



Welcome Casebine Community Credit Union Members

Get help with
expenses
health
insurance
doesn't cover





**When life
gives you
setbacks,
Aflac is here
to help you
make a
comeback**



Product features

- Individual policies are **guaranteed renewable**.
- Benefits on individual policies are **paid directly to policyholders**, unless otherwise assigned.
- Coverage is **portable**.
- Historical **rate stability**.





Accident¹

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

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AFLAC ACCIDENT ADVANTAGE – OPTION B BENEFIT OVERVIEW

BENEFIT NAME		BENEFIT AMOUNT																		
INITIAL ACCIDENT HOSPITALIZATION BENEFIT		\$1,000 when admitted for a hospital confinement of at least 18 hours, or \$1,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person																		
ACCIDENT HOSPITAL CONFINEMENT BENEFIT		\$250 per day, up to 365 days per covered accident, per covered person																		
INTENSIVE CARE UNIT CONFINEMENT BENEFIT		Additional \$400 per day for up to 15 days, per covered accident, per covered person																		
ACCIDENT TREATMENT BENEFIT		<div><div>Individual Coverage: Limited to two visits per calendar year, per policy</div><div>Insured/Spouse & Family coverage: Limited to four visits per calendar year, per policy</div></div>																		
AMBULANCE BENEFIT		\$200 ground ambulance transportation or \$1,500 air ambulance transportation																		
BLOOD/PLASMA/PLATELETS BENEFIT		\$200 once per covered accident, per covered person																		
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT		\$200 once per calendar year, per covered person																		
ACCIDENT FOLLOW-UP TREATMENT BENEFIT		\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person																		
THERAPY BENEFIT		\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person																		
APPLIANCES BENEFIT		<div>Benefits are payable for the medical appliances listed below:</div> <div><div>Back brace: \$300</div><div>Wheelchair: \$300</div><div>Walker: \$100</div><div>Body jacket: \$300</div><div>Leg brace: \$125</div><div>Walking boot: \$100</div><div>Knee scooter: \$300</div><div>Crutches: \$100</div><div>Cane: \$25</div></div> <div>Payable once per covered accident, per covered person</div>																		
PROSTHESIS BENEFIT		\$800 once per covered accident, per covered person																		
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT		\$800 once per covered person, per lifetime																		
REHABILITATION FACILITY BENEFIT		\$150 per day, limited to 30 days per covered person, per period of hospital confinement. Calendar year maximum of 60 days																		
HOME MODIFICATION BENEFIT		\$3,000 once per covered accident, per covered person																		
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS		<div><div><div>Pays benefits for the treatments listed below:</div><div><div><div>DISLOCATIONS..... \$100–\$3,750</div><div>BURNS\$125–\$12,500</div><div>SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved</div><div>EYE INJURIES</div><div>Surgical repair..... \$300</div><div>Removal of foreign body by a physician .. \$65</div><div>LACERATIONS</div><div>Not requiring sutures \$35</div><div>Less than 5 centimeters \$65</div><div>At least 5 cm but not more than 15 cm . \$250</div><div>Over 15 centimeters \$500</div><div>FRACTURES \$125–\$3,500</div><div>CONCUSSION (brain)..... \$150</div></div><div><div>EMERGENCY DENTAL WORK</div><div>Broken tooth repaired with crown \$400</div><div>Broken tooth resulting in extraction \$130</div><div>COMA \$12,500</div><div>PARALYSIS</div><div>Quadriplegia \$12,500</div><div>Paraplegia..... \$6,250</div><div>Hemiplegia..... \$4,750</div><div>SURGICAL PROCEDURES \$200–\$1,250</div><div>MISCELLANEOUS SURGICAL PROCEDURES \$120–\$300</div><div>PAIN MANAGEMENT (Nonsurgical)</div><div>Epidural..... \$100</div></div></div></div></div>																		
ACCIDENTAL-DEATH BENEFIT		<table><tr><th></th><th>Common-Carrier Accident</th><th>Other Accident</th><th>Hazardous Activity Accident</th></tr><tr><td>INSURED</td><td>\$100,000</td><td>\$25,000</td><td>\$10,000</td></tr><tr><td>SPOUSE</td><td>\$100,000</td><td>\$25,000</td><td>\$10,000</td></tr><tr><td>CHILD</td><td>\$15,000</td><td>\$10,000</td><td>\$5,000</td></tr></table>				Common-Carrier Accident	Other Accident	Hazardous Activity Accident	INSURED	\$100,000	\$25,000	\$10,000	SPOUSE	\$100,000	\$25,000	\$10,000	CHILD	\$15,000	\$10,000	\$5,000
	Common-Carrier Accident	Other Accident	Hazardous Activity Accident																	
INSURED	\$100,000	\$25,000	\$10,000																	
SPOUSE	\$100,000	\$25,000	\$10,000																	
CHILD	\$15,000	\$10,000	\$5,000																	
ACCIDENTAL-DISMEMBERMENT BENEFIT		\$250–\$25,000																		
HEALTH SCREENING BENEFIT		\$60 once per policy, per calendar year after the policy has been in force 12 months																		
FAMILY SUPPORT BENEFIT		\$20 per day (up to 30 days), per covered accident																		
ORGANIZED SPORTING ACTIVITY BENEFIT		Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year																		
TRANSPORTATION BENEFIT		<div>\$600 per round trip</div> <div>\$600 for dependent child’s immediate family member companion if commercial travel (plane, train or bus) is necessary</div> <div>Up to 3 round trips per calendar year, per covered person</div>																		
FAMILY LODGING BENEFIT		\$125 per night, up to 30 days per covered accident																		

