AFLAC SUPPLEMENTAL PLANS

ACCIDENT INSURANCE

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						Provisions
	LOW PLAN	HIGH PLAN		LOW PLAN	HIGH PLAN	
Urgent Care	$100	$200	**X-Ray**	$25	$50	• On / Off the job • Over 20 additional benefits • No limit on the number of accidents • 25% Organized Athletic Activity Rider • Portable at the same rate
Follow Up	$100 (2)	$200 (2)	**Lacerations**	up to $400	up to $800	
Physical Therapy	$50 (10)	$100 (10)	**Concussion**	$300	$600	
Fractures	up to $6,000	up to $10,000	**Hospital Admission**	$800	$1,600	
Dislocations	up to $6,000	up to $10,000	**Hospital Confinement**	$200 (16 days)	$400 (16 days)	

*Fracture Schedule			*Dislocation Schedule		
	LOW PLAN	HIGH PLAN		LOW PLAN	HIGH PLAN
Foot/Ankle/Kneecap/ Sacral/Sacrum/ Vertebral Processes	$500	$750	**Finger/Toe**	$240	$400
Coccyx/Rib/Finger/ Toe/Forearm/Hand /Wrist/Lower Jaw/ Shoulder Blade/Collar Bone	$500	$1,000	**Elbow**	$600	$1,000
			Wrist	$750	$1,250
			Lower Jaw	$900	$1,500
			Hand	$1,050	$1,750
Facial Bones (except Teeth)/Upper Arm/ Upper Jaw	$750	$2,000	**Foot/Ankle**	$1,200	$2,000
			Shoulder	$1,500	$2,500
Leg/Pelvis/ Vertebrae	$1,500	$2,000	**Knee**	$1,950	$3,250
Skull (simple)	$1,500	$2,500	**Hip**	$3,000	$5,000
Sternum	$1,500	$1,000			
Hip/Thigh/Skull (depressed)	$3,000	$5,000			

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

Health Screening Benefit - Low Plan & High Plan	$50 Payable once per person per calendar year

AFLAC SUPPLEMENTAL PLANS

CANCER INSURANCE

Cancer insurance provides essential financial support during one of life's most challenging times. It provides a lump sum directly to you, helping to cover treatment costs, medications, and other expenses that your primary insurance may not cover.

Choose a Benefit Amount	Covered Illnesses	Provisions
$10,000 **$20,000** **$30,000** **Spouse** coverage at **100%** **Child(ren)** coverage at **50%** No additional premium	**Cancer (Internal or Invasive)** 100% **Non-Invasive Cancer** 25% **Skin Cancer** $500 - Once per calendar year	• **Guarantee Issue** No Pre-existing Condition Waiting period • **Different Illness Diagnosis:** 0-month separation • **Same Illness Diagnosis:** 3-month separation • **Portable at same rate** No maximum number of pay outs

Health Screening Benefit	$50 Payable once per person per calendar year

*Spouse rate based on employee age.

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

CRITICAL ILLNESS INSURANCE

When a major illness is diagnosed, there can be several expenses that aren't covered by major 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 Illnesses	Provisions
$10,000 **$20,000** **$30,000** **Spouse** coverage at **100%** **Child(ren)** coverage at **100%** No additional premium	**Cancer (Internal or Invasive)** 100% **Non-Invasive Cancer** 25% **Skin Cancer** $500 - Once per calendar year Heart Attack Stroke Major Organ Transplant End Stage Renal Failure	• **Guarantee Issue** No Pre-existing Condition Waiting period • **Different Illness Diagnosis:** 3-month separation • **Same Illness Diagnosis:** 3-month separation • **Portable at same rate** No maximum number of pay outs

Health Screening Benefit	$50 Payable once per person per calendar year

*Spouse rate based on employee age.

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

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AFLAC SUPPLEMENTAL PLANS

HOSPITAL INDEMNITY PLAN

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.)	$1,500 (once per sickness or accident per calendar year)
Daily Hospital Confinement	$225 (up to 15 days)
ICU Initial Confinement (daily) (pays in addition to initial confinement)	$1,500 (up to 15 days)
ICU Daily Confinement (pays in addition to daily confinement)	$225 (up to 15 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!

