

# 2026 Benefit Guide



Wabash County Government

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# Enrollment Guide

## Welcome to 2026!

We know that your benefits are important to you and your family. Helping you understand the benefits offered by your employer is important to us. That is why we have created this Benefits Guide. Included in this guide are summary explanations of the benefits, cost information, and contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefit options with your family members.

Be sure to pay close attention to applicable copayments and deductibles, how to file claims, networks and services that may be limited or not covered (exclusions). This guide is not a contract between you and your employer. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions.

## Open Enrollment

To begin your enrollment process the first step is to review your current benefit elections.

- All Active Full Time Employees
- Verify your personal information and make any changes necessary.
  - Full Name
  - Date of Birth
  - Social Security Number
- Family Members who are eligible:
  - Spouses -
    - If your spouse is employed and has coverage available to him or her through their employer, your spouse is not eligible to be covered under Wabash County Governments Employee Benefit Plan.
    - If at any time your spouse becomes employed by an employer who does provide health care coverage, he or she will need to enroll in their employer's plan as they will no longer be eligible under Wabash County Governments Employee Benefit Plan.
  - Legal Dependents (*Up to Age 26*)
- Review your Beneficiary Information

## Newly Eligible

Your benefits will begin on the **30 days from date of hire.**

Please make your benefit elections and complete the required enrollment paperwork.

Once your elections are submitted, changes cannot be made until the next open enrollment period, unless you experience a qualified change in status.

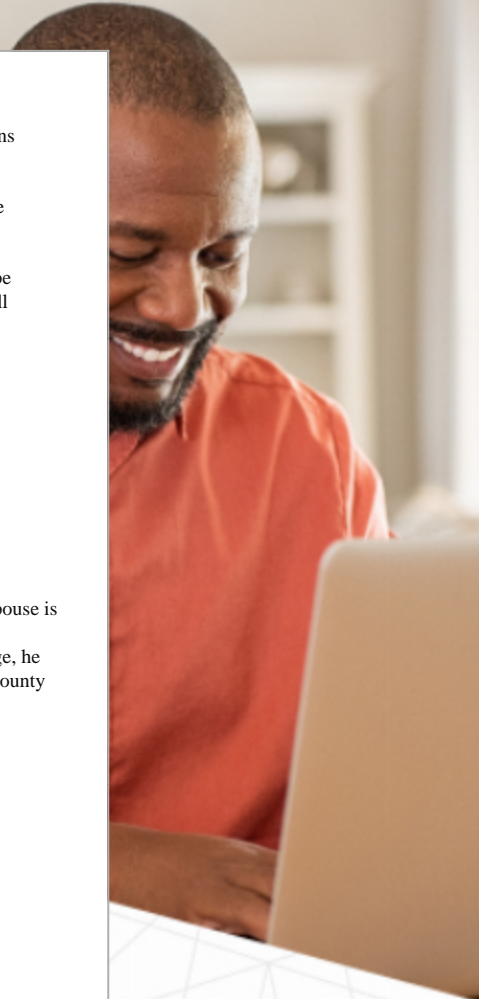
## When to Enroll

The benefits you elect during open enrollment will be effective from April 1st, 2026 thru March 31st, 2027. **Open Enrollment: 03/11/2026.**

## How to make Changes

You cannot make changes to the benefits you elect until the next open enrollment period unless you have a qualified change in status.

