

# PERSONAL ACCIDENT PROTECTION

## LEVEL1

### PAYROLL PREMIUM RATES (18-64)

<b>COVERED PERSON (S)</b>	<b>WEEKLY PREMIUM</b>
Individual Member	\$3.85
Member & Spouse	\$4.98
Member & Children	\$5.75
Member, Spouse, & Children	\$7.34

### OPTIONAL ACCIDENT DISABILITY RIDER

No Waiting Period.

<b>Required Salary</b>	<b>Monthly Benefit</b>	<b>6 Months</b>	<b>12 Month</b>
\$17,000	\$800	\$3.69	\$4.43
\$19,000	\$900	\$4.15	\$4.98
\$22,000	\$1,000	\$4.62	\$5.54
\$25,000	\$1,100	\$5.08	\$6.09
\$27,000	\$1,200	\$5.54	\$6.65
\$29,000	\$1,300	\$6.00	\$7.20
\$32,000	\$1,400	\$6.46	\$7.75
\$34,000	\$1,500	\$6.92	\$8.31
\$36,000	\$1,600	\$7.38	\$8.86
\$39,000	\$1,700	\$7.85	\$9.42
\$41,000	\$1,800	\$8.31	\$9.97
\$43,000	\$1,900	\$8.77	\$10.52
\$45,000	\$2,000	\$9.23	\$11.08

### OPTIONAL SPOUSE ACCIDENT DISABILITY RIDER

Benefits Paid Up to 6 Months With No Waiting Period.

<b>Required Salary</b>	<b>Monthly Benefit</b>	<b>6 Months</b>
\$10,000	\$400	\$3.42
\$17,000	\$500	\$4.27
\$23,000	\$600	\$5.12
\$25,000	\$700	\$5.98

NY34100

Rating = B

## SHORT TERM DISABILITY WEEKLY RATE (NY)

**6 Month Benefit Period With a 7 Day Elimination Period.  
Benefits start on the 8th day of disability**

Required Annual Salary	Monthly Benefit Amount	Weekly Premium Ages 18-49	Weekly Premium Ages 50-64*
\$17,000	\$500	\$5.54	\$7.15
\$23,000	\$600	\$6.65	\$8.58
\$26,000	\$700	\$7.75	\$10.02
\$29,000	\$900	\$9.97	\$12.88
\$32,000	\$1,100	\$12.18	\$15.74
\$35,000	\$1,200	\$13.29	\$17.17
\$38,000	\$1,400	\$15.51	\$20.03
\$41,000	\$1,600	\$17.72	\$22.89
\$44,000	\$1,700	\$18.83	\$24.32
\$47,000	\$1,800	\$19.94	\$25.75
\$50,000	\$1,900	\$21.05	\$27.18
\$53,000	\$2,000	\$22.15	\$28.62
\$56,000	\$2,100	\$23.26	\$30.05
\$59,000	\$2,200	\$24.37	\$31.48
\$62,000	\$2,300	\$25.48	\$32.91
\$65,000	\$2,400	\$26.58	\$34.34
\$68,000	\$2,500	\$27.69	\$35.77
\$71,000	\$2,600	\$28.80	\$37.20
\$74,000	\$2,700	\$29.91	\$38.63
\$77,000	\$2,800	\$31.02	\$40.06
\$80,000	\$2,900	\$32.12	\$41.49
\$83,000	\$3,000	\$33.23	\$42.92
\$85,000	\$3,100	\$34.34	\$44.35
\$88,000	\$3,200	\$35.45	\$45.78
\$91,000	\$3,300	\$36.55	\$47.22
\$94,000	\$3,400	\$37.66	\$48.65
\$98,000	\$3,500	\$38.77	\$50.08
\$102,000	\$3,600	\$39.88	\$51.51
\$110,000	\$3,700	\$40.98	\$52.94

\*AFLAC's Standard Policy is Renewable to Age 70.

NY57400  
Rating = B

## Cancer Protection Plan Comparison

Refer to Policy Contract for specific benefit provisions.

Benefits	Level 1	Level 3
Wellness	\$40	\$75
1 <sup>st</sup> Occurrence	\$1,500/ \$2,250	\$5,000/ \$7,500
Daily Hospital*	\$200/\$400	\$300/\$600
Radiation & Chemotherapy*	\$200	\$300
Anti-Nausea*	\$100	\$150
Experimental Procedures*	\$200	\$300
Medical Imaging	\$100	\$200
Surgery	\$95- \$3,000	\$100- \$5,000
Skin Cancer Surgery	\$100-\$600	\$100-\$600
Anesthesia	25% of Surgery	25% of Surgery
Nursing Services*	\$100	\$150
Blood In-Hospital*	\$50	\$150
Blood Out-Patient*	\$200	\$250
Prosthetic	\$2,500/ \$200	\$3,000/ \$250
Reconstruction	\$325- \$2,500	\$325- \$3,000
Second Opinion	\$200	\$300
Stem Cell	\$2,500	\$5,000
Ambulance	\$200/ \$1,000	\$200/ \$1,000
National NCI Consultation	\$500/\$250	\$500/\$250
Transportation Per Mile	.40 up to \$1,200	.50 up to \$1,500
Bone Marrow***	\$10,000/ \$1,000	\$10,000/ \$1,000
Daily Lodging	\$50	\$60

Benefits	Level 1	Level 3
Hospice*	\$500/\$50	\$1,000/\$50
Extended Care Facility	\$100 up to 1 yr	\$100 up to 1 yr
Nursing Home	\$50/\$100	\$75/\$150
Home Care	\$50/\$100	\$75/150
Immunotherapy	\$300	\$500
Children Covered to:	Age 25	Age 25
Building Benefits Rider#	Available	Available
Weekly Premium		
Employee	\$4.82	\$8.65
Employee & Children	\$5.61	\$10.36
Employee, Spouse & Children	\$7.89	\$14.45

Wellness Benefits Paid each calendar per covered person.

\* Benefits listed are per day. Higher hospital benefit is paid on 31<sup>st</sup> day on continuous stay.

\*\* Transportation benefits are paid when a covered person travels more than 50 miles from their residence (Levels 1-3) or 100 miles from their residence (Gold Plan).

\*\*\* Larger bone marrow benefit paid to policyholder/additional benefit payable to bone marrow donor.

# This optional rider increases the First Occurrence Benefit by \$500 each policy anniversary. Weekly premium is \$0.69 individual, \$1.05 one-parent family, \$1.50 two-parent family.