

Aflac Group Accident Plan Enhancements

The following enhancements have been made to the Aflac Group plans with no change to the current rates. **Group Accident Insurance** helps pay costs that arise from covered accidents such as fractures, dislocations and lacerations. This plan provides 24-hour coverage, which means you're covered at home and at work.

BENEFIT DESCRIPTIONS	LOW		HIGH	
	CURRENT	NEW	CURRENT	NEW
INITIAL TREATMENT				
ER/Urgent Care (once per accident, within 7 days after the accident, not payable for telemedicine services)	\$150	\$200	\$250	\$300
ER/Urgent Care with X-Ray (once per accident, within 7 days after the accident, not payable for telemedicine services)	\$200	\$275	\$300	\$400
Doctor's Office (once per accident, within 7 days after the accident, not payable for telemedicine services)	\$150	\$150	\$250	\$250
Doctor's Office with X-Ray (once per accident, within 7 days after the accident, not payable for telemedicine services)	\$200	\$225	\$300	\$350
Concussion (once per accident, within 6 months after the accident)	\$300	\$400	\$350	\$400
HOSPITAL BENEFITS				
Hospital Admission (once per accident, within 6 months after the accident)	\$1,000	\$1,000	\$1,200	\$1,500
Hospital Confinement (maximum of 365 days per accident, within 6 months after the accident)	\$200	\$300	\$300	\$300
Hospital Intensive Care (maximum of 30 days per accident, within 6 months after the accident)	\$200	\$300	\$400	\$400
Ground Ambulance (within 90 days after the accident)	\$300	\$300	\$400	\$500
ADDITIONAL BENEFITS				
Accident Follow-Up Treatment (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)	\$35	\$50	\$50	\$60
Organized Athletic Activity Rider (once per calendar year)	10%	25%	10%	25%

For more information, call 888-515-1942 or visit www.aflac.com/trinetgroup.



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Aflac Group Critical Illness Plan Enhancements

The following enhancements have been made to the Aflac Group plans with no change to the current rates.

Group Critical Illness Insurance helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness such as cancer (internal or invasive), heart attack, stroke, end-stage renal failure or a major organ transplant. This plan includes a \$50 Health Screening Benefit.

BENEFIT DESCRIPTIONS	CURRENT	NEW
COVERED CONDITIONS		
Type I Diabetes	\$0	\$100
SEVERE MENTAL ILLNESS RIDER		
Bipolar I Disorder (percentage of face amount)	0%	10%
Major Depressive Disorder (MDD) (percentage of face amount)	0%	10%
Substance Use Disorder (percentage of face amount)	0%	10%
Benefits are payable if an insured is diagnosed with one of the illnesses listed above, and the diagnosis is while the rider is in force. This benefit is payable once per covered insured, per Severe Mental Illness. For any subsequent Severe Mental Illness to be covered, the date of diagnosis of the subsequent Severe Mental Illness must satisfy the Additional Diagnosis separation period outlined in the brochure.		
CHILDHOOD CONDITIONS RIDER	0%	100%
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida		
Childhood Autism Spectrum Disorder	\$0	\$3,000
Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure.		
ACCIDENT BENEFIT	0%	100%
Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis		

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Group Hospital Indemnity Plan Enhancements

The following enhancements have been made to the Aflac Group plans with no change to the current rates.

Group Hospital Indemnity Insurance helps pay the costs associated with a hospital stay including benefits for hospital confinement, hospital admission, or hospital intensive care.

BENEFIT DESCRIPTIONS	LOW		HIGH	
	CURRENT	NEW	CURRENT	NEW
Hospital Intensive Care (per day / maximum of 10 days per confinement for each covered sickness or accident for each insured)	Day 1-10: \$200	Day 1: \$1,000 Day 2-10: \$200	Day 1-10: \$250	Day 1: \$2,000 Day 2-10: \$250
Rehabilitation Facility (maximum of 30 days per confinement, no more than 30 days total per calendar year, per covered sickness or accident, for each insured)	\$0	\$200	\$0	\$200

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