

# Aflac

## Accident Advantage

### ACCIDENT-ONLY INSURANCE – OPTION 4

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THIS IS AN ACCIDENT-ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THE POLICY DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE. IT IS NOT INTENDED TO SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT (ACA) OR PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE ACA. IT DOES NOT PROVIDE COVERAGE FOR HOSPITAL, MEDICAL, SURGICAL, OR MAJOR MEDICAL EXPENSES.

# AFLAC ACCIDENT ADVANTAGE

## ACCIDENT-ONLY INSURANCE – OPTION 4

Policy Series A36000

# AA<sup>4</sup>

### Be prepared for life's unexpected mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you, so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.



## Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, could your finances handle it?

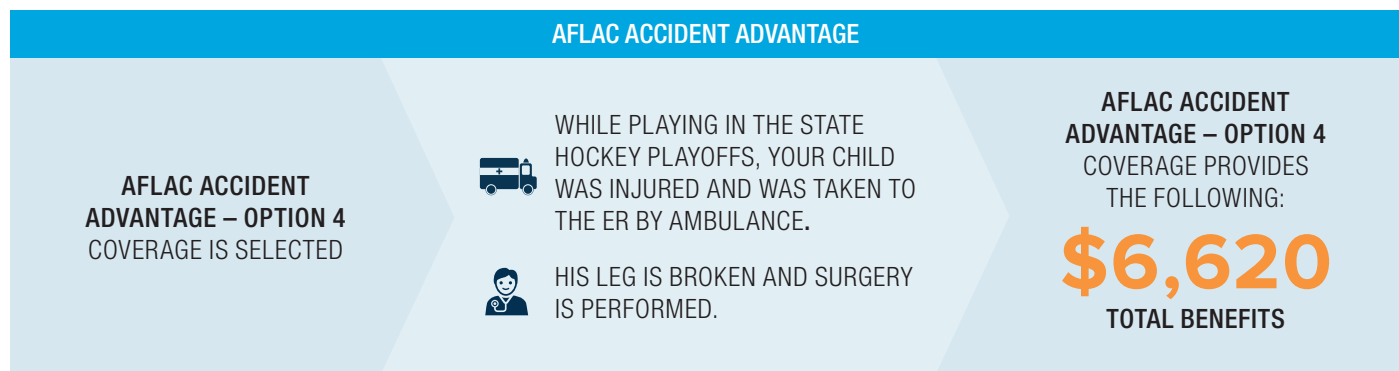
### What does the Aflac Accident Advantage policy include?

- Benefits payable for fractures, dislocations, lacerations, concussions, burns, a broken tooth, eye injuries, and surgical procedures.
- Benefits payable for initial care, X-rays, major diagnostic exams, and follow-up care.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

### Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer<sup>1</sup>
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

### How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 4 that includes the following benefit conditions: Accident-Only Ambulance Benefit of \$250 (ground ambulance transportation); Accident-Only Care Benefit of \$200 (hospital emergency room care with X-rays); Accident-Only Specific-Sum Injuries Benefit of \$2,000 (fractured leg (femur)—open reduction under anesthesia); Initial Accident-Only Hospitalization Benefit of \$1,500; Accident-Only Hospital Confinement Benefit of \$300 (hospitalized for 1 day); Accident-Only Major Diagnostic and Imaging Exams Benefit of \$250 (CT scan); Accident-Only Appliances Benefit of \$350 (wheelchair); Accident-Only Therapy Benefit of \$360 (9 physical therapy visits); Accident-Only Follow-Up Care Benefit of \$240 (6 follow-up visits); Accident-Only Family Support Benefit of \$20 (hospitalized for 1 day); Accident-Only Family Lodging Benefit of \$150 (hospital and motel/hotel more than 50 miles from residence); and Accident-Only Organized Sporting Activity Benefit of \$1,000.

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.

<sup>1</sup>Association and associate-only accounts have one underwriting question.

## AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT																						
INITIAL ACCIDENT-ONLY HOSPITALIZATION BENEFIT	\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person																						
ACCIDENT-ONLY HOSPITAL CONFINEMENT BENEFIT	\$300 per day, limited to 365 days per covered accident, per covered person																						
ACCIDENT-ONLY INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$500 per day for a max of 15 days, per covered accident, per covered person																						
ACCIDENT-ONLY CARE BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$200 Office or facility (other than a hospital emergency room) with X-ray: \$200 Office or facility (other than a hospital emergency room) without X-ray: \$200																						
ACCIDENT-ONLY AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation																						
ACCIDENT-ONLY BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person																						
ACCIDENT-ONLY MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$250 per calendar year, per covered person																						
ACCIDENT-ONLY FOLLOW-UP CARE BENEFIT	\$40 for one visit per day (for a max of 6 visits), per covered accident, per covered person																						
ACCIDENT-ONLY THERAPY BENEFIT	\$40 for one visit per day (for a max of 10 visits), per covered accident, per covered person																						
ACCIDENT-ONLY APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$350                      Wheelchair: \$350                      Walker: \$120 Body jacket: \$350                      Leg brace: \$150                      Walking boot: \$120 Knee scooter: \$350                      Crutches: \$120                      Cane: \$25 Payable once per covered accident, per covered person																						
ACCIDENT-ONLY PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person																						
ACCIDENT-ONLY PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime																						
ACCIDENT-ONLY REHABILITATION FACILITY BENEFIT	\$200 per day																						
ACCIDENT-ONLY HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person																						
ACCIDENT-ONLY SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the care listed below:  <table border="0"> <tr> <td><b>DISLOCATIONS</b>.....\$120–\$4,500</td> <td><b>BROKEN TOOTH</b> .....\$450</td> </tr> <tr> <td><b>BURNS</b> .....\$135–\$13,000</td> <td><b>COMA</b> .....\$12,500</td> </tr> <tr> <td><b>EYE INJURIES</b> .....\$145</td> <td><b>PARALYSIS</b></td> </tr> <tr> <td><b>LACERATIONS</b></td> <td>    Quadriplegia .....\$12,500</td> </tr> <tr> <td>    Not requiring sutures.....\$40</td> <td>    Paraplegia .....\$6,250</td> </tr> <tr> <td>    Less than 5 centimeters.....\$90</td> <td>    Hemiplegia .....\$4,750</td> </tr> <tr> <td>    At least 5 cm but not more than 15 cm .....\$300</td> <td><b>SURGICAL PROCEDURES</b></td> </tr> <tr> <td>    Over 15 centimeters.....\$600</td> <td>    Minor Surgery.....\$725</td> </tr> <tr> <td><b>FRACTURES</b> .....\$150–\$4,000</td> <td>    Major Surgery.....\$1,500</td> </tr> <tr> <td><b>MISCELLANEOUS FRACTURE</b>.....\$125–\$625</td> <td><b>PAIN MANAGEMENT (NON-SURGICAL)</b></td> </tr> <tr> <td><b>CONCUSSION (BRAIN)</b> .....\$150</td> <td>    Epidural.....\$100</td> </tr> </table>	<b>DISLOCATIONS</b> .....\$120–\$4,500	<b>BROKEN TOOTH</b> .....\$450	<b>BURNS</b> .....\$135–\$13,000	<b>COMA</b> .....\$12,500	<b>EYE INJURIES</b> .....\$145	<b>PARALYSIS</b>	<b>LACERATIONS</b>	Quadriplegia .....\$12,500	Not requiring sutures.....\$40	Paraplegia .....\$6,250	Less than 5 centimeters.....\$90	Hemiplegia .....\$4,750	At least 5 cm but not more than 15 cm .....\$300	<b>SURGICAL PROCEDURES</b>	Over 15 centimeters.....\$600	Minor Surgery.....\$725	<b>FRACTURES</b> .....\$150–\$4,000	Major Surgery.....\$1,500	<b>MISCELLANEOUS FRACTURE</b> .....\$125–\$625	<b>PAIN MANAGEMENT (NON-SURGICAL)</b>	<b>CONCUSSION (BRAIN)</b> .....\$150	Epidural.....\$100
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ACCIDENTAL-DISEMBLEMENT BENEFIT	\$500–\$50,000																						
ACCIDENT-ONLY FAMILY SUPPORT BENEFIT	\$20 per day (limited to 30 days), per covered accident																						
ACCIDENT-ONLY ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year																						
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met																						
WAIVER OF PREMIUM BENEFIT	Yes																						
ACCIDENT-ONLY TRANSPORTATION BENEFIT	\$700 per round trip, maximum of 3 round trips per calendar year, per covered person																						
ACCIDENT-ONLY FAMILY LODGING BENEFIT	\$150 per night, maximum of 30 days per covered accident																						

