Aflac
Accident Insurance

OFF-THE-JOB ACCIDENT-ONLY INSURANCE

We've been dedicated to helping provide peace of mind and financial security for nearly 70 years.

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.

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AFLAC ACCIDENT INSURANCE

OFF-THE-JOB ACCIDENT-ONLY INSURANCE

Policy Series A38000

AC

Accidents can happen at any moment. Let Aflac help ease the financial pain

Accidents can happen at any time and treating them can be costly. Even with health insurance there may be out-of-pocket costs — causing everyday expenses to suddenly seem overwhelming. Aflac Accident Insurance helps provide financial protection if a covered accidental injury occurs.

Health care costs continue to rise, and health insurance wasn't designed to cover everything. From out-of-pocket medical costs to time away from work, the financial impact can be surprising. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.

Aflac has been there for our policyholders for nearly 70 years — in some of their most challenging moments. Aflac Accident Insurance can help give you peace of mind if you experience an accidental injury so you can focus on recovery rather than worrying about finances.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

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

What does the Aflac Accident Insurance policy include?

- A preventive care benefit payable for routine medical exams.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures.
- Benefits payable for initial treatment as well as follow-up care, including therapy and mental health treatment.
- A hospital confinement benefit that increases every year you have the policy, for a five-year period.
- An intensive care unit benefit that increases every year you have the policy, for a five-year period.
- An accidental death benefit.

Why Aflac Accident Insurance may be the right choice for you:

- We pay you, not the doctor or hospital.
- No underwriting questions to answer.
- 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.*

*Coverage remains in force as long as premiums are paid.

How it works

AFLAC ACCIDENT INSURANCE

AFLAC ACCIDENT INSURANCE – OFF-THE-JOB COVERAGE IS SELECTED

WHILE PLAYING ON HIS TRAVEL BASEBALL TEAM, YOUR SON WAS INJURED SLIDING INTO HOME PLATE AND WAS TAKEN TO THE ER BY AMBULANCE.

HIS ANKLE IS BROKEN AND SURGERY IS PERFORMED.

AFLAC ACCIDENT INSURANCE – OFF-THE-JOB COVERAGE PROVIDES THE FOLLOWING:

$4,085

TOTAL BENEFITS

The above example is based on a scenario for the Aflac Accident Insurance – Off-the-Job coverage that includes the following benefit conditions: Ambulance Benefit of $300 (ground ambulance transportation); Initial Accident Treatment Benefit of $200; Named Injury Benefit (Dislocation and Fracture, Category 2, Surgically Repaired) of $1,000; Initial Hospitalization Admission Benefit of $1,500 (Year 1); Hospital Confinement Benefit (Year 1) of $300 (hospitalized for 1 day); Post-Accident Care Benefit of $540 (9 physical therapy treatments); Post-Accident Care Benefit of $120 (2 follow-up visits with surgeon); and Organized Sporting Activity Benefit of $125.

Benefits and/or premium may vary based on state and benefit option selected. The policy/rider has limitations and exclusions that may affect benefits payable. Rider is available for an additional cost. This brochure is for illustrative purposes only. Refer to the policy/rider for benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

