



# Washington School Districts

## Aflac Open Enrollment Guide



**OPEN ENROLLMENT:**  
**OCTOBER 31 – NOVEMBER 30**

# Washington School Districts

Group Number: GP-21552



## STEPS Program



# Filing your claim has never been easier

Register your account at [aflac.com/login](https://aflac.com/login) to access and manage your coverage, submit and track claims, enroll in direct deposit for fast claim payment and more.

## What you'll need to get started:

- Your Aflac policy or certificate number (that's included in your welcome letter or policy packet), or you can use your Social Security number and mobile phone number.
- We'll also need your date of birth and zip code to verify your coverage. Make sure your name matches what you used at enrollment (for example, Michael vs. Mike for first name).

## Follow the steps to complete your registration:

Once you're finished, go ahead and log in and set up direct deposit to get your money faster, often within 48 hours.\*

1. Select My Account > Manage Account from top-right navigation.
2. Select Billing & Direct Deposit.
3. Select Manage Direct Deposit to add your banking information and get paid fast!

## You can also take advantage of these features 24/7:



### Submit claims & track status

- Follow the steps for easy claims filing.
- Complete and upload supporting documentation if requested.
- Sign your claim electronically.
- Check the status and get updates while your claim is processing.



### Manage your policies

- Update your contact information.
- Assign beneficiaries.



**Questions?** Connect whenever you need us, 24/7, by scanning this QR code, logging in to your account or chatting with us at [aflac.com/contact-aflac](https://aflac.com/contact-aflac).




**Phone:** 1-800-433-3036; Monday – Friday, 8:00am to 8:00pm EST

**Website:** <https://www.aflacgroupinsurance.com/>



# Enrollment Platform

<https://yourschooldistrictsname.SELFENROLL.COM>




WELCOME TO YOUR BENEFITS CENTER!

LOGIN

Employee ID:

Enter

Your Employee ID is your full last name and your 8 digit date of birth. Example:  
Smith03311983



WELCOME TO YOUR BENEFITS CENTER!

[HOME](#) [HELP](#) [LOGOUT](#)

BenefitsTransactionsDocumentsProfile

Hello,


THIS IS YOUR PERSONALIZED BENEFITS CENTER TO HELP YOU AND YOUR FAMILY LEARN ABOUT YOUR AFLAC VOLUNTARY EMPLOYEE BENEFITS. YOU'LL EASILY BE ABLE TO MANAGE YOUR AFLAC VOLUNTARY EMPLOYEE BENEFITS ALLOWING YOU TO GET THE MOST OUT OF YOUR COMPANY'S PROGRAMS.

CURRENT DEDUCTION SUMMARY

Employee Portion:	\$0.00
Employer Portion:	\$0.00
Monthly Total	\$0.00

[Get Election Confirmation](#)

ADDITIONAL PROGRAMS AVAILABLE TO YOU BY YOUR COMPANY:




Aflac Group - Accident

Group Policy No: 26987-321  
Provider: Aflac Group

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Cost Monthly: **\$8.22 - \$25.33**




Aflac Group - Critical Illness

Group Policy No: 26987-321  
Provider: Aflac Group


Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

Cost Monthly: **Varies**



Aflac Group -



## Aflac Accident Plan

The Aflac Accident plan provides cash benefits **directly to you** to help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident. A sudden accident might stop you in your tracks, but your bills — mortgages, utilities, groceries and out-of-pocket costs will keep on coming. Accident insurance can help cover the costs associated with the treatment of a covered accidental injury. More importantly, the plan helps you focus on getting better, not worrying about how you will pay your bill.

Plan Benefit Summary	
Doctor visits due to injury	\$75 - \$200
Emergency dental work	\$30 - \$120
Hospital Admission	\$900
Additional Daily Hospital and Intensive care unit confinement	\$225 - \$525
Follow up treatments	\$25 - \$35
Travel/Lodging when injured 100 miles from home or treatments	\$150 - \$250

Monthly Premiums	
Employee	\$8.22
Employee + Spouse	\$13.99
Employee + Child(ren)	\$19.56
Family	\$25.33



Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

### Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.