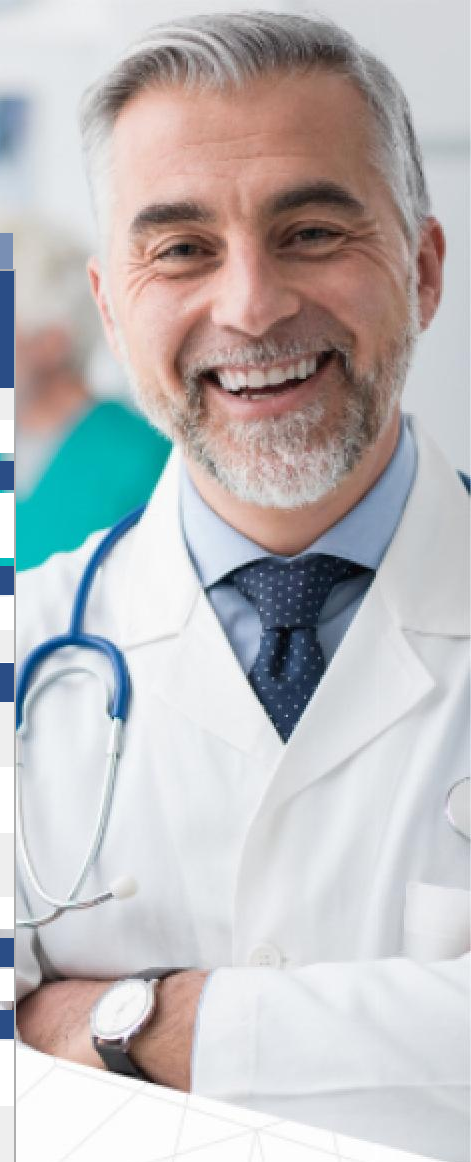
- Marriage Divorce
- Legal Separation
- Birth *or* Adoption of a Child Change in Childs Dependent Status
- Death of a Spouse, Child or other Qualified Dependent



# Medical Benefits

Unified Group Services | EPO Unified Group Services |

EPO FACILITIES AND PPO			
DEDUCTIBLE	PROVIDERS	PPO FACILITIES	OUT OF NETWORK
Single	\$750	\$1,750	\$3,750
Family	\$1,500	\$2,500	\$4,500
COINSURANCE			
Member %	Deductible then 20%	Deductible then 30%	Deductible, then 50%
OUT OF POCKET MAXIMUM			
Single	\$3,000	\$6,000	Unlimited includes deductible
Family	\$6,000	\$9,000	Unlimited includes deductible
COMMONLY USED SERVICES			
Primary Care Physician Office Visit	\$30/ visit no deductible	N/A	Deductible then 50%
Specialist Office Visit	\$50/ visit no deductible	N/A	Deductible then 50%
Urgent Care	\$50/ visit no deductible	\$50/ visit no deductible	\$50/ visit no deductible
Emergency Room	\$250/ visit then 20%	\$250/ visit then 20%	\$250/ visit then 20%
PREVENTIVE CARE			
Preventive Services	No charge	No charge	Deductible then 50%
MAJOR MEDICAL EXPENSES			
Outpatient Surgery	Deductible, then 20%	Deductible, then 30%	Deductible then 50%
Inpatient Hospitalization / Surgery	Deductible, then 20%	Deductible, then 30%	Deductible then 50%
CT scan, PT scan, MRI	Deductible, then 20%	Deductible, then 30%	Deductible then 50%
Hospital Newborn Delivery	Same as any other illness or as required by the Affordable Care Act	Same as any other illness or as required by the Affordable Care Act	Same as any other illness or as required by the Affordable Care Act
PRESCRIPTION DRUG COVERAGE			
Generic Drugs	\$10 copay	\$10 copay	\$10 copay
Preferred Brand Drugs	\$35 copay	\$35 copay	\$35 copay
Non-Preferred Drugs	\$70 copay	\$70 copay	\$70 copay
Specialty	25% copay up to \$300	25% copay up to \$300	25% copay up to \$300
PREMIUM PER EMPLOYEE PAYCHECK			
Employee Only	\$110.36		
Employee + Spouse	\$236.67		
Employee + Child(ren)	\$229.48		
Family	\$267.72		





# 24/7 care when you need it.

Get convenient care for your health — all via phone or video. Wabash County, IN provides First Stop Health to all medically-enrolled employees and their immediate family members for FREE.



## On-demand medical visits

Getting the care you need shouldn't be a pain. Board-certified providers are available 24/7 via phone or video!



## Diagnosis & treatment

Get immediate support, including prescriptions when appropriate\* for:

- Sore Throat
- Cough
- Sinus Issues
- Skin Rash
- UTI
- Rx Refill\*
- Pink Eye
- Fever
- Earache
- Cold & Flu
- Medical Questions
- And more!

**Activate  
your account**



Use the last 4 digits of your SSN  
to claim your account!

# SmithRx Pharmacy Partners

Accessing your prescriptions is easy with our **broad pharmacy network**, which gives you access to **retail**, **mail order**, and **specialty** pharmacies. You can always find the pharmacy with the best price by using the **Find My Meds** search tool in the Member Portal at [mysmithrx.com](https://mysmithrx.com).

