

# Aflac

## Accident Advantage

### ACCIDENT-ONLY INSURANCE – OPTION B

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When accidents happen, make sure you have the advantage.



THE POLICY IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. IT 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.

NY37175B

RC(9/22)

# AFLAC ACCIDENT ADVANTAGE

ACCIDENT-ONLY INSURANCE – OPTION B

Policy NY37000



## 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.

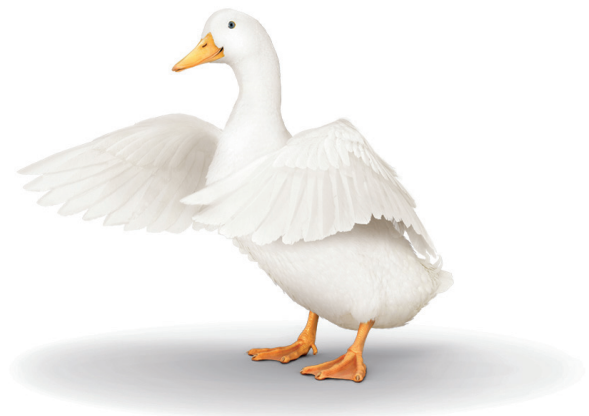
## Give yourself an advantage – the Aflac Accident Advantage.

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 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 B that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$60 (hospital emergency room treatment); Accident Specific-Sum Injuries Benefit of \$1,750 (fractured leg (femur)–open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$150 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$315 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$210 (6 follow-up treatments); Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence).

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

## AFLAC ACCIDENT ADVANTAGE – OPTION B 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	\$150 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 <b>Individual Coverage:</b> Limited to two visits per calendar year, per policy   <b>Insured/Spouse &amp; Family coverage:</b> Limited to four visits per calendar year, per policy												
AMBULANCE BENEFIT	\$200 ground ambulance transportation or \$1,500 air ambulance transportation												
BLOOD/PLASMA/PLATELETS BENEFIT	\$200 once per covered accident, per covered person												
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 once per calendar year, per covered person												
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person												
THERAPY BENEFIT	\$35 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: \$300      Wheelchair: \$300      Walker: \$100 Body jacket: \$300      Leg brace: \$125      Walking boot: \$100 Knee scooter: \$300      Crutches: \$100      Cane: \$25 Payable once per covered accident, per covered person												
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person												
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime												
REHABILITATION FACILITY BENEFIT	\$150 per day, limited to 30 days per covered person, per period of hospital confinement. Calendar year maximum of 60 days												
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person												
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <b>DISLOCATIONS</b> .....\$100–\$3,750 <b>BURNS</b> .....\$125–\$12,500 <b>SKIN GRAFTS</b> .....50% of the burns benefit amount paid for the burn involved <b>EYE INJURIES</b> Surgical repair.....\$300 Removal of foreign body by a physician .....\$65 <b>LACERATIONS</b> Not requiring sutures .....\$35 Less than 5 centimeters .....\$65 At least 5 cm but not more than 15 cm .....\$250 Over 15 centimeters .....\$500 <b>FRACTURES</b> .....\$125–\$3,500 <b>CONCUSSION (BRAIN)</b> .....\$150 <b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown .....\$400 Broken tooth resulting in extraction .....\$130 <b>PARALYSIS</b> Quadriplegia .....\$12,500 Paraplegia.....\$6,250 Hemiplegia.....\$4,750 <b>SURGICAL PROCEDURES</b> .....\$200–\$1,250 <b>MISCELLANEOUS SURGICAL PROCEDURES</b> .....\$120–\$300 <b>PAIN MANAGEMENT (NONSURGICAL)</b> Epidural.....\$100												
ACCIDENTAL-DEATH BENEFIT	<table border="1"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$100,000</td> <td>\$25,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$100,000</td> <td>\$25,000</td> </tr> <tr> <td>CHILD</td> <td>\$15,000</td> <td>\$10,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	INSURED	\$100,000	\$25,000	SPOUSE	\$100,000	\$25,000	CHILD	\$15,000	\$10,000
	Common-Carrier Accident	Other Accident											
INSURED	\$100,000	\$25,000											
SPOUSE	\$100,000	\$25,000											
CHILD	\$15,000	\$10,000											
ACCIDENTAL-DISEMBEUREMENT BENEFIT	\$250–\$25,000												
TRANSPORTATION BENEFIT	\$600 per round trip \$600 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	\$125 per night, up to 30 days per covered accident												

REFER TO THE DISCLOSURE STATEMENT AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

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# ACCIDENT-ONLY COVERAGE

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American Family Life Assurance Company of New York  
(herein referred to as Aflac New York)  
22 Corporate Woods Boulevard • Suite 2 • Albany, New York 12211  
1.800.366.3436

**ACCIDENT-ONLY COVERAGE**  
**REQUIRED DISCLOSURE STATEMENT FOR POLICY FORM SERIES NY37000**

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 New York.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

**IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

- (1) **Read Your Policy Carefully.** This disclosure statement 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 New York. 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 New York 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. 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.  
\$150 per day  
Payable for each day a room charge is made 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 for up to 15 days per covered accident, per Covered Person. A room charge must be made for an Intensive Care Unit. **Not payable on the same day as the Accident Hospital Confinement Benefit. The highest eligible benefit will be paid.**

**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 30 days 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 \$200  
by air ambulance \$1,500  
Ambulance transportation must be within 30 days of the covered accident. A licensed professional ambulance company must provide the ambulance service.