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

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# ACCIDENT-ONLY COVERAGE

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**ACCIDENT-ONLY COVERAGE**

**THE POLICY PROVIDES LIMITED BENEFITS.**

**BENEFITS PROVIDED ARE SUPPLEMENTAL  
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

**OUTLINE OF COVERAGE**

**This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the *Guide to Health Insurance for People With Medicare* available from Aflac.**

- (1) **Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
- (2) Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
- (3) **Benefits.** Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Care or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**HOSPITAL BENEFITS:**

**INITIAL ACCIDENT-ONLY HOSPITALIZATION BENEFIT:**

Aflac will pay \$1,500 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for care of Injuries sustained in a covered accident or Aflac will pay \$2,500 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for care for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**ACCIDENT-ONLY HOSPITAL CONFINEMENT BENEFIT:**

Aflac will pay \$300 per day when a Covered Person is

admitted for a Hospital Confinement of at least 18 hours for care of Injuries sustained in a covered accident. This benefit is limited to 365 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. **The Accident-Only Hospital Confinement Benefit and the Accident-Only Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

**ACCIDENT-ONLY INTENSIVE CARE UNIT CONFINEMENT**

**BENEFIT:** Aflac will pay an additional \$500 for each day a Covered Person receives the Accident-Only Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for care of Injuries sustained in a covered accident. This Accident-Only Intensive Care Unit Confinement Benefit is payable for a maximum of 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**SERVICE BENEFITS:**

**ACCIDENT-ONLY CARE BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives care for Injuries sustained in a covered accident. This benefit is payable for care received under the direction of a Physician at a(n):

Hospital Emergency Room with X-Ray	\$200
Hospital Emergency Room without X-Ray	\$200
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$200
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$200

Care must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per Covered Person.

**ACCIDENT-ONLY AMBULANCE BENEFIT:** Aflac will pay \$250 when a Covered Person requires ambulance

transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$1,875 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service.

**ACCIDENT-ONLY BLOOD/PLASMA/PLATELETS**

**BENEFIT:** Aflac will pay \$300 when a Covered Person receives blood/plasma and/or platelets, or other non-blood substitute IV solutions, for the care of Injuries sustained in a covered accident. This benefit is payable only one time per covered accident, per Covered Person.

**ACCIDENT-ONLY MAJOR DIAGNOSTIC AND IMAGING EXAMS**

**BENEFIT:** Aflac will pay \$250 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**AFTER CARE SERVICES:**

**ACCIDENT-ONLY FOLLOW-UP CARE BENEFIT:** Aflac will pay \$40 per day when a Covered Person receives care for Injuries sustained in a covered accident and later requires additional care over and above care administered in the first 72 hours following the accident. Aflac will pay for one visit per day for a maximum of six visits per covered accident, per Covered Person. The care must begin within 30 days of the covered accident or discharge from the Hospital. Care must be received under the direction of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident-Only Follow-Up Benefit is not payable for the same days that the Accident-Only Therapy Benefit is paid.**

**ACCIDENT-ONLY THERAPY BENEFIT:** Aflac will pay \$40 per day when a Covered Person receives care for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek care from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. Aflac will pay for one visit per day for a maximum of ten visits per covered accident, per Covered Person. The therapy must take place within six months after the accident. **The Accident-Only Therapy Benefit is not payable for the same days that the Accident-Only Follow-Up Care Benefit is paid.**

**ACCIDENT-ONLY APPLIANCES BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in a covered accident. Benefits are payable for the following types of appliances:

Back brace	\$350
Body jacket	\$350
Knee scooter	\$350
Wheelchair	\$350
Leg brace	\$150
Crutches	\$120
Walker	\$120
Walking boot	\$120
Cane	\$25

This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT-ONLY PROSTHESIS BENEFIT:** Aflac will pay \$1,000 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT-ONLY PROSTHESIS REPAIR OR**

**REPLACEMENT BENEFIT:** Aflac will pay \$1,000 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

**ACCIDENT-ONLY REHABILITATION FACILITY BENEFIT:**

Aflac will pay \$200 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for care of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per

Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Accident-Only Rehabilitation Facility Benefit will not be**

payable for the same days that the Accident-Only Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.