# Aflac Accident Plan Detail Information

<b>HOSPITAL ADMISSION</b> (once per accident, within 12 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.	\$900 per confinement
<b>HOSPITAL CONFINEMENT</b> (maximum of 365 days per accident, within 12 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. If we pay benefits for confinement and the insured becomes confined again after six months because of the same accidental injury, we will treat this confinement as a separate period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	\$225 per day
<b>HOSPITAL INTENSIVE CARE</b> (maximum of 30 days per accident, within 12 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. If we pay benefits for confinement in a hospital's intensive care unit and an insured becomes confined to a hospital's intensive care unit again after six months because of the same accidental injury, we will treat this confinement as a separate period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$300 per day
<b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT</b> (maximum of 30 days per accident, within 12 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement. If we pay benefits for confinement in an Intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again after six months because of the same or related condition, we will treat this confinement as a separate period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$150 per day
<b>FAMILY MEMBER LODGING</b> (greater than 100 miles from the insured's residence, maximum of 10 days per accident, within 12 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: <ul style="list-style-type: none"><li>• The insured must be confined to a hospital for treatment of a covered accidental injury,</li><li>• The hospital and motel/hotel must be more than 100 miles from the insured's residence, and</li><li>• The treatment must be prescribed by the insured's treating doctor.</li></ul>	\$150 per day
<b>INITIAL TREATMENT</b> (once per accident, within 12 months after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:	
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$100/\$75
<b>AMBULANCE</b> (within 12 months after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$300 Ground \$900 Air

<b>MAJOR DIAGNOSTIC TESTING</b> (once per accident, within 12 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$150
<b>EMERGENCY ROOM OBSERVATION</b> (within 12 months after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.	\$70 Each 24 hour period  \$35 Less than 24 hours, but at least 4 hours
<b>BLOOD/ PL ASMA / PL ATELETS</b> (3 times per accident, within 12 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$200
<b>PAIN MANAGEMENT</b> (once per accident, within 12 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.	\$75
<b>CONCUSSION</b> (once per accident, within 12 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$350
<b>TRAUMATIC BRAIN INJURY</b> (once per accident, within 12 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	\$3,500
<b>COMA</b> (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$7,500
<b>EMERGENCY DENTAL WORK</b> (once per accident, within 12 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$30 Extraction  \$120 Repair with a crown
<b>BURNS</b> (once per accident, within 12 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
<b>Second Degree</b>	
Less than 10%	\$75
At least 10% but less than 25%	\$150
At least 25% but less than 35%	\$375
35% or more	\$750
<b>Third Degree</b>	
Less than 10%	\$750
At least 10% but less than 25%	\$3,750
At least 25% but less than 35%	\$7,500
35% or more	\$15,000
<b>EYE INJURIES</b> Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$175
<b>FRACTURES</b> (within 12 months after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$3,000 based on a schedule

<b>DISLOCATIONS</b> (within 12 months after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$2,250 based on a schedule
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<b>LACERATIONS</b> (once per accident, within 12 months after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):	
Over 15 centimeters	\$600
5-15 centimeters	\$300
Under 5 centimeters	\$75
Lacerations not requiring stitches	\$37.50

<b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in hospital or ambulatory surgical center, within 12 months after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$300
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<b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (surgery performed in hospital or ambulatory surgical center, within 12 months after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$75
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<b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in a doctor’s office, urgent care facility, or emergency room; maximum of two procedures per accident, within 12 months of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor’s office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.	\$35
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<b>INPATIENT SURGERY AND ANESTHESIA</b> (per day / within 12 months after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$750
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<b>TRANSPORTATION</b> (greater than 100 miles from the insured’s residence, 3 times per accident, within 12 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured’s resident city.	\$350 Plane \$150 Any ground transportation
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<b>SUCCESSOR INSURED BENEFIT</b> If spouse coverage is in force at the time of the employee’s death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child (ren) coverage in force at the time.	
<b>PROSTHESIS</b> (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.  * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	\$2,000

