

HERNANDO COUNTY OPEN ENROLLMENT 2024

SUPPLEMENTAL BENEFITS COMPARISON SHEETS

Allstate v. Aflac

LegalShield v. US Legal

Prepared by ***BeneCom***



This is an illustration of newly offered plans and currently offered plans containing only highlighted benefits/rates

*for illustrative purposes only - please see a BeneCom representative, policy brochures & documents, and carrier information for full policy details, limits/exclusions, and rates. This is not a complete guide or resource.

Accident Plans	AFLAC <i>(Current)</i>	Allstate Benefits / American Heritage Life
Plan	Individual Accident	Group Accident
Series	Accident Advantage - Option 4	24 hr
Platform	Individual	Group Accident
Underwriting	Simplified Issue	Guaranteed Issue
Pre-Existing Condition Clause	pays covered accidents on or after effective date	pays covered accidents on or after effective date
Issue Ages	18-64	18 - 80
Portability	Yes	Yes
Benefits		
Hospital Admission	\$1,500	\$2,000
Daily Hospital Confinement	\$300	\$400
Intensive Care Confinement	\$500	\$800
Rehabilitation Unit	\$200	\$300
X-Ray	Included in Accident Treatment Benefit, +\$30	\$400
Emergency Room	With X-Ray: \$200; Without X-Ray: \$170	\$200
Follow Up	\$40 (max of 6 per covered accident)	\$150 (max 6 per accident)
Urgent Care Services	With X-Ray: \$150; Without X-Ray: \$120	\$200
Physician Treatment	\$120 without Xray, \$150 with Xray	\$200
Ambulance	\$250 Ground and \$1,875 Air	\$400 ground / \$1,200 air
Dislocation Open	\$120 - \$4,500	\$24,000 (up to)
Dislocation Closed	\$120 - \$4,500	\$8,000 (up to)
Fracture Open	\$150 - \$4,000	\$24,000 (up to)
Fracture Closed	\$150 - \$4,000	\$8,000 (up to)
Eye Injury	\$75; Surgical Repair \$350	\$300
Organized Sports	25% Organized Sports	fully included
Lacerations	Up to \$40 - \$600	\$150
Brain Injury	\$150	\$900
Medical Imaging	\$250	\$300
Open Abdominal/Thoracic Surgery	\$250 - \$1,500	\$3,000
Tendon/Lig/Rotator/disk/knee cart Surgery	\$250 - \$1,500	up to \$1,500
General Anesthesia	Not Covered	\$300
Pain Management (Epidural Injection)	\$100	\$150
Blood and Plasma	\$300	\$900
Prosthesis	\$1,000	\$1,500-\$3,000
Physical, Occupational, Chiropractic,	\$40 Up to 10 Treatments	\$90 up to 6 treatments
Family Member Lodging	\$150	\$300
Transportation	\$700	\$750
Wellness/Preventative visits	\$60 annually	OPT (\$50/day 2/p-4/f) up to \$200 annually
Coma w/ Respiratory Assistance	\$12,500	\$30,000
Paralysis	\$6,250 Paraplegia and \$12,500 Quadriplegia	\$22,500 paraplegia and \$45,000 Quadriplegia
Accidental Death	\$62,500; Hazardous Activity: \$10,000	\$70,000
Dismemberment	\$300 to \$50,000	\$70,000
SemiMonthly Rates	Premium	Premium
EE	\$12.16	\$7.26
EE & Spouse	\$19.11	\$12.58
EE & Child	\$21.58	\$12.30
Family	\$27.56	\$18.49

CANCER PLANS	AFLAC <i>(Current)</i>	Allstate Benefits
Plan	Cancer Protection Assurance	Cancer & 29 Diseases
Series	B70000 opt 2	GVCP2 opt 1
Platform	Individual Policy	Group Insurance
Underwriting	SI (can be declined)	Guaranteed Issue
Pre-Ex Clause	30 Day / 24 month pre-x	12 / 12
Issue Ages	18-75	18-80
Portability	Portable	Portable
Benefits		
Additional Illnesses Covered	not included	29 additional illnesses
Second Surgical Opinion	\$300/person lifetime max	\$200
Anti-Nausea	\$100 Once Per Month	\$200 Per Year
Stem Cell Transplant	\$7,000 (\$7,000 Lifetime Max)	Up to \$5,000 per year
Bone Marrow Transplant	\$7,000 (\$7,000 Lifetime Max)	Up to \$5,000 per year
Blood and Plasma	Inpatient \$50 x days inpatient ; Outpatient \$175 per day	\$10,000 Per 12 Months
Surgical	\$100 - \$3,400 Schedule	
1st Occurrence	\$4,000 EE/Spouse \$8,000 Child	\$5,000 /covered person
Chemotherapy/Radiation	Self Administered\$250/month; Physician Admin.\$1,200/month	\$10,000 Per 12 Months
Experimental Treatment	Chemotherapy: \$250/month	\$5,000 Per 12 Months
Hospital Confinement	\$200 Per Day	
Extended Benefits	\$200 Per Day	\$200 Per Day
Government/Charity Hospital	None	\$200 Per Day
Ambulatory Surgical Center	\$200 Per Day	\$250 Per Day
Extended Care Facility	\$200/Day(1st 30 Days)	\$200 Per Day
Home Health Care	\$100 / Visit (30 /year)	\$200 Per Day
Hospice Care	\$1,000 Day 1 + \$50 /Day	\$200 Per Day
Nursing Services	\$100 Per Day	\$200 Per Day
Physical or Speech Therapy	None	\$50 Per Day
Surgical Prosthesis	\$2,000 (\$4,000 Lifetime Max)	\$2,000 Per Amputation
Outpatient Surgery	max \$500/day	Up to \$2250 (Schedule)
Transportation	\$0.40 Per Mile up to \$1,200	Coach Fare or \$0.40 Mile
Lodging	\$65 /Day; max 90 days/year	\$50/Day-\$2,000/12 months
Family Lodging/Transportation	None	\$50/Day : \$0.40 Mile
Wellness	\$75 Per Year	\$100 Per Year
SemiMonthly Rates	Total	Premium
Employee	\$19.04	\$12.01
Employee + Spouse	\$32.94	\$20.60
One Parent Family	\$19.04	\$20.60
Two Parent Family	\$32.94	\$20.60

