Accident Specific-Sum Injuries Benefit Amounts Plan 2 (Policy A35200PA) – 24-Hour Coverage

Aflac will pay \$35-\$12,500 for the following:

Dislocations

Burns

- Skin Grafts
- Paralysis

- Eye Injuries
- Lacerations
- Fractures
- Surgical Procedures

- Broken Teeth
- Comas
- Brain Concussions

If a covered person receives treatment for injuries sustained in a covered accident, we will pay the following benefit for the treatment listed:

1. Dislocations (reduced under general anesthesia): Must be diagnosed by a physician within 72 hours after the date of the injury and require correction by a physician. We will pay for no more than two dislocations per covered accident, per covered person. If a dislocation is reduced with local anesthesia or no anesthesia by a physician, we will pay 25 percent of the amount shown for the closed reduction dislocation.

	Open Reduction	Closed Reduction
a. Hip	\$2,500	\$625
b. Knee or shoulder	625	250
c. Collar bone	1,000	200
d. Ankle or foot (excluding toes)	625	200
e. Lower jaw	625	325
f. Wrist or elbow	500	250
g. Toe or finger	125	65

2. Burns (treated by a physician within 72 hours after a covered accident), based on size of the body surface burned:

	2nd Degree	3rd Degree
a. Less than 20 square centimeters	\$125	\$250
b. More than 20 but less than 40 square centimeters	250	625
c. More than 40 but less than 65 square centimeters	500	1,250
d. More than 65 but less than 160 square centimeters	750	3,750
e. More than 160 but less than 225 square centimeters	1,000	8,750
f. More than 225 square centimeters	1,250	12,500

3. Skin Grafts: If a covered person receives one or more skin grafts for a covered burn, we will pay a total of 50 percent of the Burn Benefit amount we paid for the burn involved.

4. Eye Injuries:	Benefit
a. Surgical repair	\$300
b. Removal of foreign body by a physician	65

5. Lacerations (must be repaired within 72 hours after the accident and repaired under the attendance of a physician):

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a. Laceration(s) not requiring sutures and treated by a physician (total of all lacerations)	\$35
b. Lacerations less than 5 centimeters (total of all lacerations)	65
c. Lacerations at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	250
d. Lacerations over 15 centimeters (total of all lacerations)	500

A35275SSPA IC(3/10) 6. Fractures: Must be diagnosed by a physician within 14 days after the date of the injury and require correction by a physician. We will pay for no more than two fractures per covered accident, per covered person. For the closed reduction of chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown.

	Open Reduction	Closed Reduction
a. Hip	\$2,500	\$1,250
b. Leg	1,250	625
c. Hand (excluding fingers)	625	325
d. Foot (excluding toes/heel)	625	325
e. Wrist, elbow, ankle, or kneecap	625	325
f. Shoulder blade or forearm	625	325
g. Lower jaw	625	325
h.Vertebrae (body of), pelvis (excluding coccyx), or sternum	1,250	625
i. Upper jaw, upper arm, or face (excluding nose)	750	375
j. Rib	1,250	125
k.Nose, heel, or finger	625	125
I. Coccyx	250	125
m. Toe	250	125
n. Vertebral processes	1,250	200
o. Skull (depressed \$1,875; simple \$625)		

Benefit 7. Concussion (brain) \$50

8. Emergency dental work: We will pay for no more than one emergency dental work benefit per covered accident, per covered person. Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants.

Benefit a. Broken teeth repaired with crowns \$400 b. Broken teeth resulting in extractions 130

9. Coma: The condition must require intubation for respiratory assistance. The term coma does not include any medically induced coma.

> Benefit \$12,500

10. Paralysis: The paralysis must be permanent. This benefit will be payable once per covered person and must be confirmed by your attending physician.

	Benefit
a. Quadriplegia (paralysis of four limbs)	\$12,500
b. Paraplegia (paralysis of lower limbs)	6,250
c. Hemiplegia (paralysis of one side of the body)	4,750

11. Surgical Procedures: Treatment must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the most expensive procedure.

a. Repair of:	Benefit
Tendons and/or ligaments	\$625
Torn rotator cuffs	625
Ruptured discs	625
Torn knee cartilages	625
b. Arthroscopy without surgical repair	300
c. Open abdominal (including exploratory laparotomy)	1,250
d. Cranial	1,250
e. Hernia	1,250
f. Thoracic surgery	1,250

12. Miscellaneous Surgical Procedures: Miscellaneous surgery that is not covered by any other specific-sum injury benefit. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.

Benefit

a. Miscellaneous surgery with general anesthesia

\$300 120

b. Other miscellaneous surgery with conscious sedation

Refer to the policy and the accompanying brochure for complete details, limitations, and exclusions.