Voluntary Benefits

While medical insurance provides essential coverage, it may not fully protect against the financial impact of a serious illness or injury. Voluntary benefits offer an affordable way to help manage out-of-pocket expenses such as deductibles and coinsurance.

Accident Plan

Provides financial support if you or a covered family member experiences a covered injury. Payments can be used however you choose—whether to cover medical expenses not included in your health plan or to help with everyday costs like your mortgage or utility bills. You can elect coverage for yourself, your spouse, and/or your children.

Benefit amounts are based on a scale and include payments for emergency transportation, hospitalization, dislocations, fractures, burns, and surgeries. Benefits are paid according to the severity of the injury and the treatment received. Please refer to the BCBS certificate of coverage for additional details.

Hospital Indemnity Plan

Provides financial support if you or a covered family member is admitted to the hospital due to a covered illness or injury. Even with a strong health plan, hospital stays can result in significant out-of-pocket expenses. This insurance pays cash benefits directly to you, which you can use for medical costs not covered by your primary insurance—or for everyday expenses like rent, groceries, or childcare.

You'll receive a benefit for the first day of hospital or ICU confinement, followed by a daily benefit for each additional day you're hospitalized—up to the annual maximum. Coverage amounts are the same for you and your dependents, and benefits are based on the plan in effect when the covered event occurs.

BENEFIT HIGHLIGHTS INCLUDE:

- First Day ICU Confinement: $1,000, in addition to First Day Hospital benefit
- First Day Hospital Confinement: $1,000
- Daily Hospital Confinement: $100/day, up to 30 days per year
- Daily ICU Confinement: $100/day, up to 10 days per year

MONTHLY COSTS: ACCIDENT PLAN	
Employee	$9.94
Employee + Spouse	$16.54
Employee + Child(ren)	$19.00
Employee + Family	$29.88

MONTHLY COSTS: HOSPITAL INDEMNITY PLAN	
Employee	$18.81
Employee + Spouse	$37.52
Employee + Child(ren)	$32.48
Employee + Family	$55.10