HOSPITAL PLANS		AFLAC <i>(Current)</i>		Allstate Benefits / American Heritage Life
Plan		Aflac Choice - Option 1 & 2		Group SHOP Hospital Indemnity
Series		B40175FL		GVSP1
Platform		Individual Policy Simplified Issue (Employees		Group Insurance
Underwriting		can be declined)		Guaranteed Issue
Pre-Existing Condition Clause		30 Days/2 Years		12 / 12
Issue Ages		18-75		18-80
Portability		Portable		Portable
Benefits		Option 1	Option 2	
Hospital/ICU Admission		\$500	\$500	\$830 to \$1037.50
Daily Hospital Confinement		n/a	Optional Rider: \$100/day	\$330 to \$412.50 per day
Daily ICU Benefit		n/a	Optional : \$500 /day up to 30 days	\$330 - \$412.50 per day up to 60 days
Physician Visit Benefit		n/a	\$25/visit x3-6, ind/fam covg	\$41/visit x5-15, depending on coverage
Rehabilitation Facility		\$100/day; max 15 days per confinement up to 30 days	\$100/day; max 15 days per confinement up to 30 days	n/a
Emergency Room		\$100 up to 2 payments per calendar year	\$100 up to 2 times per calendar year	Emergency Accident - \$415-\$518.75 2 per coverage year
Hospital Short Stay		\$100 up to 2 times per calendar year	\$100 up to 2 times per calendar year	n/a
Pre- Existing Condition		not covered first 12 months	not overed until 12 months after Effective Date	pre-x can be waived if porting from existing Aflac policy or 12 month wiating period
Pregnancy Waiting Period		10 Months	10 Months	10 months
SemiMonthly Rates		Premium	Premium	Premium
Age 18-49/18-35	EE	\$14.43	\$23.66	\$15.98
	ES	\$23.47	\$40.37	\$30.15
	EC	\$22.82	\$35.56	\$25.81
	FM	\$27.70	\$44.86	\$39.43
Age 50-59/36-49	EE	\$15.47	\$27.30	\$18.72
	ES	\$25.68	\$49.15	\$35.46
	EC	\$23.41	\$37.91	\$29.81
	FM	\$28.22	\$52.47	\$45.97
Age 60-75/50-59	EE	\$15.80	\$31.21	\$23.31
	ES	\$26.13	\$55.51	\$45.63
	EC	\$23.93	\$42.98	\$34.15
	FM	\$29.13	\$60.53	\$55.83