**ACCIDENT-ONLY HOME MODIFICATION BENEFIT:** Aflac will pay \$4,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT-ONLY SPECIFIC-SUM INJURIES BENEFITS:** When a Covered Person receives care under the direction of a Physician for Injuries sustained in a covered accident, Aflac will pay the specified benefits indicated below.

**Dislocation (reduced under general anesthesia):**

Aflac will pay for no more than two Dislocations per covered accident, per Covered Person.

Benefits are payable for only the first Dislocation of a joint.

Joint	Open Reduction	Closed Reduction
Hip	\$4,500	\$1,125
Shoulder	\$1,125	\$450
Knee	\$1,125	\$450
Collar bone	\$1,800	\$360
Ankle/Foot	\$1,125	\$360
Lower Jaw	\$1,125	\$600
Wrist	\$900	\$450
Elbow	\$900	\$450
Toe/Finger	\$225	\$120

If a Dislocation is reduced with local or no anesthesia by a Physician, Aflac will pay 25 percent of the amount shown for the closed Reduction Dislocation.

**Burns (treated by a Physician within 72 hours after a covered accident):**

	2nd Degree	3rd Degree
Less than 20 square centimeters of the body surface	\$135	\$300
More than 20 but less than 40 square centimeters of the body surface	\$300	\$675
More than 40 but less than 65 square centimeters of the body surface	\$550	\$1,300
More than 65 but less than 160 square centimeters of the		

body surface	\$800	\$4,000
More than 160 but less than 225 square centimeters of the body surface	\$1,000	\$9,500
More than 225 square centimeters of the body surface	\$1,300	\$13,000

**Eye Injury:** \$145

**Lacerations (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):**

Laceration(s) not requiring sutures and treated by a Physician (total of all lacerations)	\$40
Laceration(s) less than 5 centimeters (total of all lacerations)	\$90
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$300
Laceration(s) over 15 centimeters (total of all lacerations)	\$600

A laceration resulting from an open Fracture will not be payable under the laceration benefit. Please refer to Fractures for benefit payable.

**Fractures:**

Aflac will pay 25 percent of the benefit amount shown for the closed Reduction for Chip Fractures and other Fractures not reduced by open or closed Reduction.

Aflac will pay for no more than two Fractures per covered accident, per Covered Person. The two highest eligible benefits will be paid if more than two fractures occur per covered accident.

	Open Reduction	Closed Reduction
Hip	\$4,000	\$2,000
Leg	\$2,000	\$1,000
Hand (excluding fingers)	\$800	\$400
Foot (excluding toes/heel)	\$800	\$400
Wrist	\$800	\$400
Elbow	\$1,000	\$500
Ankle	\$800	\$400
Kneecap	\$800	\$400
Shoulder blade	\$800	\$400
Forearm	\$800	\$400
Lower jaw	\$800	\$400



Vertebrae (body of)	\$2,000	\$1,000
Pelvis (excluding coccyx)	\$2,000	\$1,000
Sternum	\$1,500	\$750
Upper jaw	\$900	\$450
Upper arm	\$900	\$450
Face (excluding nose)	\$900	\$450
Rib	\$1,500	\$500
Nose	\$900	\$450
Heel	\$400	\$800
Finger	\$700	\$150
Coccyx	\$500	\$250
Toe	\$300	\$150
Vertebral processes	\$1,500	\$500
Skull	depressed \$4,000	simple \$1,500

**Miscellaneous Fracture:**

Miscellaneous Fracture that is not covered by any other specific-sum Injury:

Less than or equal to 10 centimeters	\$250	\$125
More than 10 centimeters	\$625	\$325

**Concussion (brain):** \$150

**Broken tooth:** \$450

Aflac will pay for no more than one broken tooth benefit per covered accident, per Covered Person.