AFLAC ACCIDENT INSURANCE – OFF-THE-JOB BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT DETAILS
INITIAL TREATMENT BENEFITS	
INITIAL ACCIDENT TREATMENT BENEFIT	$200 once per covered accident, per covered person. Limited to the maximum number of visits listed below per policy, per calendar year based on the type of coverage. **Type of Coverage** / **Number of Visits** Individual: 10 Named Insured/Spouse Only: 15 One-Parent Family: 20 Two-Parent Family: 25
AMBULANCE BENEFIT	• Ground: $300 • Air or Water: $2,000 Limited to two trips per covered accident, per covered person.
CONFINEMENT BENEFITS	
INITIAL HOSPITALIZATION ADMISSION WITH BUILDING BENEFIT	Pays the benefit amount as shown in the Building Benefit Table for a covered person's hospital admission or intensive care unit (ICU) admission as the result of injuries. **Year 1** / **Year 2** / **Year 3** / **Year 4** / **Year 5+** **Hospital Admission**: $1,500 / $2,000 / $2,500 / $3,000 / $3,500 **ICU Admission**: $3,000 / $4,000 / $5,000 / $6,000 / $7,000 Only one initial hospitalization admission benefit, the highest amount, is payable per covered accident, per covered person. If a covered person is confined to a hospital bed and is later confined to the ICU, the difference between the two benefits will be paid.
HOSPITAL CONFINEMENT WITH BUILDING BENEFIT	Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to a hospital as the result of injuries. **Year 1**: $300 **Year 2**: $350 **Year 3**: $400 **Year 4**: $450 **Year 5+**: $500 Payable up to 365 days per covered accident, per covered person.
INTENSIVE CARE UNIT CONFINEMENT WITH BUILDING BENEFIT	Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to an intensive care unit (ICU) as the result of injuries. **Year 1**: $600 **Year 2**: $700 **Year 3**: $800 **Year 4**: $900 **Year 5+**: $1,000 Payable up to 15 days per covered accident, per covered person.
REHABILITATION CONFINEMENT BENEFIT	Pays $200 for each day a covered person is confined to a rehabilitation facility for at least 18 hours as the result of injuries. Payable up to 30 days per covered accident, per covered person.
NAMED INJURY BENEFITS	
DISLOCATION AND FRACTURE BENEFIT	The benefit amount payable will be based on the body part (joint) dislocated or body part (bone) fractured regardless of the number of dislocations and/or fractures incurred on the same body part. **Category 1** / **Category 2** / **Category 3** **Surgical**: $300 / $1,000 / $3,000 **Non-Surgical**: $100 / $750 / $1,500 **Chip Fracture**: $25 / $190 / $375 If a covered person suffers multiple dislocations and/or fractures of different body parts as the result of one covered accident, we will pay the applicable amount for each injury per accident, per covered person.

BENEFIT NAME	BENEFIT DETAILS
DISMEMBERMENT BENEFIT	**Dismemberment Type** — **Benefit** Double Dismemberment — $30,000 Single Dismemberment — $10,000 Finger/Toe Dismemberment — $1,500 Partial Dismemberment — $400 Loss of Hearing (in one ear) — $5,000 Loss of Sight (in one eye) — $5,000 The dismemberment must occur within 90 days after the covered accident. Only one dismemberment benefit amount, the highest amount, is payable per covered accident, per covered person.
EMERGENCY DENTAL TREATMENT BENEFIT	**Type** — **Benefit** Loss or Extraction of a tooth — $150 Repair/Replacement of a tooth — $400 No more than one loss or extraction of a tooth and one repair or replacement of a tooth per covered accident, per covered person.
EMERGENCY VISION TREATMENT BENEFIT	**Type** — **Benefit** Foreign Object Removal — $75 Eye Surgery — $400 No more than one foreign object removal or eye surgery per covered accident, per covered person.
LACERATION BENEFIT	**Type** — **Benefit** Laceration with suture — $100 Laceration without suture — $50 Only one laceration benefit amount, the highest amount, is payable per covered accident, per covered person.
ROAD RASH WITH SKIN GRAFT BENEFIT	Pays when a covered person suffers a road rash and requires a skin graft to repair. **Road Rash Percentage** — **Benefit** < 10% of total body surface — $100 10% - 19% of total body surface — $375 20% - 29% of total body surface — $1,000 30% or greater of total body surface — $2,000 Only one road rash with skin graft benefit amount, the highest amount, is payable per covered accident, per covered person.
SECOND-DEGREE BURN BENEFIT	**Second-Degree Burn Percentage** — **Benefit** < 10% of total body surface — $100 10% - 19% of total body surface — $375 20% - 29% of total body surface — $1,000 30% or greater of total body surface — $2,000 Only one second-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person.
THIRD-DEGREE BURN BENEFIT	**Third-Degree Burn Percentage** — **Benefit** < 2.5% of total body surface — $200 2.5% - 10% of total body surface — $900 10% - 19% of total body surface — $2,500 20% - 29% of total body surface — $10,000 30% or greater of total body surface — $15,000 Only one third-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person.

