



Aflac Enrollment Notes for 2014

- Visit <http://www.Aflac.com/AFSCME127> to review and enroll in the new plans offered. (Please note that only the Group Accident, Critical Illness and Group Hospital plans are available via online enrollment.) Please call Will Stover for more information. The enrollment login credentials are:
Case ID: A463 User ID: Your Employee ID Password: AFSCME13 (all caps)
- Aflac plans are only available to full Local 127 members.
- The New Accident, Critical Illness and Group Hospital plans are ONLY available during open enrollment and all applications must be submitted by June 30th. Any changes to these plans are not permitted during the benefit year without a qualifying event (the most common example is marriage). Members may cancel the coverage at anytime during the year.
- **Guaranteed Issue:** The Accident and Hospital plans do not require you to answer any medical questions. The Critical Illness plan is only GI for \$10K however if you elected Critical Illness last year, you are eligible for a \$10K upgrade without any medical questions up to the \$30K max. The individual plans, however, do have qualifying questions and members may be denied new coverage.
- **Group Accident Plan:** For all new Group Accident plans, coverage begins the day you sign the application, although the premiums will not begin until August 2014. Any previous injury is not covered by the new plan. If you have any questions regarding claims or injuries please email Will Stover. The Group Accident plan coverage ends at age 70. The wellness benefit for the new Group plan will have a 12 month waiting period (all other benefits are eligible right away); the plan will pay \$60 for each

covered person. This can provide a large benefit for members enrolling in the family coverage, and in some cases cover the annual premium.

- **Critical Illness Plan:** For all new Critical Illness plans, coverage begins 30 days from the date you sign the application, although the premiums will not begin until August 2014. Members may choose from 3 different coverage levels: \$10,000, \$20,000 or \$30,000. Anyone who currently has an Aflac Cancer plan is limited to \$10,000 coverage. Anyone who has been treated for any pre-existing conditions since 2-1-14 will not be paid any related benefits until 8-1-15. Please contact Will Stover with any questions. Dependent children are automatically covered for 50% of the member's covered amount at no charge. All coverage is decreased by 50% at age 70. There is no lifetime claim maximum, Aflac will continue to payout benefits as long as the coverage is in place. The plan does payout for multiple illnesses and re-occurrences. Please see plan coverage for details regarding waiting periods between diagnoses. The plan does pay a \$200 Mammogram benefit, as well as a \$50 wellness benefit. Please see plan coverage for details. Children are not eligible for the wellness benefits.
- **Hospital plan:** Members may choose from two different plan types, Plan 2 or Plan 4, with Plan 4 having some larger benefits. These plans are offered with Guaranteed Issue. These plans offer Hospital admission benefits (\$300 or \$500), hospital confinement benefits (\$200 or \$300 per day), and various surgery benefits (\$500-\$3000). Doctor visits (\$50), lab tests (\$25), x-rays (\$50), and even a Prescription benefit (\$10 or \$20 per prescription) is also included. The plan does have some maximums to its benefit payouts for a calendar year, so please see the plan details for more information on the limitations. The plan also offers a \$100 mammogram and a \$50 Pap smear wellness benefit. Please contact will for more information.
- **Current Aflac Policyholders:**
If you currently have an Aflac plan and wish to transfer it to the AFSCME127 account, please contact Will Stover (wstover@integratedlabor.com) to obtain authorization forms.

For all Aflac questions please contact Will Stover: Phone: 888-822-3994
Email: wstover@integratedlabor.com