## Retail Partners

We partner with over 65,000 pharmacies, including national and regional chains, grocery stores and local pharmacies. Here are just a few of the retail pharmacies in our network.



## Specialty Partners



To get started, visit [www.lumicera.com/costco-specialty-pharmacy](https://www.lumicera.com/costco-specialty-pharmacy) to enroll, or call **855-213-0070**. Providers can send prescriptions via e-scribe.

**Ordering:** The Costco Pharmacy Team helps you manage your refills. You can order refills through the Costco Member Portal or by phone.

**Shipping:** Shipping is free. Refrigerated medications are shipped the next day. Other medications are shipped within 2 days.



To enroll, call **888-777-5547**. Providers can send prescriptions via e-scribe.

**Ordering:** The Senderra Refill Specialists will call you when it's time to refill your medication. Orders need to be placed by phone.

**Shipping:** Standard shipping is free. Refrigerated medications are shipped overnight, except on Fridays. Other medications are sent with 2 day shipping.

## Mail Order Partners



**Get started at:** [rx.costco.com](https://rx.costco.com) to create a free Costco Pharmacy account. When placing refill requests, be sure to select the "mail order" delivery option at checkout.

Doctors can send prescriptions via ecribe. You may also log into your Costco Pharmacy account and request your Rx be moved from the old pharmacy to Costco. For questions or assistance, please contact them at **1 (800) 607-6861**.



**Get started at:** [www.amazon.com/smithrx](https://www.amazon.com/smithrx). Doctors can send prescriptions via ecribe, fax (512) 884-5981 or phone (855) 206-3605.



**Get Started at:** [www.walmart.com/cp/1042239](https://www.walmart.com/cp/1042239)

Doctors can send prescriptions via ecribe, fax ( 800) 406-8976 or phone (800) 273-3455.



**Get started at:** [costplusdrugs.com/medications](https://costplusdrugs.com/medications), to see if your medication is available.

Doctors can send prescriptions via ecribe.

## We are here to help!

Have questions or need assistance? Contact our Member Services Team. Live support is available **Monday through Friday, 8 am - 9 pm ET** and **Saturdays 11 am - 4 pm ET**.



### Chat

Chat live with a member service representative on our [website](#) or in the [member portal](#)



### Portal

Find plan info, ID cards and documents at [smithrx.com/portal](https://smithrx.com/portal)



### Email

Email our team at [help@smithrx.com](mailto:help@smithrx.com)




### Phone

Call us at [844-454-5201](tel:844-454-5201)

# Wellbridge Surgical Free Surgical Benefit

WellBridge Surgical delivers high-quality surgical services, directly to patients, saving them money through transparent, fixed, up-front pricing. WellBridge cuts out the middle-man, providing surgical care for what it costs, and passes the savings onto the patient. This is the way that WellBridge Surgical is making a positive change to the health care system for the benefit of families, individuals, and businesses in Central Indiana.

1. **CALL:** Whether your regular doctor has recommended you for surgery, or you think you might need surgery, call WellBridge and schedule a consultation.
2. **VISIT A WELLBRIDGE SURGEON:** After your consultation, your WellBridge surgeon will discuss your options with you.
3. **SCHEDULE YOUR PROCEDURE** and the WellBridge team will take it from there!




**TRANSPARENT, UP-FRONT PRICING**

WellBridge tells you up front what your procedure will cost. Total. There are no hidden costs. No surprise charges.



**AFFORDABILITY**

The most recent study by Rand Corp revealed Indiana to be the fourth highest surgical facility costs in the country. WellBridge Surgical gives you a fairly-priced alternative to the "way it's always been done."



**QUALITY SURGICAL SERVICES**

From accomplished, prominent surgeons to a staff dedicated to providing the best possible patient care, you can expect an experience second to none.

## Example Procedure:

Example	Non Preventive Procedure: Gallbladder Surgery		WellBridge Price \$9,075	Market Price \$17,757	Total	
Insurance Plan	Deductible		Co-Insurance			
	WellBridge	Other	WellBridge	Other	WellBridge	Other
PPO (80/20)*	\$0	\$1,500	\$0	\$3,251.40	\$0	\$4,500
HDHP**	\$0	\$3,300	\$0	\$0	\$0	\$3,300

\*This example is of an 80/20 plan with a \$1,500 deductible and a \$4,500 max out-of-pocket.

