

# Aflac

## Accident Advantage

### ACCIDENT-ONLY INSURANCE – OPTION A

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When accidents happen, make sure you have the advantage.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

# AFLAC ACCIDENT ADVANTAGE

## ACCIDENT-ONLY INSURANCE – OPTION A

Policy Series A37000



### Aflac Accident Advantage

Accidents can happen to anyone, any time. If you are injured in an accident, will you have the financial resources needed to pay your insurance deductibles and copayments, as well as the everyday bills that would continue to arrive? If you're like many Americans, you might find it a struggle.

### Give yourself an advantage – the Aflac Accident Advantage.

Aflac isn't health insurance, because health insurance pays doctors and hospitals. Instead, our accident insurance policy pays cash benefits directly to you (unless otherwise assigned) if you're hurt in a covered accident. It provides additional protection to help keep your finances secure, whether you're injured on the road, at home or on the sports field. It provides benefits for things like:

- Emergency room visits
- Hospitalization
- Diagnostic exams
- Physical therapy
- Follow-up treatment

### Wherever you are, we're there too

Here's some very good news: In the past, Aflac's accident insurance was available only at traditional workplaces. It's now available to you no matter where (or how) you work – whether you're freelance or full time, whether you're a solopreneur or working at a startup. And you can apply online in just minutes.



Understand the difference Aflac can make in your financial security.

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

We put you first

Aflac is on your side. If you're hurt in an accident, we'll work hard to put money in your pocket fast. There are no copayments or deductibles, and you can use your benefits any way you choose.

A promise to stick with you

Sure, we'll be here for you when you file an accident claim. But we'll also be here when you don't to celebrate your good health with a health screening benefit.

A policy that's good for your health – and your finances

Aflac's Accident Advantage helps give you the peace of mind that comes from knowing Aflac is ready to help when you need us. After all, accidents can be expensive. Even if you have health insurance in place, the out-of-pocket costs stemming from an accidental injury can seriously strain your budget. Accident coverage from Aflac can help relieve the pressure and allow you to focus on recovery – not on your finances. **Go ahead, make sure you have the advantage. The Aflac Accident Advantage.**

How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option A that includes the following benefit conditions: Ambulance Benefit of \$150 (ground ambulance transportation); Accident Treatment Benefit of \$60 (hospital emergency room treatment); Accident Specific-Sum Injuries Benefit of \$1,400 (fractured leg [femur]—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$200 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$150 (CT scan); Appliances Benefit of \$250 (wheelchair); Therapy Benefit of \$225 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$150 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$100 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$926.25.

Benefits and/or premiums may vary based on state and option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional premium. 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.

