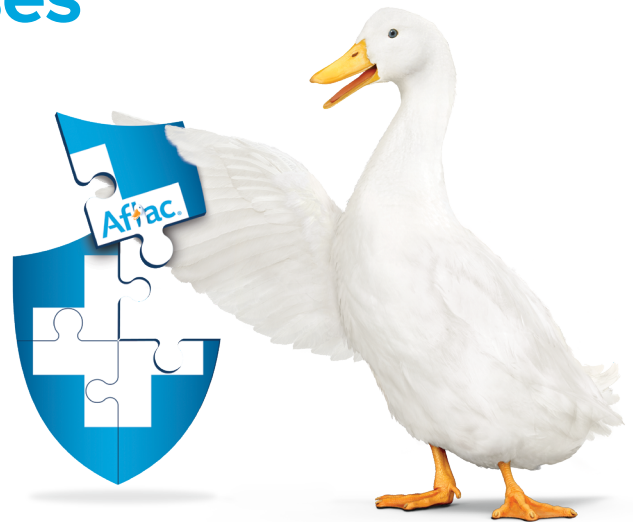


Get help with expenses health insurance doesn't cover

Aflac for Siffrin, Inc

Who hasn't been blindsided by an unexpected medical bill? That's why there's Aflac. We can help take care of the expenses health insurance doesn't cover, so you can take care of everything else.



Aflac supplemental insurance

Our product portfolio is as broad as your needs, with individual plans that help cover the expected – and unexpected – that's sure to come life's way.



Short-Term Disability: How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you, unless assigned otherwise cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.



Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.



Critical Illness (Specified Health Event): An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.

To learn more, contact your Aflac agent, **Carrie Carter** at carrie_carter@us.aflac.com or **330.844.6825**.



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 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 situated in California, coverage underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups situated in New York, coverage is underwritten by Aflac New York. Continental American Insurance Company | Columbia, SC. WWWHQ | 1932 Wynnton Road | Columbus, GA 31999.



Rate sheet prepared by Web User on 5/1/2023 12:57:13 PM.
Ohio Payroll Premium rates are Semi-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.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000
Benefit Period	Age	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100
3 MONTHS	18-49	\$17.94	\$19.44	\$20.93	\$22.43	\$23.92	\$25.42	\$26.91	\$28.41	\$29.90	\$31.40
	50-64	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35	\$35.10	\$36.86
	65-74	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52	\$41.60	\$43.68
6 MONTHS	18-49	\$23.40	\$25.35	\$27.30	\$29.25	\$31.20	\$33.15	\$35.10	\$37.05	\$39.00	\$40.95
	50-64	\$28.08	\$30.42	\$32.76	\$35.10	\$37.44	\$39.78	\$42.12	\$44.46	\$46.80	\$49.14
	65-74	\$35.10	\$38.03	\$40.95	\$43.88	\$46.80	\$49.73	\$52.65	\$55.58	\$58.50	\$61.43

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/14 DAYS

Annual Income		\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000
Benefit Period	Age	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100
3 MONTHS	18-49	\$11.70	\$12.68	\$13.65	\$14.63	\$15.60	\$16.58	\$17.55	\$18.53	\$19.50	\$20.48
	50-64	\$14.04	\$15.21	\$16.38	\$17.55	\$18.72	\$19.89	\$21.06	\$22.23	\$23.40	\$24.57
	65-74	\$17.16	\$18.59	\$20.02	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17	\$28.60	\$30.03
6 MONTHS	18-49	\$14.04	\$15.21	\$16.38	\$17.55	\$18.72	\$19.89	\$21.06	\$22.23	\$23.40	\$24.57
	50-64	\$19.50	\$21.13	\$22.75	\$24.38	\$26.00	\$27.63	\$29.25	\$30.88	\$32.50	\$34.13
	65-74	\$24.18	\$26.20	\$28.21	\$30.23	\$32.24	\$34.26	\$36.27	\$38.29	\$40.30	\$42.32

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL ONE - Series A-35100

	Premium	Total
18-49 INDIVIDUAL	\$10.86	\$10.86
50-70	\$10.86	\$10.86
18-49 INSURED SPOUSE	\$14.50	\$14.50
50-70	\$14.50	\$14.50
18-49 ONE-PARENT FAMILY	\$16.38	\$16.38
50-70	\$16.38	\$16.38
18-49 TWO-PARENT FAMILY	\$20.61	\$20.61
50-70	\$20.61	\$20.61



Rate sheet prepared by Web User on 5/1/2023 12:57:13 PM.
Ohio Payroll Premium rates are Semi-Monthly for industry Class B.

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product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100

	Premium	Total
18-75 INDIVIDUAL	\$24.57	\$24.57
18-75 INSURED/SPOUSE	\$37.64	\$37.64
18-75 ONE-PARENT FAMILY	\$30.23	\$30.23
18-75 TWO-PARENT FAMILY	\$37.05	\$37.05

AFLAC CANCER CARE PLAN SELECT - Series A78200

	Premium	DCR*	Total
18-75 INDIVIDUAL	\$8.97	\$0.00	\$8.97
18-75 INSURED/SPOUSE	\$14.50	\$0.00	\$14.50
18-75 ONE-PARENT FAMILY	\$8.97	\$0.46	\$9.43
18-75 TWO-PARENT FAMILY	\$14.50	\$0.46	\$14.96

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

CRITICAL CARE PROTECTION POLICY - Series A74100

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$4.68	\$4.68	18-35	\$5.20	\$5.20
36-45	\$7.28	\$7.28	36-45	\$7.54	\$7.54
46-55	\$10.14	\$10.14	46-55	\$10.47	\$10.47
56-70	\$13.65	\$13.65	56-70	\$13.98	\$13.98
Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$6.70	\$6.70	18-35	\$7.74	\$7.74
36-45	\$11.18	\$11.18	36-45	\$12.35	\$12.35
46-55	\$16.77	\$16.77	46-55	\$18.20	\$18.20
56-70	\$24.57	\$24.57	56-70	\$26.26	\$26.26