**Employees will receive a \$200 Visa debit card on the day of surgery to cover travel costs.**



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# MEDICAL PLAN - Wabash County Government

## SPOUSE ELIGIBILITY

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Employer: *Wabash County Government*  
Eligible: All Active, full-time employees following the first 30 days of employment.  
Premium: The employee's share of the premium will be deducted from their paychecks.  
Waiting Period: 30 days of consecutive full-time employment.

### EMPLOYEE INFORMATION: *(Please print clearly)*

Name \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(as it appears on your social security card)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F  M  Marital Status:  Married  Single

Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_

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### SECTION B: OTHER COVERAGE

Is your spouse employed? Yes  No

Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does your spouse's employer offer a Group Medical Plan? Yes  No

Is your spouse eligible? Yes  No  (if **No**, must provide employer's statement)

Insurance Carrier \_\_\_\_\_

Group No. \_\_\_\_\_ For: Medical  Prescription

***If your spouse is employed and has coverage available to him or her through their employer, your spouse is not eligible to be covered under the Wabash County Government Employee Benefit Plan.***

***If at any time your spouse becomes employed by an employer who does provide health care coverage, he or she will need to enroll in their employer's plan as they will no longer be eligible under the Wabash County Government Employee Benefit Plan.***

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### SECTION C:

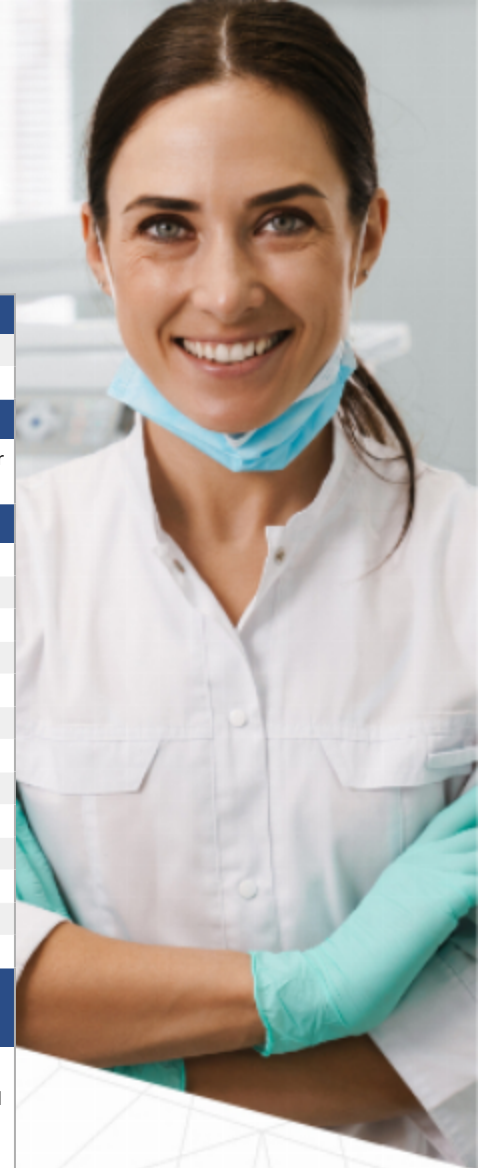
EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

***Non-reported spouse ineligibility may result in loss of coverage for the spouse and the employee.***

# Dental Benefits

## Delta | Dental PPO

DEDUCTIBLE	PPO/PREMIER PLAN	NON-PARTICIPATING DENTIST
Single	\$50 per member	\$50 per member
Family	\$150 per family per year	\$150 per family per year
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	\$1,000 per member total per BenefitYear on all services.	\$1,000 per member total per BenefitYear on all services.
DENTAL COVERAGE		
Cleanings	100%	100%
Exams	100%	100%
X-Rays	100%	100%
Sealants	100%	100%
Fillings	80%	80%
Simple Extractions	80%	80%
Root Canal	50%	50%
Crowns	50%	50%
Dentures	50%	50%
Bridges	50%	50%
Orthodontia	See summary of benefits	See summary of benefits
Orthodontia Lifetime Maximum	See summary of benefits	
Dependent Age Limits	26	
NON-PARTICIPATING DENTIST EXPLANATION		
When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-Participating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.		
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only		\$15.33
Employee + Spouse		\$30.09
Employee + Child(ren)		\$40.90
Family		\$56.19