<b>RESIDENCE/ VEHICLE MODIFICATION</b> (once per accident, within 12 months after the accident) Payable for a permanent structural modification to an insured’s primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: <ul style="list-style-type: none"> <li>• The sight of one eye;</li> <li>• The use of one hand/arm; or</li> <li>• The use of one foot/leg.</li> </ul>	\$1,500
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<b>APPLIANCES</b> (within 12 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.	
Cane, Ankle Brace	\$30
Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar	\$75
Wheelchair, Knee Scooter, Body Jacket, Back Brace	\$300
<b>ACCIDENT FOLLOW- UP TRE ATMENT</b> (maximum of 6 per accident, within 12 months after the accident provided initial treatment is within 12 months of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	
	\$35
<b>POST-TR AUMATIC STRESS DISORDER ( PTSD)</b> (once per accident, within 12 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.	
	\$150
<b>REHABILITATION UNIT</b> (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	
	\$75 per day
<b>THER APY</b> (maximum of 10 per accident, beginning within 12 months after the accident provided initial treatment is within 12 months after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.	
	\$35
<b>CHIROPR ACTIC OR ALTERNATIVE THER APY</b> (maximum of 6 per accident, beginning within 12 months after the accident provided initial treatment is within 12 months after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	
	\$25

## Aflac Critical Illness

Aflac Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness and these benefits are paid **directly to you**. The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and living expenses that can accompany a covered critical illness. **Children are covered at 50% of benefit at no extra cost!**



Plan Benefit Summary	
Heart Attack, Sudden Cardiac Arrest, Stroke	100%
Major Organ Transplant, Kidney Failure, Bone Marrow Transplant	100%
Cancer (Internal or Invasive)	100%
Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS)	100%
Health Screening (payable for employee and spouse only)	\$50 per calendar year

Lump Sum Payout (per event) Non-Tobacco Rates				
Age	\$5,000	\$10,000	\$20,000	\$30,000
18-29	\$2.32	\$3.62	\$6.23	\$8.84
30-39	\$3.20	\$5.39	\$9.77	\$14.15
40-49	\$5.36	\$9.72	\$18.43	\$27.13
50-59	\$9.57	\$18.13	\$35.26	\$52.38
60+	\$17.55	\$34.08	\$67.15	\$100.22

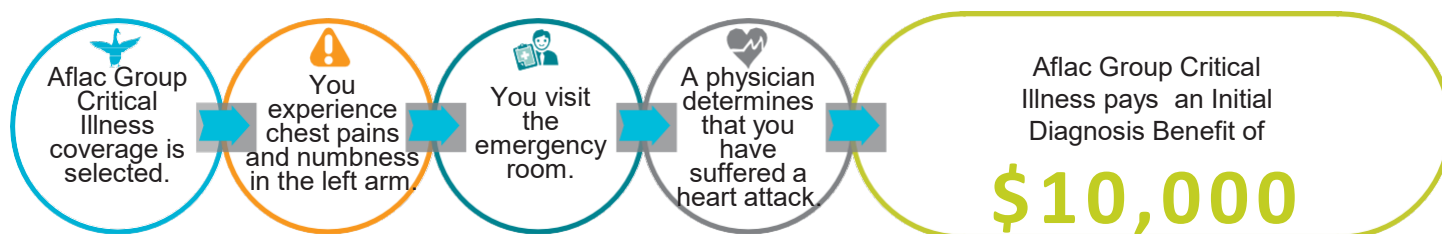
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
- Health Screening Benefit

### Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

### How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

# Aflac Critical Illness Plan Detail Information

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s Disease) & Sustained Multiple Sclerosis	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

### INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

### REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured’s benefit amount at no additional charge. Children-only coverage is not available.

### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured’s death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$50 for health screening tests performed while an insured’s coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

**This benefit is not paid for dependent children.**

## Aflac Hospital Plan

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to you** to help cover some of the costs associated with a covered hospital stay due to a sickness or accidental injury.

Plan Benefit Summary	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1,000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$75
Health Screening Benefit (Payable once per calendar year per insured)	\$50

Monthly Premiums	
Employee	\$18.08
Employee + Spouse	\$36.24
Employee + Child(ren)	\$28.86
Family	\$47.02

## The plan that can help with expenses and protect your savings

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

**That's how the Aflac Group Hospital Indemnity plan can help.**

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket expenses major medical insurance was never intended to cover.

