



Aflac Open Enrollment 2022



Why Aflac?

**While health insurance pays doctors and hospitals,
Aflac voluntary benefits pay cash directly to you
in the event of an injury or illness.**

An additional layer of financial protection for daily life

Aflac Programs for City of Lake Stevens

Short Term Disability (Employee only)

Accident Advantage (24/7)*

Hospital Advantage*

Cancer Care & Critical Illness Protection*

Life Solutions Term/Whole

Supplemental Dental Essentials*

** coverage available to spouse and children*

Aflac Open Enrollment through Dec. 6th

**Scan the attached QR code or visit the Open Enrollment website to view
videos, brochures and schedule a personal visit.**

Plan Year begins 01/01/2022

<https://www.aflacrollment.com/CityofLakeStevens/S00831906895>

Aflac Rep: Elizabeth Pearson, 425-387-5979, elizabeth_pearson@us.aflac.com



Scan the QR Code below to see the Aflac products offered

Aflac helps with expenses
health insurance doesn't cover,
so you can care about
everything else.*



Or, visit your benefits page at:
aflacenrollment.com/CityofLakeStevens/S00831906895



*Benefits are paid directly to you, unless assigned otherwise. Network Dental and Vision products may be paid directly to the provider.

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Except in New York, individual policies, group network dental and vision policies, and certain group life policies are issued by American Family Life Assurance Company of Columbus.

Except in New York, group policies (except network dental and vision policies and certain group life policies) are issued by Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac, Inc. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands. In California, CAIC does business as Continental American Life Insurance Company.

In New York, all group and individual policies are issued by American Family Life Assurance Company of New York.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31999

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Exp 8/22



City of Lake Stevens -Monthly Rates (STD and Life personal quote)

Rate sheet prepared by Web User on 11/16/2021 7:26:55 PM.

Washington Payroll Premium rates are Monthly for industry Class B.

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.

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

	Premium	Total
18-49 INDIVIDUAL	\$28.60	\$28.60
50-70	\$28.60	\$28.60
18-49 INSURED SPOUSE	\$38.09	\$38.09
50-70	\$38.09	\$38.09
18-49 ONE-PARENT FAMILY	\$43.03	\$43.03
50-70	\$43.03	\$43.03
18-49 TWO-PARENT FAMILY	\$54.34	\$54.34
50-70	\$54.34	\$54.34

AFLAC HOSPITAL ADVANTAGE PREFERRED - Option4 Series A49400

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$53.43	\$72.15	\$89.57	\$94.51

AFLAC CANCER CARE PLAN CLASSIC - Series A78300

	Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75 INDIVIDUAL	\$31.72	\$5.85	\$0.00	\$0.91	\$38.48
18-75 INSURED/SPOUSE	\$53.95	\$13.00	\$0.00	\$1.69	\$68.64
18-75 ONE-PARENT FAMILY	\$31.72	\$5.85	\$0.91	\$0.91	\$39.39
18-75 TWO-PARENT FAMILY	\$53.95	\$13.00	\$0.91	\$1.69	\$69.55

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series A-78051) premium

SDR* = Optional Specified Disease Rider (Series A-78052) premium



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CRITICAL CARE PROTECTION POLICY - Series A74300

Individual					One Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$17.81	\$2.34	\$1.17	\$21.32	18-35	\$30.29	\$2.47	\$1.30	\$34.06
36-45	\$25.22	\$4.29	\$2.86	\$32.37	36-45	\$35.75	\$4.55	\$2.86	\$43.16
46-55	\$37.18	\$5.07	\$4.68	\$46.93	46-55	\$46.02	\$5.20	\$4.68	\$55.90
56-70	\$51.48	\$5.59	\$6.63	\$63.70	56-70	\$64.87	\$5.85	\$6.76	\$77.48

Insured/Spouse					Two Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$34.19	\$4.68	\$2.34	\$41.21	18-35	\$38.74	\$4.81	\$2.47	\$46.02
36-45	\$45.24	\$8.58	\$4.81	\$58.63	36-45	\$49.27	\$8.84	\$5.20	\$63.31
46-55	\$69.68	\$10.14	\$8.06	\$87.88	46-55	\$73.84	\$10.27	\$8.71	\$92.82
56-70	\$99.32	\$11.18	\$12.35	\$122.85	56-70	\$106.34	\$11.44	\$13.00	\$130.78

FOBBR: Specified Health Event Building Benefit Rider (Rider Series A74050)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

DENTAL ESSENTIALS - Series A-82100R

		Premium	Total
18-70	INDIVIDUAL	\$24.05	\$24.05
18-70	ONE-PARENT FAMILY	\$42.12	\$42.12
18-70	INSURED/SPOUSE	\$42.38	\$42.38
18-70	TWO-PARENT FAMILY	\$60.71	\$60.71