# Vision Benefits

Delta | 130 Standard

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 copay	Up to \$45 allowance
Single Vision Lens	Covered in full after \$25 copay	Up to \$30 allowance
Lined Bi-Focal Lens	Covered in full after \$25 copay	Up to \$50 allowance
Lined Tri-Focal Lens	Covered in full after \$25 copay	Up to \$65 allowance
Lenticular Lens	Covered in full after \$25 copay	Up to \$100 allowance
Contact Lens Allowance	\$130	Up to \$105 allowance
Frame Allowance	\$130	Up to \$70 allowance
FREQUENCIES		
Exam Frequency	Once every 12 months	
Lens Frequency	Once every 12 months	
Frame Frequency	Once every 24 months	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$2.69	
Employee + Spouse	\$5.37	
Employee + Child(ren)	\$5.75	
Family	\$9.18	



# Basic Life

One America | Basic Life

## LIFE INSURANCE BENEFITS

Life Insurance Coverage	\$25,000
Accidental Death & Dismemberment	\$25,000
Age Reduction Schedule	Age: 65 reduces to 65%   Age: 70 reduces to 40%   Age: 75 reduces to 30%
Guaranteed Issue	\$25,000
Maximum Benefit	\$25,000
Employee Coverage	100% Employer Paid

## PREMIUM PER EMPLOYEE PAYCHECK

Basic Dependent Life	100% Employee Paid
Family	\$1.38/ Family



## Disclaimer

Summary provided offers a highlevel overview. Please refer to the plan's complete Summary of Benefits for full details.

# Voluntary Life Benefits

OneAmerica | Voluntary Life

## LIFE INSURANCE BENEFITS

Benefit Amount	\$10,000 to \$500,000 in \$1,000 increments, not to exceed 5 times your annual salary
Maximum Benefit	\$500,000
EE Guaranteed Issue/Spouse GI/ Child GI	Employee: \$150,000 Spouse: \$25,000 Child: \$10,000
Benefit Reduction	Age: 70 reduces to 40% Age 75 reduces to 35%

## PREMIUM PER EMPLOYEE PAYCHECK

AGE BANDS	EMPLOYEE	SPOUSE
< 20	\$0.085	\$0.085
20 - 24	\$0.085	\$0.085
25 - 29	\$0.085	\$0.085
30 - 34	\$0.105	\$0.105
35 - 39	\$0.135	\$0.135
40 - 44	\$0.205	\$0.205
45 - 49	\$0.335	\$0.335
50 - 54	\$0.570	\$0.570
55 - 59	\$0.960	\$0.960
60 - 64	\$1.395	\$1.395
65 - 69	\$2.330	\$2.330
70 - 74	\$4.315	\$4.315
75 - 98	\$6.860	\$6.860

## CHILDREN

Child(ren) 6 months to age 19, or 25 if full time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
\$2,500	\$1,000	\$0.22
\$5,000	\$1,000	\$0.44
\$7,500	\$1,000	\$0.66
\$10,000	\$1,000	\$0.89



# Short Term Disability

## Short Term Disability Benefits

100% Employer Paid

## Disclaimer

Summary provided offers a high-level overview. Please refer to the plans complete Summary of Benefits for full details including rates listed which are quoted based on age and monthly premium.

# AFLAC CHOICE

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000



### Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

#### Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

#### Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.\*
- We pay cash directly to you (unless you tell us otherwise)—not the doctor or hospital.



