

Worksite Products: 2024-2025

Aflac Accident Plan Non-Occupational (*Off the job*) - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits

Accidental Death (Within 90 Days of the Accident) Employee / Spouse / Child	\$50,000 / \$25,000 / \$10,000
Common Carrier Accidental Death Employee / Spouse / Child	\$100,000 / \$50,000 / \$20,000
Dismemberment ¥ Employee / Spouse / Child	Up to \$20,000 / \$8,000 / \$4,000
Dislocation ¥ (Once per Accident, within 90 Days of Accident) Employee / Spouse / Child	Up to \$5,000
Fracture ¥ Employee / Spouse / Child	Up to \$6,000
Hospital (Once per Accident, within 6 Months of Accident) Hospital Admission (Once per Accident, within 6 Months of Accident) Initial Hospital Confinement (Maximum of 365 Days per Accident, within 6 Months after the Accident) Hospital Confinement Care (Maximum of 30 Days per Accident, within 6 Months after the Accident)	\$1,000 Per Confinement \$300 Per Day \$600 Per Day
Initial Treatment (Once per Accident, within 7 Days of Accident) Hospital Emergency Room Urgent Care Facility Doctors Office or Facility (Other than a Hospital Emergency Room or Urgent Care)	\$225 with X-Ray / \$175 without X-Ray \$225 with X-Ray / \$175 without X-Ray \$150 with X-Ray / \$100 without X-Ray
Concussion (Once per Accident Within 6 Months of Accident)	\$500
Major Diagnostic Testing (Once per Accident Within 6 Months of Accident)	\$200
Ambulance	\$400 Regular Ambulance / \$1,200 Air Ambulance
Outpatient Surgery and Anesthesia Performed in Doctor's Office, Urgent Care or Emergency Room Performed in Hospital or Ambulatory Surgical Center	\$50 \$400
Additional Accident Benefits	
Lacerations (Once Per Accident, within 7 Days of Accident)	\$50
Burns (Once Per Accident, within 6 Months of Accident) Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more	\$75 Second Degree Burns / \$750 Third Degree Burns \$150 Second Degree Burns / \$3,750 Third Degree Burns \$375 Second Degree Burns / \$7,500 Third Degree Burns \$750 Second Degree Burns / \$15,000 Third Degree Burns
Appliance (Within 6 Months of Accident)	\$100
Therapy (10 Per Accident)	\$50 Per Day
Rehabilitation Unit (Up to 31 Days Per Confinement)	\$100 Per Day
Transportation (Up to 3 Times Per Accident)	\$200 Ground / \$500 Plane
Family Member Lodging (100 Mile Minimum)	\$200 Per Night
Accident Follow-Up Treatment (Within 6 Months of Accident)	\$50
Wellness Benefits (1 Per Insured Family Member Per Calendar Year)	\$50

Coverage Type

Employee (EE)
EE + Spouse
EE + Child(ren)
Family

Monthly Employee Rates

\$13.18
\$22.74
\$29.46
\$39.02

¥ Based on amount shown in the injury benefit amounts

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Worksite Products: 2024-2025