BENEFIT NAME	BENEFIT DETAILS
SURGERY BENEFIT	Pays the benefit amount listed below when a covered person undergoes surgery performed in a medical facility. **Surgery Type** — **Benefit** Category 1 — Repair of Hernia, Arthroscopy, Surgery (Other) — $400 Category 2 — Ruptured Disc, Tendons/Ligaments, Torn Knee Cartilage, Torn Rotator Cuff — $1,000 Category 3 — Cranial Surgery, Open Abdominal Surgery, Open Thoracic Surgery (excluding chest tube insertions) — $2,000
ACQUIRED BRAIN INJURY BENEFIT	Pays the benefit amount listed below when a covered person is diagnosed with an acquired brain injury. **Severity** — **Benefit** Severe (Glasgow Scale 8 or less or coma diagnosis) — $15,000 Moderate (Glasgow Scale 9-12) — $750 Mild (Glasgow Scale 13-15 or concussion diagnosis) — $200 Payable once per covered accident, per covered person.
PARALYSIS BENEFIT	Pays the benefit amount listed below when a covered person is diagnosed by a medical professional with permanent paralysis. **Paralysis Type** — **Benefit** One or two limbs — $10,000 Three or four limbs — $30,000 Only one paralysis benefit amount, the highest amount, is payable per covered accident, per covered person.
FOLLOW-UP CARE AND SERVICES BENEFITS	
POST-ACCIDENT CARE BENEFIT	$60 per visit Payable up to 30 visits per covered accident, per covered person.
TRANSPORTATION BENEFIT	$500 per round trip to any medical facility or rehabilitation facility located more than 50 miles from the site of the covered accident or residence of the covered person when a covered person requires confinement for injuries sustained in a covered accident. Payable for up to 3 round trips per calendar year, per covered person.
PROSTHESIS BENEFIT	$1,000; payable once per covered accident, per covered person.
PROSTHESIS REPAIR/ REPLACE BENEFIT	$1,000; replacement must occur 12 months or more after any previously paid prosthesis benefit.
LOSS OF LIFE BENEFIT	
ACCIDENTAL DEATH BENEFIT	**Common-Carrier Accident** / **Other Accident** **Named Insured/Spouse** — $150,000 / $50,000 **Child** — $30,000 / $15,000 Payable once per covered person.
SPECIALTY BENEFITS	
AUTOMOBILE AND/OR HOME MODIFICATION BENEFIT	$4,000; payable once per covered accident, per covered person.
PREVENTIVE CARE BENEFIT	$100; payable once per policy, per calendar year.
ORGANIZED SPORTING ACTIVITY BENEFIT	$125; payable once per covered accident, per covered person.
WAIVER OF PREMIUM	Yes

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

OFF-THE-JOB ACCIDENT-ONLY COVERAGE

American Family Life Assurance Company of Columbus
(referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road Columbus, Georgia 31999
1.800.99.AFLAC (1.800.992.3522)
Visit our website at aflac.com

OFF-THE-JOB 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) Off-the-Job 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) Aflac will pay the following benefits as applicable if a Covered Person's Accidental Death or Injury is caused by a covered Accident that occurs Off-the-Job. Accidental-Death 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 Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. A charge is not required for benefits to be payable.

INITIAL TREATMENT BENEFITS

Initial Accident Treatment
Pays $200 when a Covered Person receives initial Treatment by a Medical Professional as the result of an Injury.

This benefit is payable once per covered Accident, per Covered Person. This benefit will not be paid for routine health examinations, immunizations, care received by a chiropractor, or other post-Accident care.

This benefit is limited to the maximum number of visits listed below per policy, per Calendar Year based on the Type of Coverage.

Type of Coverage	Number of Visits
Individual	10
Named Insured/Spouse Only	15
One-Parent Family	20
Two-Parent Family	25

Ambulance
Pays the benefit amount listed below when a Covered Person is transported by a licensed professional ambulance company via air, water or ground as the result of an Injury. The benefit amount payable will be based on the type of ambulance.

Ambulance Type	Benefit Amount
Air or Water	$2,000
Ground	$300

This benefit is limited to two trips per covered Accident, per Covered Person.

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CONFINEMENT BENEFITS

Each applicable Confinement Benefit is payable once per day, even if Treatment is received for more than one Injury. The Building Benefit Amount payable will be based on the accrued Building Benefit Year for the policy while coverage remains in force. A Building Benefit Year is a 12-month time period, beginning on the policy Effective Date and ending one year later. Upon completion of each full Building Benefit Year, the Building Benefit Amount will increase until the maximum Building Benefit Amount is reached. Once the maximum is reached, the Building Benefit Amount will no longer increase.

Initial Hospitalization Admission
Pays the benefit amount listed below for a Covered Person's Hospital Admission or Intensive Care Unit (ICU) Admission as the result of Injuries.

