

GROUP CRITICAL ILLNESS



State of Georgia Department of Administrative Services - Monthly (12pp/yr)

UNI-TOBACCO - Employee						
Issue Age	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
18-29	\$ 4.12	\$ 6.00	\$ 9.78	\$ 13.56	\$ 17.34	\$ 21.12
30-39	\$ 5.73	\$ 9.24	\$ 16.26	\$ 23.28	\$ 30.30	\$ 37.32
40-49	\$ 10.10	\$ 17.99	\$ 33.76	\$ 49.52	\$ 65.29	\$ 81.06
50-59	\$ 15.72	\$ 29.22	\$ 56.22	\$ 83.22	\$ 110.22	\$ 137.22
60-69	\$ 23.98	\$ 45.74	\$ 89.27	\$ 132.79	\$ 176.32	\$ 219.84

UNI-TOBACCO Spouse						
Issue Age	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
18-29	\$ 4.12	\$ 6.00	\$ 9.78	\$ 13.56	\$ 17.34	\$ 21.12
30-39	\$ 5.73	\$ 9.24	\$ 16.26	\$ 23.28	\$ 30.30	\$ 37.32
40-49	\$ 10.10	\$ 17.99	\$ 33.76	\$ 49.52	\$ 65.29	\$ 81.06
50-59	\$ 15.72	\$ 29.22	\$ 56.22	\$ 83.22	\$ 110.22	\$ 137.22
60-69	\$ 23.98	\$ 45.74	\$ 89.27	\$ 132.79	\$ 176.32	\$ 219.84

Rates include cancer benefit. Twelve months must separate additional and re-occurrences (50% benefits).

Rates include: \$100 Health Screening Benefit, Additional Benefits Rider (Coma, Burns, Paralysis, Loss of Sight, Loss of Speech, and Loss of Hearing), Waiver of Premium Rider, Dependent Child Rider (Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, and Spina Bifida), Enhanced (Class I/Class II) Portability, and no additional riders.

No benefit reduction at age 70. Rates are guaranteed for two years.

GROUP ACCIDENT INSURANCE
Policy Series CA7700-MP



State of Georgia	
HIGH OPTION - 24 HOUR PLAN	Monthly (12pp/yr)
Employee and Dependent Children	\$9.84
Employee, Spouse, and Dependent Children	\$16.94

Wellness Benefit included in Rates

Rates include: Catastrophic Accident Rider.

Please Note: Premiums shown are accurate as of publication. They are subject to change.



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