Aflac Critical Illness - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Initial Critical Illness Benefits	Low Option	High Option
	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Heart Attack (100%)	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Stroke (100%)	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Coronary Artery By-Pass Surgery (25%)	\$3,750 Employee / \$1,875 Spouse & Children	\$7,500 Employee / \$3,750 Spouse & Children
Major Organ Transplant (100%)	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Bone Marrow Transplant (Stem Cell Transplant)	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
End Stage Renal Failure(100%)	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Severe Burn *	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Coma **	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Paralysis **	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Loss of Sight **	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Loss of Hearing **	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Loss of Speech **	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Sudden Cardiac Arrest **	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Cancer Critical Illness Benefits		
Invasive Cancer (100%)	\$15,000 Employee / \$7,500 Spouse & Children	\$30,000 Employee / \$15,000 Spouse & Children
Carcinoma in Situ (25%)	\$3,750 Employee / \$1,875 Spouse & Children	\$7,500 Employee / \$3,750 Spouse & Children
Skin Cancer (Diagnosis)	\$250 Employee and Spouse & Children	\$250 Employee and Spouse & Children
Additional Benefits		
Reoccurrence Benefit (Occurrences must be separated by 6 months)	Pays 100% of previously paid base policy benefit	Pays 100% of previously paid base policy benefit
Additional Occurrence (Different Condition must be separated by 6 months)	Pays 100% of previously paid base policy benefit	Pays 100% of previously paid base policy benefit
Wellness Benefits (Per Year)	\$50 Once Per Calendar Year (Payable for insured and spouse only)	\$50 Once Per Calendar Year (Payable for insured and spouse only)
Waiver of Premium (Employee Only)	Yes	Yes

* This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

** These benefits are payable for loss due to a covered underlying disease or a covered accident.

Worksite Products: 2024-2025

Aflac Critical Illness Rates - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Non-Tobacco Monthly Premiums

Issue Ages	Low Option \$15,000 Employee / \$7,500 Spouse & Children		High Option \$30,000 Employee / \$15,000 Spouse & Children	
	Employee (EE) or EE + Child(ren)	+ Spouse	Employee (EE) or EE + Child(ren)	+ Spouse
18 to 25	\$5.13	\$3.33	\$8.74	\$5.13
26 to 30	\$6.73	\$4.12	\$11.94	\$6.73
31 to 35	\$7.76	\$4.64	\$14.00	\$7.76
36 to 40	\$10.04	\$5.78	\$18.55	\$10.04
41 to 45	\$12.07	\$6.80	\$22.62	\$12.07
46 to 50	\$14.36	\$7.94	\$27.20	\$14.36
51 to 55	\$22.11	\$11.82	\$42.70	\$22.11
56 to 60	\$21.54	\$11.53	\$41.55	\$21.54
61 to 65	\$44.37	\$22.94	\$87.21	\$44.37
66+	\$78.51	\$40.01	\$155.49	\$78.51

Tobacco Monthly Premiums

Issue Ages	Low Option \$15,000 Employee / \$7,500 Spouse & Children		High Option \$30,000 Employee / \$15,000 Spouse & Children	
	Employee (EE) or EE + Child(ren)	+ Spouse	Employee (EE) or EE + Child(ren)	+ Spouse
18 to 25	\$6.83	\$4.17	\$12.14	\$6.83
26 to 30	\$9.03	\$5.28	\$16.54	\$9.03
31 to 35	\$11.25	\$6.39	\$20.99	\$11.25
36 to 40	\$15.20	\$8.36	\$28.88	\$15.20
41 to 45	\$18.28	\$9.90	\$35.03	\$18.28
46 to 50	\$21.82	\$11.67	\$42.12	\$21.82
51 to 55	\$34.34	\$17.93	\$67.15	\$34.34
56 to 60	\$34.70	\$18.11	\$67.88	\$34.70
61 to 65	\$69.44	\$35.48	\$137.36	\$69.44
66+	\$119.94	\$60.73	\$238.35	\$119.94

Worksite Products: 2024-2025

Aflac Group Hospital Indemnity - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits

Hospital Admission (Per Confinement) Once per covered sickness or accident per calendar year.	\$1,000
Hospital Confinement (Per Day) Maximum confinement period: 31 days per covered sickness or covered accident.	\$150
Hospital Intensive Care (Per Day) Maximum confinement period: 10 days per covered sickness or covered accident.	\$150
Intermediate Intensive Care Step-Down Unit (Per Day) Maximum confinement period: 10 days per covered sickness or covered accident.	\$75

Coverage Type

Monthly Employee Rates

Employee (EE)	\$18.96
EE + Spouse	\$36.14
EE + Child(ren)	\$29.18
Family	\$46.36