Only one Initial Hospitalization Admission benefit, the highest amount, is payable per covered Accident, per Covered Person. If the Hospital confinement follows a previously covered Hospital confinement, it will be deemed a continuation of the first Hospital confinement unless (1) the later Hospital confinement is the result of an entirely unrelated Injury and (2) the Hospital confinements are separated by 14 days or more. If a Covered Person is confined to a Hospital bed and is transferred to the ICU, the difference between the two benefits will be paid.

Building Benefit Year					
	1	2	3	4	5+
Hospital Admission	$1,500	$2,000	$2,500	$3,000	$3,500
ICU Admission	$3,000	$4,000	$5,000	$6,000	$7,000

Hospital Confinement
Aflac will pay the benefit amount listed below for each day a Covered Person is confined to a Hospital as the result of Injuries.

This benefit is payable for up to 365 days per covered Accident, per Covered Person.

Building Benefit Year					
	1	2	3	4	5+
Hospital Confinement	$300	$350	$400	$450	$500

The Hospital Confinement benefit is not payable for the same day(s) that the Rehabilitation Confinement and ICU Confinement benefits are payable. The highest eligible benefit will be paid.

ICU Confinement
Aflac will pay the benefit amount listed below for each day a Covered Person is confined to an Intensive Care Unit (ICU) as the result of Injuries.

This benefit is payable for up to 15 days per covered Accident, per Covered Person.

Building Benefit Year					
	1	2	3	4	5+
ICU Confinement	$600	$700	$800	$900	$1,000

The ICU Confinement benefit is not payable for the same day(s) that the Rehabilitation Confinement and Hospital Confinement benefits are payable. The highest eligible benefit will be paid.

Rehabilitation Confinement
Pays $200 for each day a Covered Person is Confined to a Rehabilitation Facility for at least 18 hours as the result of Injuries.

This benefit is payable for up to 30 days per covered Accident, per Covered Person.

The Rehabilitation Confinement benefit is not payable for the same day(s) that the Hospital Confinement and ICU Confinement benefits are payable. The highest eligible benefit will be paid.

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NAMED INJURY BENEFITS

The diagnosis, Treatment, and/or procedure(s) must be performed by a Medical Professional.

Dislocation and Fracture

Pays the benefit amount as listed below when a Covered Person's joint is Dislocated, or a bone is Fractured, based on if the Injury requires surgical repair or non-surgical repair. We will pay the Chip Fracture benefit amount if a Covered Person has a Chip Fracture but surgical repair is not required.

The applicable amount payable for this benefit will be based solely on the body part (joint) Dislocated or body part (bone) Fractured regardless of the number of Dislocations and/or Fractures incurred on the same body part. If a Covered Person suffers multiple Dislocations and/or Fractures of the same body part as the result of one covered Accident, we will only pay the applicable Dislocation or Fracture benefit once per body part. If a Covered Person suffers multiple Dislocations and/or Fractures of different body parts as the result of one covered Accident, we will pay the applicable amount for each Dislocation and/or Fracture per Accident, per Covered Person.

Injury Type & Location		Surgically Repaired	Non-surgically Repaired	Chip Fracture
Category 1				
Fractures Finger Toe Coccyx	Dislocation Finger Toe Shoulder	$300	$100	$25
Category 2				
Fractures Foot Ankle Heel Lower leg Wrist Forearm Elbow Upper arm Face Nose Hand Kneecap Lower jaw Upper jaw Rib Cage Shoulder blade Collarbone	Dislocation Collarbone Lower jaw Wrist Knee Elbow	$1,000	$750	$190
Category 3				
Fractures Hip Pelvis Upper leg Skull Sternum Vertebrae Vertebral processes	Dislocation Hip Ankle/Foot	$3,000	$1,500	$375

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Dismemberment
Pays the benefit amount as listed below when a Covered Person sustains a Dismemberment.

The Dismemberment must occur within 90 days after the covered Accident.

Dismemberment Type	Benefit Amount
Double Dismemberment	$30,000
Single Dismemberment	$10,000
Finger / Toe Dismemberment	$1,500
Partial Dismemberment	$400
Loss of Hearing (in one ear)	$5,000
Loss of Sight (in one eye)	$5,000

Only one Dismemberment benefit amount, the highest amount, is payable per covered Accident, per Covered Person.

