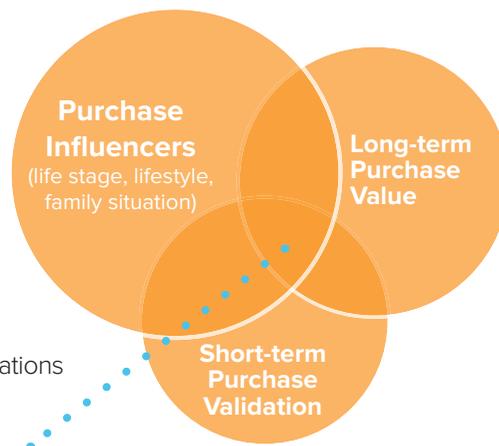


# Voluntary Benefits and Consumer Value

Build buyer confidence and loyalty with strategies that help clients meet short- and long-term demands

Today's age of healthcare consumerism demands innovative approaches that build buyer confidence and strong perceived value – the personal, constantly shifting measure of what consumers pay and feel they get in return. While voluntary benefit purchasing decisions are largely based on perceived needs, peace-of-mind for “what if” scenarios is no longer acceptable to consumers who increasingly demand immediate returns on their sacrifice of precious discretionary dollars.

Aligning with a carrier that provides solutions balancing the importance of long-term value and immediate returns can help you and your clients adapt to changing consumer expectations and be more competitive in today's benefits market.



**Strong consumer confidence and perceived value.**

## Long-term Value

Consumers approach buying decisions from unique perspectives that influence perceived need, such as life stage, lifestyle and family situation. The long-term value of a voluntary benefit purchasing decision remains constant over time – greater peace-of-mind having protections in place to help navigate challenging times:

- Protecting personal finances following unexpected illness or injury
- Protecting a paycheck in the event of a disability
- Protecting a way of life following the loss of a loved one

## Immediate Returns

Carriers that embed value-added programs and services in their product offering – and cover the cost – help you and your clients satisfy consumer demands for immediate return while also delivering long-term value. Value-added programs and services should be relevant to the product offering and provide day-one value to the range of employee life stages, lifestyles and family situations. Examples include personal health advocate services, medical bill negotiation, telemedicine services, identity theft protection and estate planning/will preparation.

Aflac offers Health Advocacy, Medical Bill Saver™ and Telemedicine services in all group accident, group hospital indemnity and group critical illness plans. We cover the entire cost, which would run more than \$5 per employee per month if purchased directly through service providers. When you offer these Aflac group plans, you're helping clients add more value to their benefits – without adding to their budget – and helping them meet employee demands for products with immediate returns that help address key healthcare-related challenges from day one: navigating the complex healthcare environment; identifying low-cost options and alternatives; and reducing out-of-pocket expenses.

**Seize opportunities to increase buyer confidence in their voluntary benefit purchasing decisions - offer clients and employees solutions that provide long-term value and immediate returns. Talk with your Aflac broker sales professional today about value-added services embedded in our group accident, group critical illness and group hospital indemnity plans.**



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This offering may not supersede the terms and conditions of any existing contract the client has with Health Advocate. Health Advocate reserves the right to refuse any client group through Aflac if the client group cancels a pre-existing contract with Health Advocate prior to expiration date of the contract.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, New York, North Carolina, Ohio, South Dakota, Texas, Utah and Vermont.