



Pre-Tax Cancer & Intensive Care Plans Available to State of Florida, University, & State College Employees

Personal Cancer Indemnity Plan

Pays a cash benefit upon initial diagnosis of a covered cancer and other cash benefits to help pay out-of-pocket medical expenses, rent or mortgage, groceries, or utility bills—the choice is yours!



Benefit	A-75100-FL (Level 1) Plan Code 6500	A-75300-FL (Level 3) Plan Code 6510
Wellness	\$40/calendar year, per covered person	\$75/calendar year, per covered person
First-Occurrence	\$1,800 Insured & Spouse \$2,700 (Child)	\$6,000 Insured & Spouse \$9,000 (Child)
Hospital Confinement	\$200/day (Days 1–30) \$400/day (Days 31+)	\$300/day (Days 1–30) \$600/day (Days 31+)
Radiation/Chemotherapy	\$240/daily treatment Monthly Max = \$1,920 self-injected Monthly Max = \$960 pump & oral	\$360/daily treatment Monthly Max = \$2,880 self-injected Monthly Max = \$1,440 pump & oral
Second Surgical Opinion	\$200	\$300
Ambulance	\$200 Ground \$1,000 Air	\$200 Ground \$1,000 Air
Lodging	\$50/day Limit 90 days/calendar year (must be more than 50 miles from insured's residence)	\$60/day Limit 90 days/calendar year (must be more than 50 miles from insured's residence)

Scan the QR Code for a full listing of the benefits available.

Optional Building Benefit Rider (BBR): The BBR can be purchased in units of \$100 each, up to a maximum of five units or \$500. The First-Occurrence Benefit will be increased by \$100 for each unit purchased on each rider anniversary date while the rider remains in force.

Optional Specified-Disease Benefit Rider (SDR): Aflac will pay an initial hospitalization benefit of \$1,000 and a continuous hospital confinement benefit of \$200 per day for Days 1—30 and \$500 per day for Days 31+ when an insured is first diagnosed with one or more of the covered specified diseases (like sickle cell anemia, bacterial meningitis, multiple sclerosis, muscular dystrophy, or cystic fibrosis).



**Capital Insurance
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P.O. Box 15949 (32317-5949) 800.780.3100
Tallahassee, FL 32317
www.capitalins.com

850.385.8126 FAX
info@capitalins.com



Personal Hospital Intensive Care Plan

Benefits will be paid if you or any covered person incurs a charge for confinement in a hospital intensive care unit (ICU).



A-1820B-FL Plan Code 7000	
Benefit	
Daily Hospital Intensive Care Benefit	\$600/day (Days 1–7) \$1,000/day (Days 8–15)
Daily Subacute Intensive Care Unit Benefit	\$250 per day, max 15 days per period of confinement
Human Organ Transplant Benefit	\$25,000 per occurrence, limited to one occurrence per 180-day period

Scan the QR Code for a full listing of the benefits available.

Monthly Rates for Cancer & Hospital Intensive

Cancer & Hospital Intensive Care Plans	Benefit Plan Code	Individual	One-Parent Family	Two-Parent Family
A-75100-FL Only (Level 1)	6500	\$18.70	\$21.70	\$30.50
A-75100-FL + SDR	6501	\$19.70	\$23.20	\$32.50
A-75100-FL + BBR (3 units)	6502	\$20.50	\$24.40	\$34.40
A-75100-FL + BBR (3 units)+ SDR	6503	\$21.50	\$25.90	\$36.40
A-75300-FL Only (Level 3)	6510	\$33.50	\$40.20	\$55.90
A-75300-FL + SDR	6511	\$34.50	\$41.70	\$57.90
A-75300-FL + BBR (5 units)	6512	\$36.50	\$44.70	\$62.40
A-75300-FL + BBR (5 units) + SDR	6513	\$37.50	\$46.20	\$64.40
Hospital Intensive Care	7000	\$8.70	\$16.64	\$16.64

The rates shown are for illustration purposes only; they do not imply coverage. For more information about benefits, costs, and limitations of Aflac insurance policies, or to apply, please contact your Aflac agent.

How Do I Apply?

Apply during Open Enrollment or as a New Employee (within the first 60 days of employment). Applicants must be 69 or younger when the policy is issued. Please note the policy contains a 30-day waiting period.

Choose one of the plan codes above and make your election with the People First Service Center, toll-free 866.663.4735, or access their website at peoplefirst.myflorida.com. Then, contact your Capital Agent to complete the Enrollment Form(s).

For more information, please contact the Group Benefits Department by phone at 800.780.3100 or email at info@capitalins.com.