Health Screening Benefit	$50 Payable once per person per calendar year



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2026 EMPLOYEE CONTRIBUTIONS

2026 EMPLOYEE CONTRIBUTIONS – CANCER, ACCIDENT, HOSPITAL INDEMNITY

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CANCER – $10,000								
Attained Age	*EO*	*ES*	*EC*	*EF*	*EO*	*ES*	*EC*	*EF*
< 25	$1.10	$2.60	$1.10	$2.60	$1.39	$3.28	$1.39	$3.28
25 - 34	$1.40	$3.00	$1.40	$3.00	$1.77	$3.79	$1.77	$3.79
35 - 44	$2.30	$4.50	$2.30	$4.50	$2.91	$5.68	$2.91	$5.68
45 - 54	$3.70	$7.20	$3.70	$7.20	$4.67	$9.09	$4.67	$9.09
55 - 64	$5.80	$12.60	$5.80	$12.60	$7.33	$15.92	$7.33	$15.92
65+	$9.90	$22.60	$9.90	$22.60	$12.51	$28.55	$12.51	$28.55
CANCER – $20,000								
Attained Age	*EO*	*ES*	*EC*	*EF*	*EO*	*ES*	*EC*	*EF*
< 25	$2.20	$5.20	$2.20	$5.20	$2.78	$6.57	$2.78	$6.57
25 - 34	$2.80	$6.00	$2.80	$6.00	$3.54	$7.58	$3.54	$7.58
35 - 44	$4.60	$9.00	$4.60	$9.00	$5.81	$11.37	$5.81	$11.37
45 - 54	$7.40	$14.40	$7.40	$14.40	$9.35	$18.19	$9.35	$18.19
55 - 64	$11.60	$25.20	$11.60	$25.20	$14.65	$31.83	$14.65	$31.83
65+	$19.80	$45.20	$19.80	$45.20	$25.01	$57.09	$25.01	$57.09
CANCER – $30,000								
Attained Age	*EO*	*ES*	*EC*	*EF*	*EO*	*ES*	*EC*	*EF*
< 25	$3.30	$7.80	$3.30	$7.80	$4.17	$9.85	$4.17	$9.85
25 - 34	$4.20	$9.00	$4.20	$9.00	$5.31	$11.37	$5.31	$11.37
35 - 44	$6.90	$13.50	$6.90	$13.50	$8.72	$17.05	$8.72	$17.05
45 - 54	$11.10	$21.60	$11.10	$21.60	$14.02	$27.28	$14.02	$27.28
55 - 64	$17.40	$37.80	$17.40	$37.80	$21.98	$47.75	$21.98	$47.75
65+	$29.70	$67.80	$29.70	$67.80	$37.52	$85.64	$37.52	$85.64

*Spouse rate based on employee age.

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

Plan Rates*	24 Per Pay Period Cost		19 Per Pay Period Cost	
ACCIDENT				
Plan Type	*Low Plan*	*High Plan*	*Low Plan*	*High Plan*
Employee Only	$2.22	$3.99	$2.80	$5.04
Employee + Spouse	$4.42	$7.84	$5.58	$9.90
Employee + Child(ren)	$5.07	$9.15	$6.40	$11.55
Family	$7.27	$12.99	$9.18	$16.41

Plan Rates*	24 Per Pay Period Cost	19 Per Pay Period Cost
HOSPITAL INDEMNITY		
Employee Only	$10.55	$13.33
Employee + Spouse	$19.66	$24.83
Employee + Child(ren)	$15.74	$19.88
Family	$24.85	$31.39

Key
EO – EMPLOYEE ONLY
ES – EMPLOYEE + SPOUSE
EC – EMPLOYEE + CHILD(REN)
EF – EMPLOYEE + FAMILY

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2026 EMPLOYEE CONTRIBUTIONS

2026 EMPLOYEE CONTRIBUTIONS – CRITICAL ILLNESS

Plan Rates*	24 Per Pay Period Cost				19 Per Pay Period Cost			
CRITICAL ILLNESS – $10,000								
Attained Age	*EO*	*ES*	*EC*	*EF*	*EO*	*ES*	*EC*	*EF*
< 25	$1.80	$3.60	$1.80	$3.60	$2.27	$4.55	$2.27	$4.55
25 - 34	$2.30	$4.60	$2.30	$4.60	$2.91	$5.81	$2.91	$5.81
35 - 44	$3.70	$7.20	$3.70	$7.20	$4.67	$9.09	$4.67	$9.09
45 - 54	$6.10	$12.50	$6.10	$12.50	$7.71	$15.79	$7.71	$15.79
55 - 64	$10.20	$22.30	$10.20	$22.30	$12.88	$28.17	$12.88	$28.17
65+	$18.95	$42.65	$18.95	$42.65	$23.94	$53.87	$23.94	$53.87
CRITICAL ILLNESS – $20,000								
Attained Age	*EO*	*ES*	*EC*	*EF*	*EO*	*ES*	*EC*	*EF*
< 25	$3.60	$7.20	$3.60	$7.20	$4.55	$9.09	$4.55	$9.09
25 - 34	$4.60	$9.20	$4.60	$9.20	$5.81	$11.62	$5.81	$11.62
35 - 44	$7.40	$14.40	$7.40	$14.40	$9.35	$18.19	$9.35	$18.19
45 - 54	$12.20	$25.00	$12.20	$25.00	$15.41	$31.58	$15.41	$31.58
55 - 64	$20.40	$44.60	$20.40	$44.60	$25.77	$56.34	$25.77	$56.34
65+	$37.90	$85.30	$37.90	$85.30	$47.87	$107.75	$47.87	$107.75
CRITICAL ILLNESS – $30,000								
Attained Age	*EO*	*ES*	*EC*	*EF*	*EO*	*ES*	*EC*	*EF*
< 25	$5.40	$10.80	$5.40	$10.80	$6.82	$13.64	$6.82	$13.64
25 - 34	$6.90	$13.80	$6.90	$13.80	$8.72	$17.43	$8.72	$17.43
35 - 44	$11.10	$21.60	$11.10	$21.60	$14.02	$27.28	$14.02	$27.28
45 - 54	$18.30	$37.50	$18.30	$37.50	$23.12	$47.37	$23.12	$47.37
55 - 64	$30.60	$66.90	$30.60	$66.90	$38.65	$84.51	$38.65	$84.51
65+	$56.85	$127.95	$56.85	$127.95	$71.81	$161.62	$71.81	$161.62

*Spouse rate based on employee age.

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

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