AFLAC ACCIDENT ADVANTAGE – OPTION A BENEFIT OVERVIEW

BENEFIT NAME		BENEFIT AMOUNT					
INITIAL ACCIDENT HOSPITALIZATION BENEFIT		\$1,000 when admitted for a hospital confinement of at least 18 hours, or \$1,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person					
ACCIDENT HOSPITAL CONFINEMENT BENEFIT		\$200 per day, up to 365 days per covered accident, per covered person					
INTENSIVE CARE UNIT CONFINEMENT BENEFIT		Additional \$400 per day for up to 15 days, per covered accident, per covered person					
ACCIDENT TREATMENT BENEFIT		\$60 Individual Coverage: Limited to two visits per calendar year, per policy		Insured/Spouse & Family coverage: Limited to four visits per calendar year, per policy			
AMBULANCE BENEFIT		\$150 ground ambulance transportation or \$1,000 air ambulance transportation					
BLOOD/PLASMA/PLATELETS BENEFIT		\$100 once per covered accident, per covered person					
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT		\$150 once per calendar year, per covered person					
ACCIDENT FOLLOW-UP TREATMENT BENEFIT		\$25 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person					
THERAPY BENEFIT		\$25 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person					
APPLIANCES BENEFIT		Benefits are payable for the medical appliances listed below:					
		Back brace: \$250      Wheelchair: \$250      Walker: \$50 Body jacket: \$250      Leg brace: \$75      Walking boot: \$50 Knee scooter: \$250      Crutches: \$50      Cane: \$25					
		Payable once per covered accident, per covered person					
PROSTHESIS BENEFIT		\$500 once per covered accident, per covered person					
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT		\$500 once per covered person, per lifetime					
REHABILITATION FACILITY BENEFIT		\$100 per day, limited to 30 days per covered person, per period of hospital confinement. Calendar year maximum of 60 days					
HOME MODIFICATION BENEFIT		\$2,000 once per covered accident, per covered person					
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS		Pays benefits for the treatments listed below:					
		DISLOCATIONS.....\$75–\$3,000		EMERGENCY DENTAL WORK			
		BURNS .....\$100–\$10,000		Broken tooth repaired with crown .....\$300			
		SKIN GRAFTS.....50% of the burns benefit amount paid for the burn involved		Broken tooth resulting in extraction.....\$100			
		EYE INJURIES		COMA.....\$10,000			
		Surgical repair.....\$250		PARALYSIS			
		Removal of foreign body by a physician .....\$50		Quadriplegia.....\$10,000			
		LACERATIONS		Paraplegia.....\$5,000			
		Not requiring sutures .....\$25		Hemiplegia.....\$4,000			
		Less than 5 centimeters .....\$50		SURGICAL PROCEDURES .....\$175–\$1,000			
At least 5 cm but not more than 15 cm .....\$200		MISCELLANEOUS SURGICAL PROCEDURES.....\$100–\$250					
Over 15 centimeters .....\$400		PAIN MANAGEMENT (NONSURGICAL)					
FRACTURES .....\$100–\$2,750		Epidural.....\$100					
CONCUSSION (BRAIN) .....\$100							
ACCIDENTAL-DEATH BENEFIT		Common-Carrier Accident		Other Accident		Hazardous Activity Accident	
INSURED		\$100,000		\$25,000		\$10,000	
SPOUSE		\$100,000		\$25,000		\$10,000	
CHILD		\$15,000		\$10,000		\$5,000	
ACCIDENTAL-DISEMBLEMENT BENEFIT		\$250–\$25,000					
HEALTH SCREENING BENEFIT		\$60 once per policy, per calendar year after the policy has been in force 12 months					
FAMILY SUPPORT BENEFIT		\$20 per day (up to 30 days), per covered accident					
ORGANIZED SPORTING ACTIVITY BENEFIT		Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year					
TRANSPORTATION BENEFIT		\$400 per round trip \$400 for dependent child’s immediate family member companion if commercial travel (plane, train or bus) is necessary Up to 3 round trips per calendar year, per covered person					
FAMILY LODGING BENEFIT		\$100 per night, up to 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

**THIS IS A LIMITED POLICY.  
PLEASE READ CAREFULLY.**

**IMPORTANT: This is not a Medicare supplement policy. For more information, see “Wisconsin Guide to Health Insurance for People with Medicare” given to you when you applied for this policy.**

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

OUTLINE OF COVERAGE

- (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 in accordance with the terms of the policy. An Accidental-Death, Dismemberment, or Injury of a Covered Person is required for benefits to be payable unless specifically stated otherwise. Except for treatment or confinement in a U.S. government Hospital, a charge for treatment or confinement, as applicable, must be incurred for benefits to be payable. **THE INFORMATION BELOW IS A BRIEF DESCRIPTION OF THE BENEFIT FEATURES. PLEASE REFER TO THE POLICY FOR DETAILED LIMITATIONS.**

**HOSPITAL BENEFITS:**

**INITIAL ACCIDENT HOSPITALIZATION BENEFIT:**

Hospital Confinement of at least 18 hours.  
\$1,000

If admitted directly to an Intensive Care Unit of a Hospital.  
\$1,500

Payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person.

**ACCIDENT HOSPITAL CONFINEMENT BENEFIT:**

Hospital Confinement of at least 18 hours.  
\$200 per day

Payable for each day a room charge is incurred and up to 365 days per covered accident, per Covered Person. **Not payable on the same day as the Rehabilitation Facility Benefit. The highest eligible benefit will be paid.**

**INTENSIVE CARE UNIT CONFINEMENT BENEFIT:**

Intensive Care Unit Confinement of at least 18 hours.  
\$400 per day

Payable in addition to the Accident Hospital Confinement Benefit and for up to 15 days per covered accident, per Covered Person. A room charge must be incurred for an Intensive Care Unit.

**SERVICE BENEFITS:**

**ACCIDENT TREATMENT BENEFIT:**

Payable for treatment received in a(n) Hospital Emergency Room, Physician's office, or Ambulatory Surgical Center:  
\$60

Treatment must be received within 72 hours of the covered accident. Payable once per 24-hour period and only once per covered accident, per Covered Person. If the Type of Coverage for the policy is Individual, the benefit is limited to two visits per Calendar Year. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of four visits per Calendar Year.

**AMBULANCE BENEFIT:**

Transportation to a Hospital.  
by ambulance \$150  
by air ambulance \$1,000

Ambulance transportation must be within 72 hours of the covered accident. A licensed professional ambulance company must provide the ambulance service.