Emergency Dental Treatment
Pays the benefit amount as listed below when a Covered Person requires the following dental Treatment:

Emergency Dental Treatment Type	Benefit Amount
Loss or Extraction of a tooth	$150
Repair/Replacement of a tooth	$400

Aflac will pay for no more than one loss or extraction of a tooth and one repair or replacement of a tooth per covered Accident, per Covered Person.

Emergency Vision Treatment
Pays the benefit amount as listed below when a Covered Person requires the following vision Treatment:

Emergency Vision Treatment Type	Benefit Amount
Foreign Object Removal	$75
Eye Surgery	$400

Aflac will pay for no more than one foreign object removal or eye surgery per covered Accident, per Covered Person.

Laceration
Pays the benefit amount as listed below when a Covered Person suffers a Laceration.

Wound Type	Benefit Amount
Laceration with suture	$100
Laceration without suture	$50

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

Only one Laceration benefit amount, the highest amount, is payable per covered Accident, per Covered Person.

Road Rash with Skin Graft
Pays the benefit amount as listed below when a Covered Person suffers a Road Rash and requires a skin graft to repair. The benefit amount payable will be based on the percentage of the total body surface affected.

Road Rash Percentage	Benefit Amount
< 10% of total body surface	$100
10% - 19% of total body surface	$375
20% - 29% of total body surface	$1,000
30% or greater of total body surface	$2,000

Only one Road Rash with Skin Graft benefit amount, the highest amount, is payable per covered Accident, per Covered Person.

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Second-Degree Burn
Pays the benefit amount as listed below when a Covered Person suffers second-degree burn(s). The benefit amount payable will be based on the percentage of the total body surface burned.

Second-Degree Burn Percentage	Benefit Amount
< 10% of total body surface	$100
10% - 19% of total body surface	$375
20% - 29% of total body surface	$1,000
30% or greater of total body surface	$2,000

Only one Second-Degree Burn benefit amount, the highest amount, is payable per covered Accident, per Covered Person.

Third-Degree Burn
Pays the benefit amount as listed below when a Covered Person suffers third-degree burn(s). The benefit amount payable will be based on the percentage of total body surface area burned.

Third-Degree Burn Percentage	Benefit Amount
< 2.5% of total body surface	$200
2.5% - 10% of total body surface	$900
11% - 19% of total body surface	$2,500
20% - 29% of total body surface	$10,000
30% or greater of total body surface	$15,000

Only one Third-Degree Burn benefit amount, the highest amount, is payable per covered Accident, per Covered Person.

Surgery
Pays the benefit amount as listed below when a Covered Person undergoes Surgery performed in a Medical Facility.

This benefit is payable only for procedures not specified elsewhere in the Named Injury Benefits section of the policy.

Surgery Type	Benefit Amount
Category 1	
Repair of a Hernia Arthroscopy Surgery (Other)	$400
Category 2	
Ruptured Disc Tendons and/or Ligaments Torn Knee Cartilage Torn Rotator Cuff	$1,000
Category 3	
Cranial Surgery Open Abdominal Surgery Open Thoracic Surgery (excluding chest tube insertions)	$2,000

Acquired Brain Injury
Pays the benefit amount as listed below when a Covered Person is diagnosed with an Acquired Brain Injury.

Severity	Benefit Amount
Severe (Glasgow Scale 8 or less or coma diagnosis)	$15,000
Moderate (Glasgow Scale 9-12)	$750
Mild (Glasgow Scale 13-15 or concussion diagnosis)	$200

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

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Paralysis
Pays the benefit amount as listed below when a Covered Person is diagnosed by a Medical Professional with Permanent Paralysis.

Paralysis Type	Benefit Amount
Quadriplegia (Four Limbs) or Triplegia (Three Limbs)	$30,000
Diplegia or hemiplegia (Two Limbs) or Monoplegia (One Limb)	$10,000

Only one Paralysis benefit amount, the highest amount, is payable per covered Accident, per Covered Person.

The duration of the Permanent Paralysis must be a minimum of 7 days.

FOLLOW UP CARE AND SERVICES

The care and service(s) must be performed by a Medical Professional or Therapy Professional.

Post-Accident Care
Pays $60 per visit when a Covered Person receives follow-up Treatment, including mental health Treatment, for Injuries sustained in a covered Accident for which an Initial Accident Treatment benefit is payable.