\*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

## Coverage Options

### 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.
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 23 hours. Limited to 2 payments per calendar year, per policy.
WAIVER OF PREMIUM	Yes
TELEMEDICINE SERVICES	Pays \$25 for visits for medical advice from a doctor via telemedicine services. Limited to 6 visits per calendar year, per policy.
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION
EXTENDED BENEFITS RIDER	<p><b>Physician Visit Benefit:</b> Pays \$25 for visits (not including telemedicine) to a physician, psychologist or urgent care center.</p> <p><b>Individual Coverage:</b> Limited to 3 visits per calendar year, per policy.</p> <p><b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, per policy.</p> <p><b>Laboratory Test and X-Ray Benefit:</b> Pays \$35; limited to 2 payments per covered person, per calendar year.</p> <p><b>Medical Diagnostic and Imaging Exams Benefit:</b> 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.</p> <p><b>Ambulance Benefit:</b> 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.</p>
HOSPITAL STAY AND SURGICAL CARE RIDER	<p><b>Initial Assistance Benefit:</b> Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission.</p> <p><b>Surgery Benefit:</b> Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.</p> <p><b>Invasive Diagnostic Exams Benefit:</b> Pays \$100 for one covered exam, per covered person, per 24-hour period.</p> <p><b>Hospital Intensive Care Unit Confinement Benefit:</b> Pays \$500 per day, per covered person, for up to 30 days.</p> <p><b>Daily Hospital Confinement Benefit:</b> Pays \$100 per day, per covered person, for up to 365 days.</p> <p><b>Second Surgical Opinion Benefit:</b> Pays \$50 once per covered person, per calendar year.</p>
AFLAC PLUS RIDER	Ask your Aflac agent about the Aflac Plus Rider!

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

## Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

### Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,<sup>1</sup> short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.<sup>2</sup>



### Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

### The facts say you need the protection of the Aflac Short-Term Disability plan:

#### FACT NO. 1

BEFORE THEY RETIRE,

**1-in-4**

AMERICANS ENTERING THE WORKFORCE WILL  
BECOME DISABLED.<sup>3</sup>

#### FACT NO. 2

NEARLY

**90%**

OF DISABILITIES ARE NOT WORK RELATED.<sup>3</sup>

<sup>1</sup>Subject to certain conditions.

<sup>2</sup>Subject to your benefit period and elimination period.

<sup>3</sup>2015 Disability Insurance Awareness Month, Facts from LIMRA.

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

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

### Coverage Options

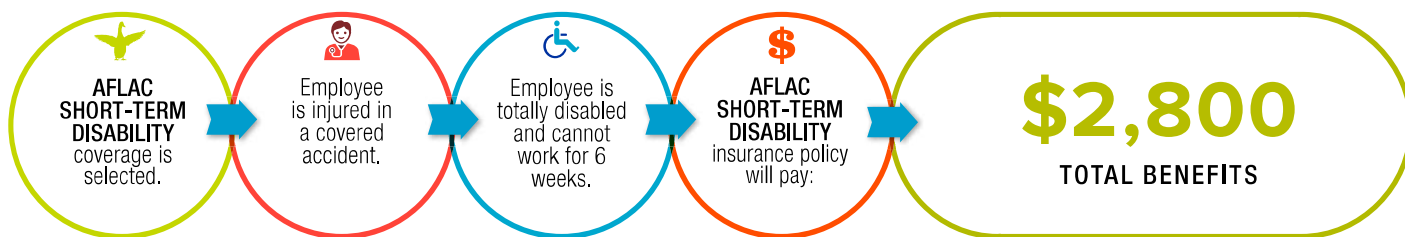
#### Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$500 to \$6,000 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	3, 6, 12, 18 or 24 months
PARTIAL DISABILITY BENEFIT PERIOD	3 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.  Not available with a 3-month total disability benefit period.
<b>OPTIONAL RIDERS</b>	
AFLAC VALUE RIDER	Pays \$1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or \$100, whichever is greater.
DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.

\*Subject to certain conditions/maximum.

#### How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,000 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 3 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

The policy has limitations and exclusions that may affect benefits payable. 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.