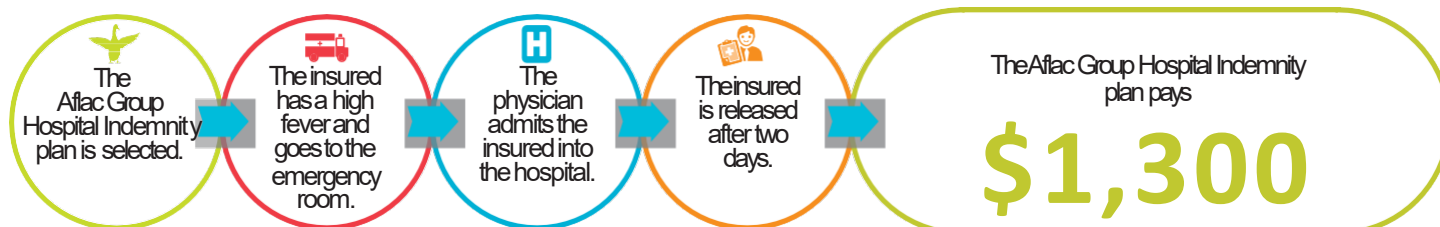
Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Successor Insured Benefit



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).



**HOSPITAL ADMISSION BENEFIT per confinement** (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

\$1,000

We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

**HOSPITAL CONFINEMENT per day** (maximum of 31 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

\$150

**HOSPITAL INTENSIVE CARE BENEFIT per day** (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

\$150

This benefit is payable in addition to the Hospital Confinement Benefit.

**INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day** (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.

\$75

Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

**SUCCESSOR INSURED BENEFIT**

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

**HEALTH SCREENING BENEFIT / \$ 50 PER CALENDAR YEAR**

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for each insured.

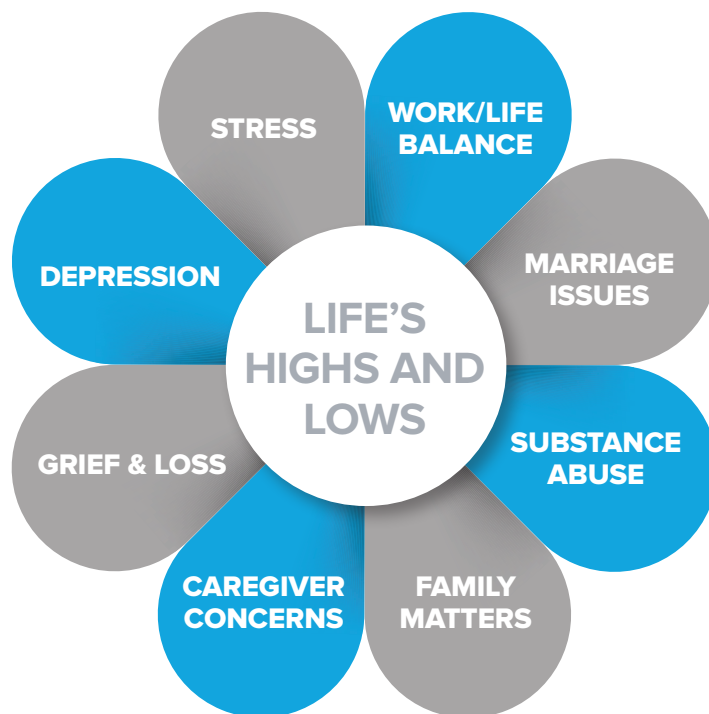
Residents of Massachusetts are not eligible for the Health Screening Benefit.

# Need help for life's highs and lows? Just call.

## Introducing the Telephonic EAP Program, available through Aflac.

**We never know what life can bring from one day the next.** But you can be sure you have help when you need it. Health Advocate's Telephonic Employee Assistance Program provides support for a range of personal, family and work/life balance matters.

Telephonic EAP provides 24/7 phone access to licensed, professional counselors, prepared to help with your personal situation. They can also provide referrals for long-term counseling or specialized care, with customized plans to meet your specific needs.



### USE ANY COMBINATION OF TOOLS, ANY TIME:



**24/7 phone access** to trained counselors



**Long-term** referrals and treatment plans



**Support for full range** of personal and work/life issues

# Whatever life brings, call on EAP for help:



**Confidential telephone counseling sessions** with highly trained, licensed professionals



**24/7 phone access** to professional counselors



**Referrals** for long-term counseling or specialized care



**Customized treatment plans**



**Resource website** for work/life matters



**Help for depression** and other mental health issues



**Stress management**



**Support for dealing with grief** and loss



**Substance abuse counseling**

**Count on Telephonic EAP to be here when you need it.**

**When your coverage begins, call 855.423.8585 or visit [healthadvocate.com/aflac](https://healthadvocate.com/aflac).**

Available through Aflac, powered by Health Advocate.