This benefit is payable up to 30 visits per covered Accident, per Covered Person. This benefit will not be paid for care received while Confined, routine health examinations or immunizations.

Transportation
Pays $500 per round trip when a Covered Person requires Confinement for Injuries sustained in a covered Accident.

This benefit is not payable for transportation to any Medical Facility or Rehabilitation Facility located within a 50 mile radius of the site of the covered Accident or residence of the Covered Person. The local attending Medical Professional must prescribe the Treatment, and the Treatment must not be available locally.

This benefit is payable for up to 3 round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air or water ambulance.

Prosthesis
Pays $1,000 when a Covered Person requires a Prosthetic Device as a result of Injuries due to a covered Accident. This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered Accident, per Covered Person.

Prosthesis Repair/Replace
Pays $1,000 if:

- a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 12 months or more after any previously paid Prosthesis Benefit, or
- 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 repair or replacement of hearing aids, wigs, or dental aids to include false teeth.

LOSS OF LIFE BENEFIT

Accidental Death
Pays the benefit amount as listed below for a Covered Person's Accidental Death. The Accidental Death must occur within 90 days after the covered Accident.

Accident Type	Benefit Amount
Common-Carrier Accident	
Named Insured or Spouse	$150,000
Child	$30,000

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Other Accident	
Named Insured or Spouse	$50,000
Child	$15,000

This benefit is payable once per Covered Person.

SPECIALTY BENEFITS

Automobile and/or Home Modification
Pays $4,000 when a Covered Person suffers a Single Dismemberment, Double Dismemberment, or Permanent Paralysis due to a covered Accident.

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

Preventive Care Benefit
Pays $100 when a Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, DEXA Scan, prostate-specific antigen tests (PSAs), and blood screenings. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Medical Professional and received while your policy is in force.

Organized Sporting Activity
Pays $125 when a Covered Person sustains an Injury while participating in an Organized Sporting Activity for which an Initial Accident Treatment benefit is payable.

This benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any professional or semi-professional sport or sporting activity; or racing any type of vehicle in an organized event. This benefit is payable once per covered Accident, per Covered Person.

Waiver Of Premium
If you are employed and 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 if you are not employed: are completely unable to perform two or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance, for more than 90 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 Medical Professional's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Medical Professional's statement that total inability continues.

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 whether you can perform an ADL.

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.

(4) OPTIONAL BENEFIT

Line of Duty Benefit Rider:
(Form A38050FL) Applied For: ☐Yes ☐ No

Pays $10,000 when the Named Insured suffers a gunshot wound requiring surgical repair or sustains an Injury for which a Severe Acquired Brain Injury, Dismemberment, Permanent Paralysis, Third-Degree Burn (20% or greater of total body surface), or Accidental Death benefit is payable while in the Line of Duty. This benefit is payable once per covered Accident.

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

Aflac will not pay benefits for services rendered by you.

Aflac will not pay benefits for treatment or loss from an On-the-Job Injury.

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For any benefit to be payable, the applicable Injury, Treatment, 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, 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. When you notify us that you have joined an armed service, at your option, we will suspend your coverage and return any unearned premium on a pro-rata basis.;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Medical Professional and taken according to the Medical Professional'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 Medical Professional and taken according to the Medical Professional'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, if convicted (“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 the same form number and premium classification in the state where the policy was issued that are then in force.

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.

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TERMS YOU NEED TO KNOW

ACCIDENT: a sudden, unforeseen event or series of events that results in bodily injury.

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

ACTIVITIES OF DAILY LIVING (ADLs): Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing your personal independence in everyday living.

The ADLs are:

- Bathing: Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Maintaining continence: Controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
- Transferring: Moving between a bed and a chair, or a bed and a wheelchair;
- Dressing: Putting on and taking off all necessary items of clothing;
- Toileting: Getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
- Eating: Performing all major tasks of getting food into your body.

ACQUIRED BRAIN INJURY: An injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma, and that results in a neurological deficit. Acquired brain injury benefit is payable based on the following Glasgow Coma Scale rating:

- Severe: GCS 8 or less or coma diagnosis
- Moderate: GCS 9-12
- Mild: GCS 13-15 or concussion diagnosis

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.

CONFINED/CONFINEMENT: Assignment to a bed in a hospital, intensive care unit, or rehabilitation facility.

