## 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.

Covered Illness	Provisions
Invasive Cancer Heart Attack	Guarantee Issue No Pre-existing Condition Waiting period
Stroke	Different Illness Diagnosis: 6 month separation
Major Organ Transplant 100% transplant list	Same Illness Diagnosis: 6 month separation
Kidney Failure	Portable at same rate
<b>Skin Cancer \$1,000</b> Once per calendar year	No maximum number of payouts
	Invasive Cancer Heart Attack Stroke  Major Organ Transplant 100% transplant list  Kidney Failure  Skin Cancer \$1,000

### Deductions (21 Pay Periods)

_			
T a		-	
70 7			
4 4	$, \smile$		

Spouse benefit: \$10,000\* Child(ren) benefit: \$5,000 \$20,000

Spouse benefit: \$20,000\* Child(ren) benefit: \$10,000 \$30,000

Spouse benefit: \$30,000\* Child(ren) benefit: \$15,000

			, , , , , , , , , , , , , , , , , , , ,			
Attained Age	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse
18-25	\$1.44	\$2.88	\$2.88	\$5.76	\$4.33	\$8.65
26-30	\$2.24	\$4.48	\$4.48	\$8.96	\$6.73	\$13.45
31-35	\$3.14	\$6.29	\$6.29	\$12.58	\$9.43	\$18.87
36-40	\$4.37	\$8.74	\$8.74	\$17.47	\$13.10	\$26.21
41-45	\$5.97	\$11.95	\$11.95	\$23.90	\$17.92	\$35.84
46-50	\$8.14	\$16.29	\$16.29	\$32.58	\$24.43	\$48.87
51-55	\$13.09	\$26.18	\$26.18	\$52.35	\$39.26	\$78.53
56-60	\$16.01	\$32.02	\$32.02	\$64.03	\$48.02	\$96.05
61-65	\$26.45	\$52.90	\$52.90	\$105.81	\$79.36	\$158.72
66+	\$42.67	\$85.34	\$85.34	\$170.69	\$128.02	\$256.03

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 nu	mber of accidents
X-Ray: \$50	Hospital Admission: \$1,000		
Follow up Treatment: \$50 (3)	20% Organi Activit		zed Athletic y Rider
Fractures/Dislocations: up to \$8,000	Hospital Confinement: \$200 (365)	Portable at the same rate	
*Fractur	e Schedule	*Dislocatio	n 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		

<sup>\*</sup>Open reduction fractures/dislocations will pay at 200% of the listed amount

Deductions (21 Pay Periods)			
Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
\$4.53	\$7.93	\$12.14	\$15.54

# 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.

Bene	fit Name	Am	ount	
Initial Hospital C	Confinement (24 hrs)		,000 ccident per calendar year	
Daily Hospi	tal Confinement		<b>150</b> 31 days)	
	al Confinement (daily) to daily confinement)	•	<b>150</b> 10 days)	
	Intermediate ICU (pays in addition to daily confinement)		<b>\$75</b> (up to 10 days)	
	Provi	sions		
Guarantee Issue?		Yes		
Pre-existing Condition Waiting Period?		1	No	
Pre-existing p	Pre-existing pregnancy covered?		es es	
Mental and Nervous Disorders covered?		Yes		
Drug and Alcohol Addiction covered?		Yes		
Portable?		Yes		
	Deductions (2	1 Pay Periods)		
Employee:	Employee + Spouse:	Employee + Child(ren):	Family:	
\$9.41	\$18.88	\$15.05	\$24.53	

Otsego Public Schools

## Voluntary Benefits Questions and Claims





## **AFLAC Claims Website**

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

## **Questions or Assistance with Claims**

Micha Castro

210.757.4273

Michaela\_Castro@ajg.com

## **Questions for Coverage**

Lisa Mattern

210.348.4184

Lisa\_Mattern@ajg.com