

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
<p>\$10,000</p> <p>\$20,000</p> <p>\$30,000</p>	<p>Invasive Cancer</p> <p>Heart Attack</p> <p>Stroke</p>	<p>Guarantee Issue No Pre-existing Condition Waiting period</p>
<p>Spouse benefit at 100%</p> <p>Child(ren) benefit at 50% To age 26 No additional premium</p>	<p>Major Organ Transplant 100% transplant list</p>	<p>Different Illness Diagnosis: 0 month separation</p>
	<p>Kidney Failure</p>	<p>Same Illness Diagnosis: 3 month separation</p>
	<p>Skin Cancer \$1,000 Once per calendar year</p>	<p>Portable at same rate</p> <p>No maximum number of payouts</p>

19 Pay Period Deductions

Attained Age	\$10,000		\$20,000		\$30,000	
	Employee Only	Employee Spouse	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse
18-25	\$1.59	\$3.18	\$3.18	\$6.37	\$4.78	\$9.56
26-30	\$2.48	\$4.95	\$4.95	\$9.90	\$7.43	\$14.87
31-35	\$3.47	\$6.95	\$6.95	\$13.91	\$10.43	\$20.85
36-40	\$4.83	\$9.65	\$9.66	\$19.31	\$14.48	\$28.96
41-45	\$6.60	\$13.20	\$13.21	\$26.41	\$19.81	\$39.61
46-50	\$9.00	\$18.00	\$18.01	\$36.01	\$27.01	\$54.01
51-55	\$14.46	\$28.93	\$28.93	\$57.87	\$43.40	\$86.79
56-60	\$17.69	\$35.38	\$35.39	\$70.77	\$53.08	\$106.16
61-65	\$29.24	\$58.47	\$58.47	\$116.94	\$87.71	\$175.43
66+	\$47.17	\$94.33	\$94.33	\$188.65	\$141.49	\$282.99

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: \$200		Physical Therapy: \$25 (10)		Off the job	
Crutches: \$100		Laceration: up to \$600		Over 20 named Benefits	
X-Ray: \$50		Concussion: \$150		No limit on the number of accidents	
Follow up Treatment: \$50 (6)		Hospital Admission: \$1,000		20% Organized Athletic Activity Rider	
Fractures/Dislocations: up to \$8,000		Hospital Confinement: \$200 (365)		Portable at the same rate	
*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

19 Pay Period Deductions			
Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
\$5.00	\$8.77	\$13.41	\$17.18

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	\$175 (up to 31 days)
ICU Supplemental Confinement (daily) (pays in addition to daily confinement)	\$225 (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

19 Pay Period Deductions

Employee: \$10.40	Employee + Spouse: \$20.87	Employee + Child(ren): \$16.64	Family: \$27.11
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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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