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This offering may not supersede the terms and conditions of any existing contract the client has with Health Advocate. Health Advocate reserves the right to refuse any client group through Aflac if the client group cancels a pre-existing contract with Health Advocate prior to expiration date of the contract.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, North Carolina, South Dakota and Utah.

**[aflacgroupinsurance.com](https://aflacgroupinsurance.com) | 1.800.433.3036**

Continental American Insurance Company | Columbia, South Carolina

## College can be hard – planning for it shouldn't be

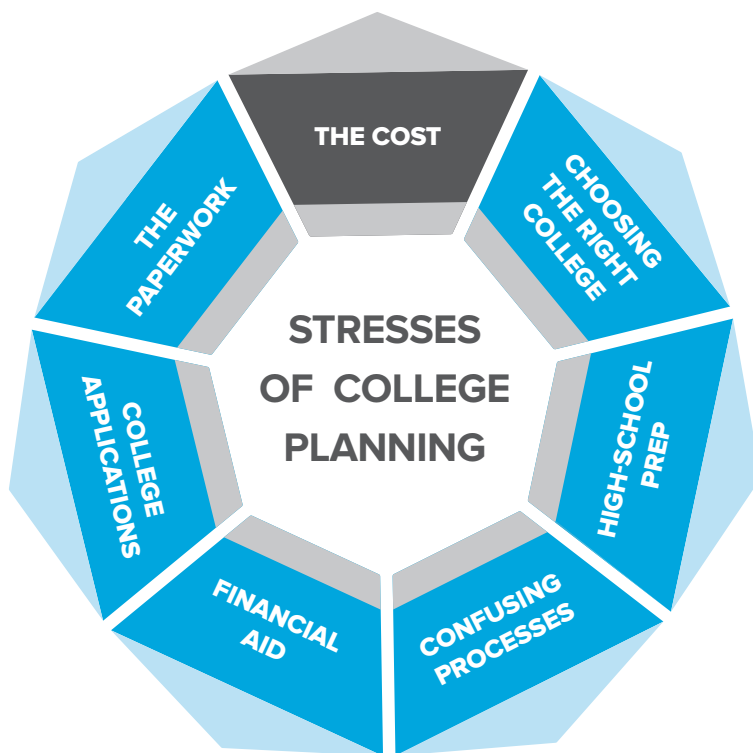
### Introducing SimpliCollege brought to you by Aflac

You already know college is a smart decision. But helping your student plan and pay for college can be a difficult, stressful and confusing process for a family. SimpliCollege can help your student graduate on time with less stress and less debt.

From admissions and high school planning, to financial aid and applications, SimpliCollege offers all the information you need to navigate the entire process – and can even help lower your costs.



## It pays to become a better-educated consumer



### SIMPLICOLLEGE PROVIDES HELP FROM ONE SOURCE:



**Financial planning** and calculators.



**Tips** for college search and selection.



**Navigating financial aid** and tuition.



**May** help lower costs.

**Aflac**®

Value-Added  
Services



# SimpliCollege has all the tools you need



**ROADMAPS TO SUCCESS** – Find roadmaps from ninth grade through college that outline what students should be doing and when, including checklists.



**COLLEGE SEARCH** – Learn how to plan, research and put together a strategy that helps you target the right colleges for your student.



**NET PRICE CALCULATORS** – Calculate the net price for a single academic year after factoring in scholarships and grants.



**SCHOLARSHIPS AND NEGOTIATION** – Find resources to help your student locate and apply for money-saving scholarships as well as tips for negotiating lower college costs.



**COLLEGE SELECTIVITY** – Learn how to best select and get admitted to specific colleges.



**20 KEY FINANCIAL MISTAKES** – Get a detailed explanation of the kinds of costly mistakes to avoid so you can be better educated about paying for college.

**When it comes to college, it pays to have a plan. [Learn more about SimpliCollege.](#)**

**To sign up, visit [simplicollege.com/wasteps](https://simplicollege.com/wasteps)**

Available through Aflac, powered by SimpliCollege.