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.





Cancer/ Specified-disease²

Coverage when you really need it. Our Cancer Protection Assurance insurance policies help cover innovative treatments with benefits that care for you as a whole person. Learn how Aflac benefits can help.

[Scroll down to view information](#)



Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
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
INITIAL DIAGNOSIS	Named Insured or Spouse: \$4,000 Dependent Child: \$8,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$250 per calendar month Physician Administered: \$1,200 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
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
SURGERY/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
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person

EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person		
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person		
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person		
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000		
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person		
ANNUAL CARE	\$200 on the anniversary date of diagnosis; lifetime maximum of five annual \$200 payments per covered person		
AMBULANCE	\$250 ground \$2,000 air ambulance		
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip		
LODGING	\$65 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		

OPTIONAL RIDERS	DESCRIPTION		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.		
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, LIMITATIONS AND EXCLUSIONS.





Critical illness³

Serious illnesses such as a heart attack or stroke can have an impact on your financial health. Aflac's Critical Care Protection insurance can help provide peace of mind if you experience a covered health event.

[Scroll down to view information](#)



Plan 2 Critical Care and Recovery Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST-OCCURRENCE BENEFIT: <ul style="list-style-type: none">NAMED INSURED/SPOUSEDEPENDENT CHILDREN	\$5,000; lifetime max \$5,000 per covered person \$7,500; lifetime max \$7,500 per covered person
REOCCURRENCE BENEFIT	\$2,500; no lifetime max
SECONDARY SPECIFIED HEALTH EVENT BENEFIT	\$250; no lifetime max
HOSPITAL CONFINEMENT BENEFIT	\$300 per day; no lifetime max
HOSPITAL INTENSIVE CARE UNIT BENEFIT: <ul style="list-style-type: none">CONFINEMENT IN A HOSPITAL INTENSIVE CARE UNIT	SICKNESS: Days 1-7:\$700 per day Days 8-15:\$1,200 per day Days 16-30:\$350 per day INJURY: Days 1-7:\$800 per day Days 8-15:\$1,300 per day Days 16-30:\$350 per day Limited to 15 days per period of confinement; no lifetime max
<ul style="list-style-type: none">CONFINEMENT IN A STEP-DOWN INTENSIVE CARE UNIT	SICKNESS/INJURY: Days 1-15:\$350 per day Limited to 15 days per period of confinement; no lifetime max
MAJOR HUMAN ORGAN TRANSPLANT BENEFIT	\$25,000; limited to one procedure per 180-day period; no lifetime max
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP DOWN INTENSIVE CARE UNIT CONFINEMENT	A \$2 indemnity benefit will accumulate for the named insured/spouse for each month the policy remains in force
CONTINUING CARE BENEFIT	\$125 each day for up to 75 days; no lifetime max
AMBULANCE BENEFIT	\$250 ground or \$2,000 air; no lifetime max
TRANSPORTATION BENEFIT	\$.50 per mile; up to \$1,500 per occurrence; no lifetime max
LODGING BENEFIT	Up to \$75 per day; limited to 15 days per occurrence; no lifetime max

