

# MEMBER BENEFITS EXPANDED

In partnership with HEMA, OFDA is pleased to share several new offerings with our members. Member needs vary and change over time, an evaluation and comparison can result in optimum cost savings. HEMA will work with you to establish the best coverage for your firm or individual situation.

To receive additional information and no-obligation pricing on these top 10 products, please review the options, make your selections on the back and return by fax or email.

## Individual and Group Health Insurance\*

Let HEMA assist you, your family and/or funeral home with obtaining health insurance that closely fits the needs of your budget, demographics and desired coverage.

\*A group plan is characterized by 2 or more people.

#### Life Insurance

OneAmerica (formally AUL)—Group Term life insurance for all eligible full-time employees, with the following schedule of benefits:

> Under age 40 \$50,000 Age 40-49 \$20,000 Age 50-59 \$20,000 Age 60-64 \$10,000 ONEAMERICA\* Age 65-70 \$10,000

#### Vision Insurance — Two options\*

Opti	on	Exam Co-pay	Lenses Co-pay	Frame Allowance	
Plan	1	\$10	\$10	\$150	
Plan 2		\$10	\$25	\$130	
	🎸 Sun	Life		or life	

Dental Insurance — Three options* Sun Life								
Sun Life	Option 1	Option 2	Option 3					
Preventative	100%	100%	100%					
Basic	80%	80%	90%					
Major	50%	50%	60%					
Annual Max	\$1000	\$1500	\$2000					
Orthodontics Coverage *Can be added on any plan*								
*All plans are customizable, these are some of the options								

#### Disability Income Insurance

- Long Term—Illinois Mutual: 60% of income up to \$6000 to age 65
- Short Term—AFLAC: 60% of income up to \$4000 for up to 6 months

### Long Term Care Insurance

Transamerica—Provides comprehensive Long Term Care Facility, ALF and in-home care

TRANSAMERICA

## Medicare Supplement

Seniors Choice Group Medicare and Part D coverage

## Telehealth

People's Health Express—24/7 access to a doctor is only a call or click away. Talk to a doctor by phone or online video consult to get a diagnosis, treatment options and prescription if necessary. Saves busy professionals and their family members time and money. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S. licensed physician.



# **Personal Accident Insurance**

AFLAC—Take advantage of accident insurance to maintain peace of mind when any accident occurs, minor or major. It helps pay towards medical expenses incurred from the event. This is a great plan for active families.

#### **Critical Illness Insurance**

AFLAC—Critical illness insurance can help with the treatment costs of a serious health event (i.e. cancer, heart attack, stroke, etc.), so you can focus on more important things in life—like getting better.



## COMPLETE CONTACT FORM ON REVERSE SIDE AND SELECT COVERAGE(S) OF INTEREST.

\*All plans are customizable, these are some of the options

All plans are quoted through Health Enrollment Management Agency/National United Brokers, Inc., an Ohio licensed agency.



Health Enrollment Management Agency CONTACT FORM

Employer Name:			Employer Zip Code:		Fax or email completed form to:
Employee Name:			County of Residence:		Fax: (614) 486-5358
Residence Address:			Phone 1 :	Cell – Home - Work	Email: Laura@OFDAonline.org
City:	State:	Zip:	Phone 2:	Cell – Home - Work	HEMA will contact you after reviewing the provided information.
Email:			Requested Effective Date:		

One form per family				Preferred Coverage Options—Check all that apply											
	Name	Date of Birth	<b>Gender</b> M/F	Medicare <sup>1</sup> Y/N	Tobacco Use Y/N	Medical	Life	Vision	Dental	Disability	LTC	Medicare Supplement	Tele- health	Personal Accident	Critical Illness
Primary															
Spouse															
Child 1															
Child 2															
Child 3															
Child 4															

HEMA Office Use				Only complete if Medicare coverage applicable
				<sup>1</sup> Medicare Part A Effective Date:
				Part B Effective Date:
				Please include a copy of your Medicare Card
				Current Provider:
				Renewal date:
Subsidy:	Premium:	App ID:		Other notes:
Net Premium:	Eff Date:	Plan:		