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. Newborn children of the named insured or spouse are automatically covered under the terms of the policy for 60 days 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 newborn child's birth that you want to change your coverage type to one-parent family or two-parent family coverage. If timely notice is given, (1) Aflac may not charge an additional premium for coverage of the newborn child during the first 30 days from the moment of birth and (2) 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 and while covered under the policy. Dependent children are your children, stepchildren, legally adopted children, children placed with you for adoption, foster children, children in your custodial care pursuant to a court order, or children for whom you are appointed as the legal guardian and who are under age 26. Your grandchildren or your spouse's grandchildren are not covered under the policy unless you or your spouse are their legal guardian. 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 may not be the date you requested or the date you signed the application for coverage.

HOSPITAL ADMISSION: Assignment to a bed in any covered unit of a hospital for at least 18 hours; or admission to a hospital as an inpatient.

INJURY: Unexpected and unintended physical damage to a covered person that is a direct result of an accident independent of sickness and while off-the-job.

MEDICAL PROFESSIONAL: A person appropriately licensed by the state to provide diagnostic and/or medical care and treatment, including:

- doctor of medicine (MD/DO);
- doctor of dental medicine (DMD) or doctor of dental surgery (DDS);
- nurse practitioners (NP/APRN); or
- physician assistants (PA).

The medical professional must be acting within the scope of their license, relevant board certifications, and qualifications to treat the type of condition for which a claim is made. If required by law, the medical professional must be under the supervision of a licensed doctor of medicine.

OFF-THE-JOB: Not working at any job for pay or benefits.

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.

OTHER ACCIDENT: An accident that is not classified as a common-carrier accident and that is not specifically excluded in the Limitations and Exclusions section.

PERMANENT PARALYSIS: Damage to the brain or spinal cord that results in a diagnosis of permanent monoplegia, diplegia, hemiplegia, triplegia, or quadriplegia.

Types of permanent paralysis include:

- **MONOPLEGIA:** the complete and irreversible total loss of use of a single arm or leg.
- **DIPLEGIA:** the complete and irreversible total loss of use of a combination of two arms or legs.
- **HEMIPLEGIA:** the complete and irreversible total loss of use of one arm and one leg.
- **TRIPLEGIA:** the complete and irreversible total loss of use of a combination of three arms or legs.
- **QUADRIPLEGIA:** the complete and irreversible total loss of use of both arms and both legs.

SICKNESS: An illness, disease, bodily infirmity, bacterial, fungal, parasitic or viral infection, disorder, or condition not caused by an injury.

ADDITIONAL INFORMATION

The term hospital does not include any institution or part thereof used: as a nursing home, rest home, convalescent home, home for the aged, or an assisted living facility; as a transitional care unit; primarily to provide hospice care; as a skilled nursing facility or extended-care facility; primarily to provide custodial, educational, transitional, or rehabilitative care; or primarily to provide for the care and treatment of persons with substance abuse issues/disorders and/or mental or nervous disorder(s).

The term hospital admission does not include assignment to a bed in the emergency room; or confinement in the emergency room, admissions for same day surgical procedures, or admissions for observation.

The term intensive care unit does not include a private monitored room or observation unit.

The term rehabilitation facility does not include a nursing home, rest home, convalescent home, home for the aged, or an assisted living facility; a facility which primarily provides hospice care; or facilities or a wing/ward of a hospital primarily for the care or treatment of persons with substance abuse issues/disorders or mental or nervous disorder(s).

Confinement does not include a bed in an emergency room.

A medical professional does not include a registered nurse (RN) or you.

Acquired brain injuries do not include a medically induced coma for the purpose of surgery or other medical procedure; or a coma which results directly from alcohol or drug use.

Burns will be payable based on the percentage of total body surface burned.

Dislocations and fractures will be payable based on the dislocation and fracture benefit amount shown in the policy. They can be corrected surgically or non-surgically.

Lacerations will be payable based on the laceration benefit amount shown in the policy. A laceration resulting from an open fracture will not be payable under the laceration benefit.

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 professional or semi-professional sport or sporting activity; or racing any type of vehicle in an organized event.

Paralysis must be confirmed by a medical professional. The duration of the paralysis must be a minimum of seven days.

Surgical procedures must be performed in a medical facility. The surgery benefit is payable only for procedures not specified elsewhere in the named injury benefits section shown in the policy.

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Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

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