**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.

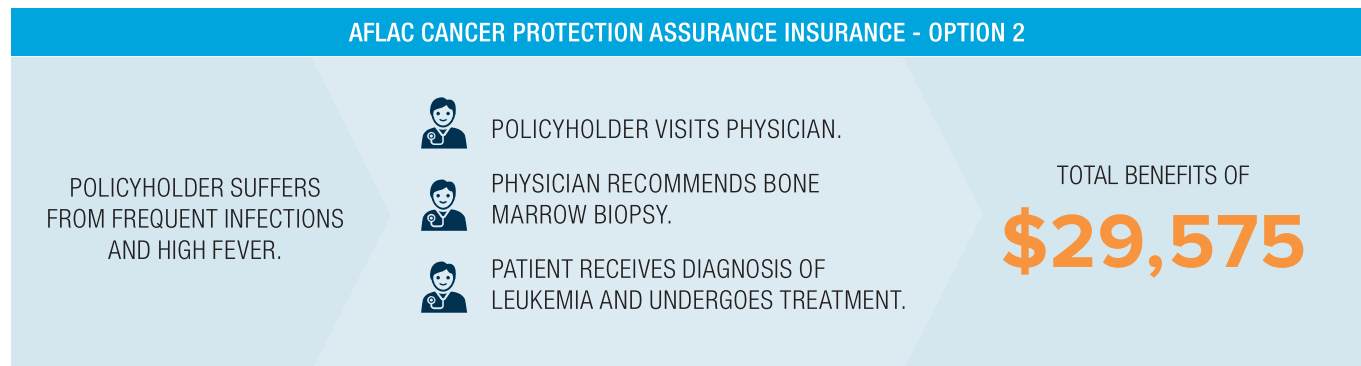
## **Aflac Cancer Protection Assurance stays with you for life\***

**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 2 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 \$5,000, Initial Diagnosis Building Benefit Rider (three units for three years) of \$900, Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$4,800, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$9,600, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800, Annual Care Benefit (paid on the first anniversary of diagnosis) of \$500.

\*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. The policy and certain riders contain a 30-day waiting period. 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](http://aflac.com).

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

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per calendar month Physician Administered: \$1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person 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)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

## 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:

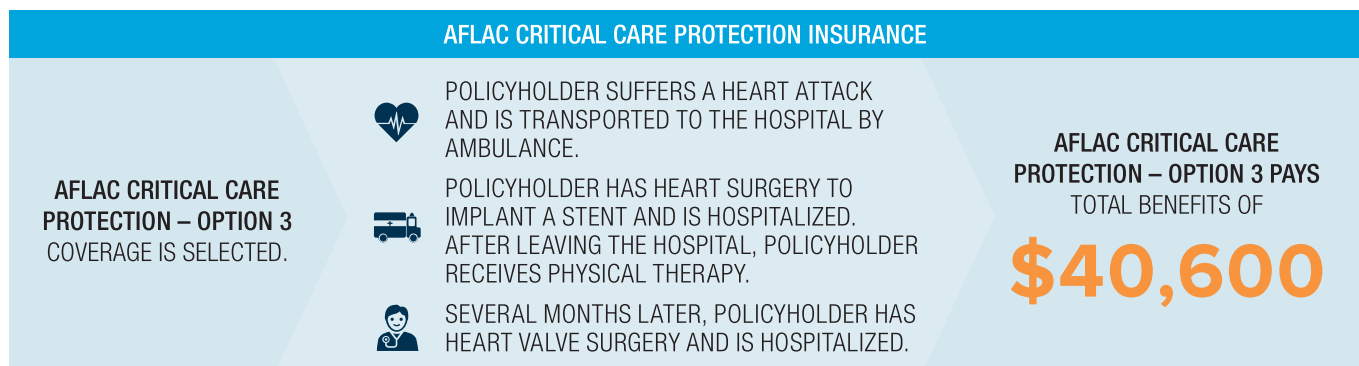
#### Tier One:

