

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	<ul style="list-style-type: none"> • 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
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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	<ul style="list-style-type: none"> • 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
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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	<ul style="list-style-type: none"> • 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
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Spouse rate based on employee age.

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

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

PERMANENT LIFE INSURANCE (only available during open enrollment)

Life Insurance	Chronic Care Rider	Provisions
Employee Guaranteed Issue up to \$150,000 Spouse Guaranteed Issue up to \$50,000 Child Guaranteed Issue up to \$25,000 Permanent Rate and Benefit to age 120	Licensed or Non-Licensed Benefit Trigger 2 of 6 Activities of Daily Living - Bathing - Dressing - Toileting - Transferring - Feeding - Continence 90-Day Elimination Period 4% of Life Insurance Volume payable for 25 months Or 50% one-time lump sum Restoration Rider Restores the benefit amount reduced by payments for a Chronic Condition	Guarantee Issue without any medical questions Rates based on employee age, spouse age, and tobacco status Waiver of Premium If continuously disabled for 3 months, premiums are waived for up to 24 months without reducing the payable amount Terminal Illness Benefit Less than 12-month life expectancy Up to 50% of life benefit is payable Portable at the same rate even if you change jobs or retire

For enrollment in this plan, please schedule an appointment with a benefits counselor

www.myenrollmentschedule.com/fortbend.

2025 EMPLOYEE CONTRIBUTIONS

2025 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	\$2.15	\$3.28
25 - 34	\$1.40	\$3.00	\$1.40	\$3.00	\$1.77	\$3.79	\$2.46	\$3.79
35 - 44	\$2.30	\$4.50	\$2.30	\$4.50	\$2.84	\$5.68	\$3.60	\$5.68
45 - 54	\$3.70	\$7.20	\$3.70	\$7.20	\$4.67	\$9.09	\$5.37	\$9.09
55 - 64	\$5.80	\$12.60	\$5.80	\$12.60	\$7.33	\$15.92	\$8.08	\$15.92
65+	\$9.90	\$22.60	\$9.90	\$22.60	\$12.44	\$28.55	\$13.14	\$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	\$4.29	\$6.57
25 - 34	\$2.80	\$6.00	\$2.80	\$6.00	\$3.54	\$7.58	\$4.93	\$7.58
35 - 44	\$4.60	\$9.00	\$4.60	\$9.00	\$5.68	\$11.37	\$7.20	\$11.37
45 - 54	\$7.40	\$14.40	\$7.40	\$14.40	\$9.35	\$18.19	\$10.74	\$18.19
55 - 64	\$11.60	\$25.20	\$11.60	\$25.20	\$14.65	\$31.83	\$16.17	\$31.83
65+	\$19.80	\$45.20	\$19.80	\$45.20	\$24.88	\$57.09	\$26.27	\$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	\$6.44	\$9.85
25 - 34	\$4.20	\$9.00	\$4.20	\$9.00	\$5.31	\$11.37	\$7.39	\$11.37
35 - 44	\$6.90	\$13.50	\$6.90	\$13.50	\$8.53	\$17.05	\$10.80	\$17.05
45 - 54	\$11.10	\$21.60	\$11.10	\$21.60	\$14.02	\$27.28	\$16.11	\$27.28
55 - 64	\$17.40	\$37.80	\$17.40	\$37.80	\$21.98	\$47.75	\$24.25	\$47.75
65+	\$29.70	\$67.80	\$29.70	\$67.80	\$37.33	\$85.64	\$39.41	\$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 Pay Period Contributions		19 Pay Period Contributions	
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 Pay Period Contributions	19 Pay Period Contributions
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



2025 EMPLOYEE CONTRIBUTIONS

2025 EMPLOYEE CONTRIBUTIONS – CRITICAL ILLNESS, PERMANENT LIFE INSURANCE

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
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.

Plan Rates*			24 Pay Period Contributions				19 Pay Period Contributions					
PERMANENT LIFE INSURANCE – EMPLOYEE NON-SMOKER RATES												
ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
25	\$8.51	\$17.02	\$25.53	\$34.04	\$42.55	\$51.06	\$10.75	\$21.50	\$32.25	\$43.00	\$53.75	\$64.50
35	\$11.32	\$22.63	\$33.94	\$45.25	\$56.57	\$67.88	\$14.29	\$28.58	\$42.87	\$57.16	\$71.45	\$85.74
45	\$18.60	\$37.19	\$55.78	\$74.38	\$92.97	\$111.57	\$23.49	\$46.98	\$70.46	\$93.95	\$117.44	\$140.92
55	\$30.19	\$60.38	\$90.57	\$120.75	\$150.94	\$181.13	\$38.13	\$76.26	\$114.40	\$152.53	\$190.66	\$228.79
65	\$54.47	\$108.94	\$163.41	\$217.88	\$272.35	\$326.82	\$68.80	\$137.61	\$206.41	\$275.21	\$344.01	\$412.82

Please see the Benefits Counselor for information on rates.