**BLOOD/PLASMA/PLATELETS BENEFIT:**

Blood/plasma and/or platelets.

\$100

Not payable for immunoglobulins. Payable only one time per covered accident, per Covered Person.

**MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT:**

Computerized tomography (CT scan), computerized axial tomography (CAT scan), magnetic resonance imaging (MRI), or electroencephalography (EEG).

\$150 for one exam

Exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. Limited to one payment per Calendar Year, per Covered Person.

**AFTER CARE SERVICES:**

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT:**

Additional treatment over and above treatment administered in the first 72 hours following the covered accident.

\$25 per day

Limited to one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. Treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received under the care of a Physician. Payable for acupuncture when furnished by a licensed certified acupuncturist. **Not payable for the same days that the Therapy Benefit is paid.**

**THERAPY BENEFIT:**

Therapy treatment from a licensed Occupational, Physical, or Speech Therapist.

\$25 per treatment

Therapy must be prescribed by a Physician and must start within 30 days of the covered accident or discharge from the Hospital. Payable for one treatment per day up to a maximum of ten treatments per covered accident, per Covered Person. Treatment must take place within six months after the accident. **Not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

**APPLIANCES BENEFIT:**

Payable for the following types of medical appliances, prescribed by a Physician, as an aid in personal locomotion.

Back brace	\$250
Body jacket	\$250
Knee scooter	\$250
Wheelchair	\$250
Leg brace	\$75
Crutches	\$50
Walker	\$50
Walking boot	\$50

Cane

\$25

Payable once per covered accident, per Covered Person.

**PROSTHESIS BENEFIT:**

Prosthetic Device, prescribed by a Physician.

\$500

Not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. Payable once per covered accident, per Covered Person.

**PROSTHESIS REPAIR OR REPLACEMENT BENEFIT:**

Payable for:

- replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. Replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
  - repair of damages to an existing Prosthetic Device.
- \$500

Not payable for hearing aids, wigs, or dental aids to include false teeth. Payable once per Covered Person, per lifetime.

**REHABILITATION FACILITY BENEFIT:**

Assignment to a bed in a Rehabilitation Facility.

\$100 per day

Must be transferred from a Hospital following a Period of Hospital Confinement. Limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. **Not payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

**HOME MODIFICATION BENEFIT:**

Home modification aid due to a Catastrophic Loss.

\$2,000

Payable once per covered accident, per Covered Person.

**ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:**

Dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, surgical procedures, miscellaneous surgical procedures and pain management.

\$25-\$10,000

See policy for limitations and specific amounts payable.

**ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:**

**ACCIDENTAL-DEATH BENEFIT:**

Accidental-Death must occur within 90 days of a covered accident.

	<b><u>Named Insured or Spouse</u></b>	<b><u>Child</u></b>
<b>Common-Carrier Accident</b>	\$100,000	\$15,000
<b>Other Accident Hazardous Activity</b>	\$25,000	\$10,000



<b>Accident</b>	\$10,000	\$5,000
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An additional 25 percent of the Accidental-Death Benefit is payable when two or more Accidental-Deaths occur in the same covered accident.

**ACCIDENTAL-DISEMPOWERMENT BENEFIT:**

Dismemberment must occur within 90 days of a covered accident.

	<u>Named Insured or Spouse</u>	<u>Child</u>
<b>Dismemberment or complete loss of, with or without reattachment</b>		
Both arms and both legs	\$25,000	\$7,500
Two eyes, feet, hands, arms or legs	\$25,000	\$7,500
One eye, foot, hand, arm, or leg	\$6,250	\$1,875
One or more fingers and/or one or more toes	\$1,250	\$500
Partial Dismemberment of finger or toe	\$600	\$250

Only the highest single benefit per Covered Person will be paid. 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:**

**HEALTH SCREENING BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable):**

Annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings:  
\$60

Payable only once per policy, per Calendar Year after the policy has been in force for 12 months. Service must be under the supervision of, or recommended by, a Physician and received while the policy is in force.

**FAMILY SUPPORT BENEFIT:**

While receiving benefits under the Accident Hospital Confinement Benefit.

\$20 per day

Payable up to 30 days per covered accident.

**ORGANIZED SPORTING ACTIVITY BENEFIT:**

Pays an additional 25 percent of the benefits payable when a Covered Person receives treatment for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. 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. Limited to \$1,000 per policy, per Calendar Year.

**TRANSPORTATION BENEFIT:**

Transportation to a Hospital when Hospital Confinement is required.