- 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



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												
<b>FIRST-OCCURRENCE BENEFIT:</b> <ul style="list-style-type: none"> <li>NAMED INSURED/SPOUSE</li> <li>DEPENDENT CHILDREN</li> </ul>	\$25,000; lifetime maximum \$25,000 per covered person \$30,000; lifetime maximum \$30,000 per covered person												
<b>SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT</b>	\$12,500; subsequent occurrence limitations apply; no lifetime maximum												
<b>HOSPITAL CONFINEMENT BENEFIT</b>	\$300 per day; no lifetime maximum												
<b>CONTINUING CARE BENEFIT</b>	\$125 each day when a covered person is charged for any of the following treatments:												
	<table border="0"> <tr> <td>• Rehabilitation Therapy</td> <td>• Home Health Care</td> </tr> <tr> <td>• Physical Therapy</td> <td>• Dialysis</td> </tr> <tr> <td>• Speech Therapy</td> <td>• Hospice Care</td> </tr> <tr> <td>• Occupational Therapy</td> <td>• Extended Care</td> </tr> <tr> <td>• Respiratory Therapy</td> <td>• Physician Visits</td> </tr> <tr> <td>• Dietary Therapy/Consultation</td> <td>• Nursing Home Care</td> </tr> </table>	• Rehabilitation Therapy	• Home Health Care	• Physical Therapy	• Dialysis	• Speech Therapy	• Hospice Care	• Occupational Therapy	• Extended Care	• Respiratory Therapy	• Physician Visits	• Dietary Therapy/Consultation	• Nursing Home Care
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• Respiratory Therapy	• Physician Visits												
• Dietary Therapy/Consultation	• Nursing Home Care												
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													
<b>AMBULANCE BENEFIT</b>	\$250 ground or \$2,000 air; no lifetime maximum												
<b>TRANSPORTATION BENEFIT</b>	\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss. Limited to \$1,500 per occurrence; no lifetime maximum												
<b>LODGING BENEFIT</b>	Up to \$75 per day, for covered lodging charges. Limited to 15 days per occurrence; no lifetime maximum												
<b>WAIVER OF PREMIUM BENEFIT</b>	Premium waived, from month to month, during total inability (after 180 continuous days)												
<b>CONTINUATION OF COVERAGE BENEFIT</b>	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met												
<b>HOSPITAL INTENSIVE CARE UNIT BENEFIT</b>	Days 1–7: \$800 per day; Days 8–15: \$1,300 per day Limited to 15 days per period of confinement; no lifetime maximum												
<b>STEP-DOWN INTENSIVE CARE UNIT BENEFIT</b>	\$500 per day; limited to 15 days per period of confinement; no lifetime maximum												
<b>PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT</b>	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												
<b>SPECIFIED HEART SURGERY BENEFITS</b>	<table border="0"> <tr> <td> <b>Tier One:</b>                              \$4,000 when a covered person undergoes one of the following:                             <ul style="list-style-type: none"> <li>Heart Valve Surgery</li> <li>Surgical Treatment of Abdominal Aortic Aneurysm</li> </ul> </td> <td> <b>Tier Two:</b>                              \$2,000 when a covered person undergoes one of the following:                             <ul style="list-style-type: none"> <li>Coronary Angioplasty</li> <li>Transmyocardial Revascularization (TMR)</li> <li>Atherectomy</li> <li>Coronary Stent Implantation</li> <li>Cardiac Catheterization</li> <li>Automatic Implantable Cardioverter Defibrillator (AICD) Placement</li> <li>Pacemaker Placement</li> </ul> </td> </tr> </table>	<b>Tier One:</b> \$4,000 when a covered person undergoes one of the following: <ul style="list-style-type: none"> <li>Heart Valve Surgery</li> <li>Surgical Treatment of Abdominal Aortic Aneurysm</li> </ul>	<b>Tier Two:</b> \$2,000 when a covered person undergoes one of the following: <ul style="list-style-type: none"> <li>Coronary Angioplasty</li> <li>Transmyocardial Revascularization (TMR)</li> <li>Atherectomy</li> <li>Coronary Stent Implantation</li> <li>Cardiac Catheterization</li> <li>Automatic Implantable Cardioverter Defibrillator (AICD) Placement</li> <li>Pacemaker Placement</li> </ul>										
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Tier One and Tier Two benefits are payable only once per covered person, per lifetime. Subsequent occurrence limitations apply													
<b>SUBSEQUENT TIER ONE SPECIFIED HEART SURGERY BENEFIT</b>	\$1,000; subsequent occurrence limitations apply; no lifetime maximum												

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

# Contact Information

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Delta	Dental/Vision	800-524-0149	www.deltadentalin.com
OneAmerica	Voluntary Life	800-553-5318	www.employeebenefits.aul.com
OneAmerica	Basic Life	800-553-5318	www.employeebenefits.aul.com
OneAmerica	Dependent Life	800-553-5318	www.employeebenefits.aul.com
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# Wabash County

*This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide legal advice. Questions regarding specific issues should be addressed by our general counsel or an attorney who specializes in this practice area.*

