	·	E/DOMESTIC	·	ψ/ 4./ Ο	ψ110.27	
			E/DOMESTIC	PARINER			
		<u>NON-TOBACCO</u>	TOBACCO				
8-29 0-39 0-49 0-59 0+	\$10,000 \$5.44 \$6.64 \$9.59 \$15.31 \$26.11	\$20,000 \$7.22 \$9.63 \$15.53 \$26.96 \$48.57	\$30,000 \$9.00 \$12.61 \$21.46 \$38.60 \$71.02	\$10,000 \$6.22 \$8.40 \$13.10 \$22.65 \$38.94	\$20,000 \$8.78 \$13.15 \$22.54 \$41.63 \$74.22	\$30,000 \$11.34 \$17.89 \$31.98 \$60.62 \$109.50	
ll depen	dent children up to	o age 26 are cov	ered at no additiond	al charge. Coverage	e is available u	ip to \$50,000	
BI	lospita	Indem	nitv				
L	DW OPTION IGH OPTION	<b>Employee Only</b> \$15.23 \$28.33	<b>EE &amp; Spouse</b> \$29.38 \$55.25	<b>1 Parent Family</b> \$25.26 \$47.12	<b>2 Parent Family</b> \$39.41 \$74.04		

Like most group benefit plans, it is important for you to understand the exclusions, limitations and your schedule of benefits. To learn more about Aflac, and to download specific pan brochures, please visit www.sdpeba.org/aflac. If you have questions about enrollment or eligibility requirements, please email info@sdpeba.org or call (888) 315-8027.

A \$0.70 administrative fee is added per policy per pay period to cover the cost of administering this program including enrollment, reconciling and general policy support.



For more information contact SDPEBA P: 888.315.8027 E: info@sdpeba.org



9620 Chesapeake Drive Suite 203-B San Diego, CA 92123

P: 888.315.8027 F: 619.431.3078 www.sdpeba.org