**Coma** (duration of at least seven days): \$12,500

**Paralysis:**

Quadriplegia (Paralysis of four limbs)	\$12,500
Paraplegia (Paralysis of lower limbs)	\$6,250
Hemiplegia (Paralysis of one side of the body)	\$4,750

The duration of the Paralysis must be a minimum of 30 days. This benefit will be payable once per Covered Person.

**Surgical Procedures:**

Surgery 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 upon the most expensive procedure.

**Minor Surgery** \$725

- Repair of:
  - Tendons and/or ligaments
  - Torn rotator cuffs
  - Ruptured discs
  - Torn knee cartilages
- Surgery not covered by any other specific-sum Injury benefit, with general anesthesia

**Major Surgery** \$1,500

- Open abdominal (including exploratory laparotomy)
- Cranial
- Open thoracic surgery (excluding chest tube insertions)

**Pain Management (non-surgical):**

Epidural \$100

This benefit is payable when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a Hospital or a Physician's office for Injuries sustained in a covered accident. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per Covered Person.

**ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:**

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

Named Insured or Spouse-

Common-Carrier Accident	\$200,000
Other Accident	\$100,000
Hazardous Activity Accident	\$10,000

Child-

Common-Carrier Accident	\$30,000
Other Accident	\$35,000
Hazardous Activity Accident	\$5,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-

sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death**, Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

**ACCIDENTAL-DISEMPOWERMENT BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$50,000
Two eyes, feet, hands, arms or legs	\$50,000
One eye, foot, hand, arm, or leg	\$10,000
One or more fingers and/or one or more toes	\$2,000

Partial Dismemberment of finger or toe	\$700
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Child-

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$15,000

Two eyes, feet, hands, arms or legs	\$15,000
One eye, foot, hand, arm, or leg	\$5,000
Two or more fingers and/or toes	\$1,000
One finger or one toe	\$1,000
Partial Dismemberment of finger or toe	\$500

Only the highest single benefit per Covered Person will be paid for Dismemberment. Benefits will be paid only once per Covered Person, per covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

**ADDITIONAL BENEFITS:**

**ACCIDENT-ONLY FAMILY SUPPORT BENEFIT:** Aflac will pay \$20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. This benefit is limited to 30 days per covered accident.

**ACCIDENT-ONLY ORGANIZED SPORTING ACTIVITY BENEFIT:** Aflac will pay an additional 25 percent of the benefits payable when a Covered Person receives care for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. This benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event. This benefit is limited to \$1,000 per policy, per Calendar Year.

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
  - (a) your new employer's payroll deduction process or
  - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

**“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

**WAIVER OF PREMIUM BENEFIT:**

**Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to do all of the usual and customary duties of your occupation or any occupation whatsoever, for more than 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer’s statement and a Physician’s statement certifying your inability to perform said duties, and may each month thereafter require a Physician’s statement that total inability continues.

**Not Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require a Physician’s statement certifying your inability to perform said duties, and may each month thereafter require a Physician’s statement that total inability continues.

This Waiver of Premium Benefit is limited to a total maximum of 24 months per eligibility of the Waiver of Premium Benefit regardless of whether you are employed or not employed.

If you die and your Spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine your total inability.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

**ACCIDENT-ONLY TRANSPORTATION BENEFIT:** Aflac will pay \$700 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical care due to an Injury sustained in a covered accident.

Aflac will also pay \$700 per round trip when a covered Dependent Child requires Hospital Confinement for medical care due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the care requiring Hospital Confinement, and the care must not be available locally. This benefit is payable for a maximum of three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

**ACCIDENT-ONLY FAMILY LODGING BENEFIT:** Aflac will pay \$150 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the care of Injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the Hospital. The Hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable for a maximum of 30 days per covered accident.

**(4) Optional Benefit**

**Additional Accidental-Death Benefit Rider:  
(Series A36050) Applied For: Yes No**

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER: Aflac will not pay benefits under the rider for an Accidental-Death that is caused by or occurs as a result of a Hazardous Activity Accident. Refer to your policy for additional Limitations and Exclusions.