*see BeneCom rep for full policy details and rates

CRITICAL ILLNESS		AFLAC	Allstate Benefits / American
Plan		Aflac Critical Care Protection - Option 3	Group Critical Illness
Series		A74375FL	GVCIP4
Platform		Individual Policy	Group Insurance
Underwriting		Simplified Issue (Employees can be declined)	Guaranteed Issue
Pre-Existing Condition Clause		30 Days/2 Years	12 / 12
Issue Ages		18-70	18-80
Reduction in Benefits Based on Age		at age 70	no reduction due to age
Portable		Yes	Yes
Benefits			Low
Heart Attack		\$7,500	\$15,000
Stroke		\$7,500	\$15,000
Coronary Artery Bypass Surgery		\$2,000 Tier 2	\$3,750
Major Organ Transplant		\$7,500	\$15,000
End Stage Renal Failure		\$7,500	\$15,000
Invasive Cancer (100%)		None	\$15,000
Skin Cancer		none	\$250
Carcinoma in situ (25%)		Not Stated	\$3,750
Benign Brain Tumor (100%)		Not Stated	\$15,000
Coma (100%)		\$7,500	\$15,000
Complete Blindness (100%)		Not Stated	\$15,000
Complete Loss of Speech (100%)		Not Stated	\$15,000
Complete Loss of Hearing (100%)		Not Stated	\$15,000
Paralysis (100%)		\$7,500	\$15,000
Advanced Alzheimers Diseasen (100%)		Not Stated	\$15,000
Advanced Parkinson's Disease (100%)		Not Stated	\$15,000
Specified Chronic Illness		None	\$7,500
Second Event Initial Critical Illness Benefit		\$3,500	Yes
Second Event Cancer Critical Illness Benefit		Not Covered	Yes
Wellness Benefit (per year)		None	\$100
Cardiopulmonary Rider (arrest/embolism/etc)		None	\$3,750
Waiver of Premium (employee only)		Yes	Yes
Hospital Intensive Care		Day 1-7: \$800 / 8-15: \$1,300	Not included in this plan - covered in both Group Accident and Group SHOP
Step Down ICU		\$500 / Day 15 days	
First Occurrence (once per lifetime)		\$7,500	
Hospital Indemnity		\$300 / Day	
Ambulance		\$250 / \$2,000	
Transportation / Lodging		\$.50/mile - up to \$1,500	
SemiMonthly Rates		Plan Rates	Plan Rates
Age 18-35/18-29	EE	\$8.45	\$4.65
	ES	\$16.25	\$7.93
	EC	\$14.36	\$4.65
	FM	\$18.40	\$7.93
Age 36-45/30-39	EE	\$11.95	\$8.09
	ES	\$21.52	\$13.13
	EC	\$16.96	\$8.09
	FM	\$23.40	\$13.13
Age 46-55/40-49	EE	\$17.68	\$14.68
	ES	\$33.09	\$23.12
	EC	\$21.84	\$14.68
	FM	\$35.10	\$23.12
Age 56-70/50-59	EE	\$24.44	\$23.89
	ES	\$47.19	\$37.00
	EC	\$30.81	\$23.89
	FM	\$50.51	\$37.00

*see BeneCom rep for full policy details and rates



Legal Plan Comparison

	U.S. Legal Services	LegalShield
Plan Benefits	\$9.38 Family semi-monthly	\$13.50 Family semi-monthly
Advice and Consultation	✓	□25% discount for in-office consultations Limit
Personal Legal Document Prep/Review	✓	15 pages
Consumer-Seller Protection		
Consumer Protection Matters	✓	✓
Personal Property Protection	✓	✓
Contingency Matters		
Personal Injury/Contingency	First \$1,000 exempt from fee. Fee cannot exceed 30%.	Reduced 3-5% from providers normal fee.
Criminal Matters		
Misdemeanor Defense	✓	25% discount
Habeas Corpus	✓	25% discount
Juvenile Court Defense	✓	25% discount
Trial Coverage	✓	25% discount
Civil Lawsuits		
Administrative Hearing Representation	✓	25% discount
Civil Defense as Plaintiff/Defendant	✓	25% discount
Small Claims	✓	25% discount
Name Change	✓	25% discount
Civil Injunctions	✓	25% discount
Landlord/Tenant Matters as Tenant	✓	25% discount
Estate Planning		
Living Wills	✓	✓
Powers of Attorney	✓	✓
Wills, Codicils, and Testamentary Trusts	✓	✓
Estate Administration/Probate	✓	25% discount
Uncontested Guardianship	✓	25% discount
Family Law	12, 15, or 20 hours	
Divorce - Uncontested	✓	✓
Divorce - Contested	✓	25% discount
Child Support	✓	25% discount
Child Custody	✓	25% discount
Spousal Support	✓	25% discount
Equitable Distribution of Martial Assets	✓	25% discount
Post-Decree Modification Actions	✓	25% discount

*for illustrative purposes only, please see BeneCom rep, brochures, and policy documents for full details and rates



Legal Plan Comparison

	U.S. Legal Services	LegalShield
Plan Benefits		
Post-Decree Enforcement Actions	✓	25% discount
Annulments	✓	25% discount
Paternity Action	✓	25% discount
Other Family Law		
Domestic Adoption/Legitimization	✓	25% discount
Domestic Violence	✓	25% discount
Pre/Post Nuptial Agreements	✓	25% discount
Real Estate Transactions		
Review/Prepare Agreements, Mortgages, Deeds	✓	✓
Purchase/Sale of Primary Residence	✓	25% discount
Refinancing	✓	25% discount
Real Estate/Neighbor Disputes	✓	25% discount
Financial Matters		
Debt Collection/Garnishment Defense	✓	25% discount
Personal Bankruptcy	✓	25% discount
Foreclosure	✓	25% discount
IRS Audit Protection	✓	✓
Immigration Matters		
Visa Extension	✓	25% discount
Naturalization	✓	25% discount
Deportation (Removal)	✓	25% discount
Other Legal Matters		
Business Law	✓	25% discount
Insurance Law	✓	25% discount
Elder Law	✓	25% discount
Traffic Matters		
Moving Violations	✓	✓
DUI	First offense	25% discount
Non-Covered, Non-Excluded Matters	33.3% discount	25% discount
Online Resources	✓	✓
Tax Benefits	✓	
Financial Coaching	✓	
24/7 Emergency Line	✓	✓
Identity Restoration Program	✓	25% discount

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