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.





Ready to
take the
next step
to protect
your future?

**Open enrollment is
May 15, 2021 – May 14, 2022**

**Schedule a time with your Aflac
benefits advisor**

**Nancy Ballinger
nancy_ballinger@us.aflac.com
319.670.9203**

Disclaimers

Coverage mentioned herein may not be available in all states. 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. For complete details, including availability and costs, please contact your local Aflac agent.

1. Accident: Accident (A35000 series): In Idaho, Policies A35100ID–A35200ID & A35B24ID. In Oklahoma, Policies A35100OK–A35200OK & A35B24OK. (A36000 series): In Idaho, Policies A36100ID–A36400ID, & A363OFID. In Oklahoma, A36100OK–A36400OK, & A363OFOK. In Virginia, Policies A35100VA–A35400VA, A35B24VA, & A35BOFVA. (A37000 series): In Idaho, Policy A37000ID. In Oklahoma, Policy A37000OK. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
2. Cancer/Specified-Disease (B70000 series): In Idaho, Policies B70100ID, B70200ID, B70300ID, B7010EPID, B7020EPID. In Oklahoma, Policies B70100OK, B70200OK, B70300OK, B7010EPOK, B7020EPOK. (75000 series): In Virginia, Policies A75100VA–A75300VA. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
3. Critical Illness (B74000 series): In Idaho, Policies A74100ID, A74200ID, A74300ID. In Oklahoma, Policies A74100OK, A74200OK, A74300OK. (71000 series): In Virginia, Policies A71100VA and A71200VA. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
4. Dental (A82000 series): In Idaho, Policies A82100RID–A82400RID. In Oklahoma, Policies A82100ROK–A82400ROK. In Virginia, Policies A82100RVA–A82400RVA. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
5. Short-Term Disability (A57600 series): In Idaho, Policy A57600IDR. In Oklahoma, Policies A57600OK & A57600LBOK. In Virginia, Policies A57600VA and A57600LBVA. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
6. Hospital Indemnity (A49000 series): In Oklahoma, Policies A49100OK–A49400OK and A4910HOK. In Virginia, Policies A49100VAR–A49400VAR and A4910HVAR. Hospital (B40000 series): In Idaho, Policies B40100ID & B4010HID. In New York, Policies NYB40100 & NYB4010H. In Oklahoma, Policies B40100OK & B4010HOK. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
7. Term Life (Q60000 series): In Arkansas, Policy Q60100CAR. In Idaho Policy Q60100CID. In Oklahoma, Policy Q60100COK. This policy series is not available in New York, Pennsylvania, or Virginia. Coverage is underwritten by Aflac.
8. Whole Life (Q60000 series): In Arkansas, Idaho, Oklahoma, Policies ICC18Q60200C, ICC18Q60300C, ICC18Q60400C. This policy series is not available in New York, Pennsylvania, or Virginia. Coverage is underwritten by Aflac.
9. Vision: (VSN series): In Idaho, Policy VSN100ID. In Oklahoma, Policy VSN100OKR. Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
10. Network Dental and Vision: Insurance coverage for Aflac Dental and Vision is underwritten by National Guardian Life Insurance Company (NGL). National Guardian Life Insurance Company is not a member of the Aflac family of insurers. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life. Aflac Dental and Vision products may not be available in all states. National Guardian Life Insurance Company | Madison, WI.

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Thank you

