

Voluntary Critical Illness Insurance



Quick View

When a major illness is diagnosed, there can be several expenses that aren't covered by your regular medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid directly to you to help cover out of pocket expenses.

Choose a Benefit Amount	Covered Illness	Provisions
\$10,000 \$20,000 \$30,000 Spouse benefit at 100% Child(ren) benefit at 50% To age 26 No additional premium	Invasive Cancer Heart Attack Stroke Major Organ Transplant 100% transplant list Kidney Failure Skin Cancer \$1,000 Once per calendar year	Guarantee Issue No Pre-existing Condition Waiting period
		Different Illness Diagnosis: <i>6 month separation</i>
		Same Illness Diagnosis: <i>6 month separation</i>
		Portable at same rate No maximum number of payouts

Bi-Weekly Deductions (26 Pay Periods)

Attained Age	\$10,000		\$20,000		\$30,000	
	Spouse benefit: \$10,000* Child(ren) benefit: \$5,000		Spouse benefit: \$20,000* Child(ren) benefit: \$10,000		Spouse benefit: \$30,000* Child(ren) benefit: \$15,000	
	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse
18-25	\$1.16	\$2.33	\$2.33	\$4.65	\$3.49	\$6.99
26-30	\$1.81	\$3.62	\$3.62	\$7.24	\$5.43	\$10.86
31-35	\$2.54	\$5.08	\$5.08	\$10.16	\$7.62	\$15.24
36-40	\$3.53	\$7.06	\$7.06	\$14.11	\$10.58	\$21.17
41-45	\$4.82	\$9.65	\$9.65	\$19.30	\$14.47	\$28.95
46-50	\$6.58	\$13.16	\$13.16	\$26.32	\$19.74	\$39.47
51-55	\$10.57	\$21.14	\$21.14	\$42.29	\$31.71	\$63.42
56-60	\$12.93	\$25.86	\$25.86	\$51.72	\$38.79	\$77.58
61-65	\$21.36	\$42.73	\$42.73	\$85.46	\$64.10	\$128.20
66+	\$34.47	\$68.93	\$68.93	\$137.86	\$103.40	\$206.80

Eligible child(ren) are automatically covered to the age of 26 with no premium charged

*Rates are based on employee age for both employee and spouse

Voluntary Accident Insurance

Quick View



Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount	Benefit and Amount	Provisions	
Urgent Care: \$150	Physical Therapy: \$25 (10)	Off the job	
Crutches: \$100	Laceration: up to \$600	Over 20 named Benefits	
	Concussion: \$150	No limit on the number of accidents	
X-Ray: \$50	Hospital Admission: \$1,000	20% Organized Athletic Activity Rider	
Follow up Treatment: \$50 (3)	Hospital Confinement: \$200 (365)	Portable at the same rate	
Fractures/Dislocations: up to \$8,000			
*Fracture Schedule		*Dislocation Schedule	
Coccyx/Rib/Finger/Toe	\$320	Finger/Toe	\$140
Vertebral Processes/Sacrum	\$800	Elbow	\$350
Facial Bones (except teeth)	\$1,200	Wrist	\$437.50
Upper Arm/Upper Jaw/Skull (Simple)	\$1,400	Lower Jaw	\$525
Lower Jaw/Shoulder Blade/Collar Bone	\$1,600	Hand	\$612.50
Forearm/Hand/Wrist/Foot/Ankle/Kneecap	\$2,000	Foot/Ankle	\$700
Leg	\$2,400	Shoulder	\$875
Skull (Depressed)	\$3,000	Knee	\$1,137.50
Pelvis	\$3,200	Hip	\$1,750
Vertebrae/Sternum	\$3,600		
Hip/Thigh	\$4,000		

*Open reduction fractures/dislocations will pay at 200% of the listed amount

Bi-Weekly Deductions (26 Pay Periods)

Employee:
\$3.66

Employee + Spouse:
\$6.41

Employee + Child(ren):
\$9.80

Family:
\$12.55

Voluntary Hospital Indemnity Insurance

Quick View



The cost of a hospital stay can be financially difficult if money is tight and you're not prepared. Having the right coverage in place before you experience an unexpected sickness or injury can help eliminate the stress of financial concerns and provide support when needed most.

Benefit Name		Amount	
Initial Hospital Confinement (24 hrs)		\$1,000 (once per sickness or accident per calendar year)	
Daily Hospital Confinement		\$150 (up to 31 days)	
ICU Supplemental Confinement (daily) (pays in addition to daily confinement)		\$150 (up to 10 days)	
Intermediate ICU (pays in addition to daily confinement)		\$75 (up to 10 days)	
Provisions			
Guarantee Issue?		Yes	
Pre-existing Condition Waiting Period?		No	
Pre-existing pregnancy covered?		Yes	
Mental and Nervous Disorders covered?		Yes	
Drug and Alcohol Addiction covered?		Yes	
Portable?		Yes	
Bi-Weekly Deductions (26 Pay Periods)			
Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
\$7.60	\$15.25	\$12.16	\$19.81

Voluntary Benefits Questions and Claims

Contact Information



AFLAC Claims Website

<https://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx>

Questions or Assistance with Claims

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Questions for Coverage

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