\$400 per round trip

Transportation when a covered Dependent Child requires Hospital Confinement for medical treatment if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

\$400 per round trip

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, or
- transportation by ambulance or air ambulance to the Hospital.

The local attending Physician must prescribe the treatment requiring Hospital Confinement and the treatment must not be available locally. Payable for up to three round trips per Calendar Year, per Covered Person.

**FAMILY LODGING BENEFIT:**

Motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement.

\$100 per night

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. Limited to one motel/hotel room per night and is payable up to 30 days per covered accident.

**(4) Optional Benefit**

**Additional Accidental-Death Benefit Rider:**  
**(Series A37050) Applied For:** ☐Yes ☐No

**ACCIDENTAL-DEATH BENEFIT:**

Accidental-Death must occur within 90 days of a covered accident.

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

An additional 25 percent of the Accidental-Death Benefit is payable when two or more Accidental-Deaths occur in the same covered accident.

## **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.**

**For the Accidental-Death Benefit to be payable, your Accidental-Death must occur within 90 days of an Injury occurring on or after the Effective Date of coverage and while coverage is in force.**

**Aflac will not pay benefits for death 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 rider is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.**

**Aflac may terminate the rider and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the rider; or (2) fraud is committed or attempted in connection with any matter relating to the rider. If you have received benefits that were not contractually due under the rider, then Aflac reserves the right to offset any benefits payable under the rider up to the amount of benefits you received that were not contractually due.**

**Aflac will not pay benefits for an Accidental-Death 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;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss 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; or
- Having dental treatment except as a result of Injury.

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## **(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, treatment, Accidental-Death, Dismemberment, 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. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.**

**Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.**

**Aflac will not pay benefits for an Injury, treatment, Accidental-Death, Dismemberment, 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;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss 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; or
  - Having dental treatment except as a result of Injury.
- (6) Renewability.** The policy is guaranteed renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. 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. We may change the premium we charge, but not specific to any one person. Any premium change will be made for all policies of this form number and premium classification in the state where the policy was issued.

**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:** A covered person's death caused by an injury.

**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.

**COVERED PERSON:** Persons 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. Newborn children of the named insured or spouse are automatically covered under the terms of the policy for 30 days from the moment of birth. If you desire coverage for a newborn child beyond the first 30 days and individual or named insured/spouse only coverage is in force, you must submit a written request to change your coverage type to one-parent family or two-parent family within one year after the child's birth and pay all past-due premium payments for one-parent family or two-parent family coverage and interest on such premium payments at the rate of 5½% per year. 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 for 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 disabled prior to age 27 and while covered under the policy. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 27. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

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

**HAZARDOUS ACTIVITY ACCIDENT:** An accident while a covered person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain 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 of at least 18 hours for which a room charge is made. The hospital confinement must start within 30 days of the covered accident and must be on the advice of a physician, medically necessary, and the result of a covered injury. Confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, medical mishap or any other cause.

**INTENSIVE CARE UNIT CONFINEMENT:** A stay of a covered person confined to a bed in an intensive care unit of at least 18 hours for which a room charge is made. The intensive care unit confinement must be on the advice of a physician, medically necessary, and the result of a covered injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**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. Sickness includes, but is not limited to, occupational diseases, conditions caused by overuse, conditions caused by repetitive motion, strain, or stress and conditions caused by the prolonged or repetitive exposure to substances, materials, gases, toxins, light or processes.

## 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.

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.

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.

The Prosthesis Repair or Replacement Benefit is not payable for hearing aids, wigs, or dental aids to include false teeth.

A physician does not include you or a member of your immediate family or anyone who normally resides in your home or residence.

An 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. If a covered person receives one or more skin grafts for a covered burn, we will pay 50 percent of the burns benefit amount that we paid for the burn receiving the graft. Skin grafts are limited to one graft per burn regardless of the number of grafts received.

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.

Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants. The benefit is limited to one emergency dental work 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. The benefit is limited to two fractures per covered accident, per covered person. For the closed reduction for chip fractures and other fractures not reduced by open or closed reduction, payment is limited to 25 percent of the benefit amount shown in the policy.

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

Paralysis must be confirmed by your 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 the benefit amount will be paid based upon the most expensive procedure.

A miscellaneous surgical procedures benefit is only payable for one miscellaneous surgical procedure, per 24-hour period, even though more than one surgical procedure may be performed.

The pain management benefit is payable for the prescription and receipt of an epidural administered into the spine for pain management in a hospital or physician's office. 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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Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