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Continental American Insurance Company | Columbia, South Carolina

# Don't let medical bills bring you down

**Medical Bill Saver,<sup>TM</sup> available through Aflac,** can help you save on your medical costs.

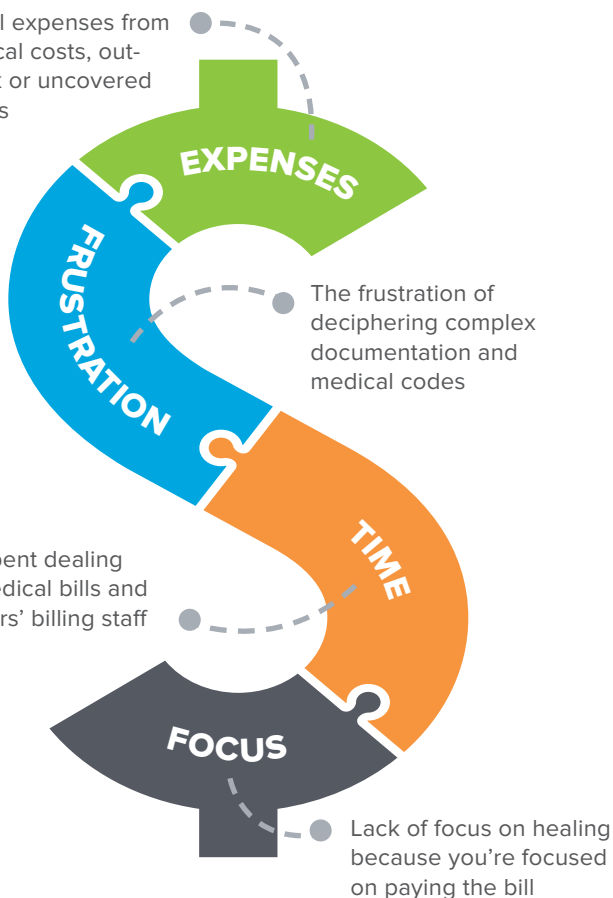
**High costs can add insult to injury.** It can be overwhelming to receive an expensive bill for medical or dental treatment just when you're starting to feel better. That's why Aflac is pleased to provide you with a program that can help save you money — and time.

Through Medical Bill Saver, you have access to skilled negotiators who will work to reduce medical and dental bills over \$400 — it's simple and easy to use.



## What can Medical Bill Saver save you?

Substantial expenses from high medical costs, out-of-network or uncovered procedures



### HOW DOES IT WORK?

Medical Bill Saver is available for you, your spouse, dependent children, parents and parents-in-law.



Send in your medical or dental bills of \$400 or more.



Your negotiator will contact the provider and try to negotiate a discount or reduction.



Once an agreement is made, the provider approves payment terms and conditions.



You receive an easy-to-read personal Savings Result Statement that summarizes the outcome and payment terms.



Value Added  
Services

# How bill reviews help you

**It never hurts to have a bill reviewed to ensure there are no errors and to see if you could receive a discount.**

For example, Equifax found that, for hospital bills totaling \$10,000 or more, there was an average error of \$1,300.<sup>1</sup>

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## HERE'S AN EXAMPLE<sup>2</sup> OF THE SAVINGS HEALTH ADVOCATE CAN PROVIDE:

- An employee had heart surgery, which amounted to approximately **\$100,000** in medical bills.
  - The employee sent the bills to Health Advocate.
  - The greatest invoice was for approximately **\$92,000**.
  - Health Advocate was able to achieve a **30% discount**, which amounted to approximately **\$27,600**, for the bill and set up a payment plan for the balance.
- 

## HealthAdvocate<sup>SM</sup>

**Don't let medical bills bring you down.  
Get an expert negotiator who can help you save with Medical Bill Saver.<sup>TM</sup>**

When your coverage begins, call **855.423.8585** or visit **[healthadvocate.com/aflac](https://healthadvocate.com/aflac)**

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1. There's a Strong Chance You Are Paying for Expensive Medical Billing Mistakes, Huffpost, May 17, 2017.

2. Health Advocate internal reporting of Aflac client data, 2017.

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