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

	<u>Named Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accident	\$35,000	\$35,000	\$7,000
Other Accident	35,000	35,000	7,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person’s estate unless

Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death**, Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

The rider will terminate upon the earlier of the termination of the policy to which it is attached, your failure to pay premiums for the rider, or your death.

**(5) Exceptions, Reductions and Limitations of the Policy:**

**Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.**

**For any benefit to be payable, the Injury, care, or loss must occur on or after the Effective Date of coverage and while coverage is in force.**

**Aflac will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.**

**Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions.**

**Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage or any prior claim**

**under any other Aflac coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.**

**Aflac will not pay benefits for an Injury, care, or loss that is caused by or occurs as a result of a Covered Person's:**

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Operation of a vehicle while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary except that "cosmetic surgery" shall not include reconstructive surgery, when such service is incidental to or follows surgery resulting from Injury; or
- Having dental care except as a result of Injury.

- (6) Renewability.** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.  
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**ACCIDENTAL-DEATH:** Death of a covered person caused by a covered injury. See the limitations and exclusions for injuries not covered by the policy.

**CATASTROPHIC LOSS:** An injury that results in total and permanent or irrevocable loss of: the sight of one eye; the use of one hand/arm; or the use of one foot/leg.

**COMMON-CARRIER ACCIDENT:** An accident directly involving a common-carrier vehicle in which a covered person is a passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A passenger is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. A common-carrier accident does not include any hazardous activity accident or any accident directly involving private, on demand, or chartered transportation in which a covered person is a passenger at the time of the accident.

**COVERED PERSON:** Any person insured under the coverage type you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. This includes parties joined in civil union. Newborn children are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. Upon notification, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage provided under any one-parent family or two-parent family policy will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability, and who became so incapacitated prior to age 26. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. A dependent child (including persons incapable of self-sustaining employment by reason of intellectual or physical disability) must be under age 26 at the time of application to be eligible for coverage.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

**HAZARDOUS ACTIVITY ACCIDENT:** An accident while a covered person is participating in sky diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or rock climbing. A hazardous activity accident does not include any common-carrier accidents.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital. The hospital confinement must be on the advice of a physician, medically necessary, and the result of a covered injury.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause. See the limitations and exclusions for injuries not covered by the policy.

**ORGANIZED SPORTING ACTIVITY:** A competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The organized sporting activity benefit is not payable for injuries that are caused by or occur as a result of a covered person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

**OTHER ACCIDENT:** An accident that is not classified as either a common-carrier accident or a hazardous activity accident and that is not specifically excluded in the limitations and exclusions.

**SICKNESS:** An illness, disease, infection, disorder, or condition not caused by an injury, occurring on or after the effective date of coverage and while coverage is in force.

**Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.**

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, clinic, or other such location.

The term hospital does not include any institution or part thereof used as a rehabilitation facility; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; a psychiatric unit; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation facility does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician, occupational therapist, physical therapist, or speech therapist does not include you or a member of your immediate family.

Burns must be treated by a physician within 72 hours after a covered accident.

Dislocations must be diagnosed by a physician within 72 hours after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two dislocations per covered accident, per covered person. Benefits are payable for only the first dislocation of a joint. If a dislocation is reduced with local or no anesthesia by a physician, we will pay 25 percent of the amount shown for the closed reduction dislocation.

Coma must have a duration of at least seven days. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

We will pay for no more than one broken tooth benefit per covered accident, per covered person.

Fractures must be diagnosed by a physician within 14 days after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two fractures per covered accident, per covered person. The two highest eligible benefits will be paid if more than two fractures occur per covered accident. For the closed reduction for chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown in the policy.

Lacerations must be repaired within 72 hours after the accident and repaired under the attendance of a physician. A laceration resulting from an open fracture will not be payable under the laceration benefit.

Paralysis must be confirmed by the attending physician. The duration of the paralysis must be a minimum of 30 days. This benefit will be payable once per covered person.

Surgical procedures 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 upon the most expensive procedure.

When a covered person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a hospital or a physician's office for injuries sustained in a covered accident, we will pay a pain management benefit amount. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per covered person.



**Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.**





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