**BLOOD/PLASMA/PLATELETS BENEFIT:**

Blood/plasma and/or platelets.  
\$200  
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).  
\$200 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 following the covered accident.  
\$35 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.

\$35 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	\$300
Body jacket	\$300
Knee scooter	\$300
Wheelchair	\$300
Leg brace	\$125
Crutches	\$100
Walker	\$100
Walking boot	\$100
Cane	\$25

Payable once per covered accident, per Covered Person.

**PROSTHESIS BENEFIT:**

Prosthetic Device, prescribed by a Physician.  
\$800

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.  
\$800

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.  
\$150 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 Life-Altering Accidental Injury and when:

1. a Physician certifies the modification is needed to accommodate a physical disability;
2. the home alteration is made by someone experienced in such adaptations and modifications;
3. the alteration is in compliance with applicable laws or requirements for approval by the appropriate government authorities; and
4. the alteration expenses do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred.

\$3,000

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, paralysis, surgical procedures, miscellaneous surgical procedures and pain management.

\$35-\$12,500

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.

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

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

**ACCIDENTAL-DISEMBLEMENT BENEFIT:**

Dismemberment must occur within 90 days of a covered accident.

	<u>Named Insured or Spouse</u>	<u>Child</u>
Coma (duration of at least seven days)	\$12,500	\$12,500
<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:**

**TRANSPORTATION BENEFIT:**

Transportation to a Hospital when Hospital Confinement is required.

\$600 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.

\$600 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. 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.

\$125 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) Exceptions, Reductions and Limitations of the Policy:**

**Aflac New York 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 New York 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 New York will not pay benefits whenever coverage provided by this policy is in violation of federal law. This includes, but is not limited to, the Bank Secrecy Act, the Foreign Corrupt Practices Act and/or regulations of the Office of Foreign Assets Control. If coverage violates any of these statutes or regulations, the insured individual may not receive benefits under the policy, and coverage shall be null and void. For information on U.S. trade and economic sanctions, please visit the U.S. Treasury Department Office of Foreign Assets and Control website.**

**Aflac New York may void the policy and will not pay benefits whenever material misrepresentation is made in the application for the policy or in making a claim under the policy. If you have received benefits that were not contractually due under the policy, then Aflac New York 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 New York 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 serving in any of the armed forces or units auxiliary thereto;
- Loss sustained or contracted while intoxicated or under the influence of any narcotic (unless administered on the advice of a Physician);



- Participating in an illegal activity that is defined as a felony (“felony” is as defined by the law of the jurisdiction in which the activity takes place); or being engaged in an illegal occupation;
  - Intentionally self-inflicting a bodily injury, or committing or attempting suicide;
  - Having cosmetic surgery except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect; or
  - Having dental care or treatment except as a result of accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
- (5) 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 if the New York Superintendent of Insurance approved the rate, 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.

This Disclosure Statement is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and Aflac New York. It is therefore imperative that you READ YOUR POLICY carefully.

The expected benefit ratio for this policy is 51.2%. This ratio is the portion of future premiums which Aflac New York expects to return as benefits, when averaged over all people with this policy.

**RETAIN THIS DISCLOSURE STATEMENT FOR YOUR RECORDS.  
THIS DISCLOSURE STATEMENT 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.

**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 uninterrupted coverage for a newborn child beyond the first 30 days and individual or named insured/spouse only coverage is in force, 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 for any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law) or physical handicap, and who became so disabled prior to age 26 and while covered under the policy. 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.

**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 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 and the result of a covered injury.

**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 and the result of a covered injury.

**LIFE-ALTERING ACCIDENTAL INJURY:** 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.

**OTHER ACCIDENT:** An accident that is not classified as a common-carrier 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. Sickness also includes any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings, except infections resulting from an accidental injury or from accidental, involuntary or unintentional ingestion of a contaminated substance.

## ADDITIONAL INFORMATION

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

Injury does not include an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness.

A hospital is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts or alcoholics; or a place for convalescent, custodial, educational, or rehabilitative care.

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

A common-carrier accident does not include 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.

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

A physician does not include a member of your immediate family.

Burns must be treated by a physician within 30 days 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 30 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 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 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 30 days 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.

The policy will not pay the Accidental-Death Benefit for injuries sustained while participating in sky diving, hang gliding, professional motorized vehicle racing, bungee jumping, or parachuting.



**Refer to the disclosure statement and policy for complete benefit details, definitions, limitations and exclusions.**



**aflac.com** || **1.800.366.3436**

Underwritten by:  
American Family Life Assurance Company of New York  
22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12211

