

Aflac

Accident Insurance

ACCIDENT-ONLY INSURANCE – OPTION 3

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.

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?

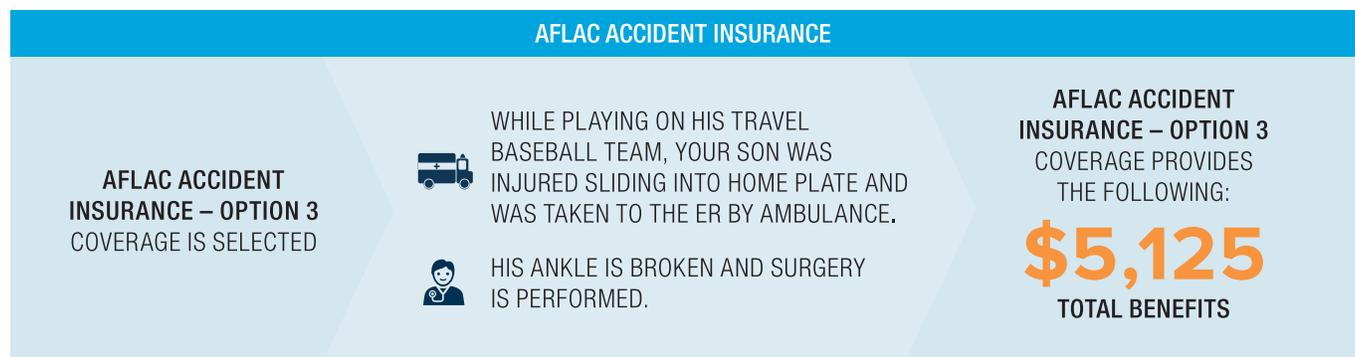
- A preventive care benefit payable for routine medical exams.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures.
- Benefits payable for initial treatment as well as follow-up care, including therapy and mental 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.*
- 24-hour accident insurance.

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

How it works



The above example is based on a scenario for the Aflac Accident Insurance – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$400 (ground ambulance transportation); Initial Accident Treatment Benefit of \$250; Named Injury Benefit (Dislocation and Fracture, Category 2, Surgically Repaired) of \$2,000; 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 \$450 (9 physical therapy treatments); Post-Accident Care Benefit of \$100 (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/riders have limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. This brochure is for illustrative purposes only. Refer to the policy/riders 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 – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME

BENEFIT DETAILS

INITIAL TREATMENT BENEFITS

INITIAL ACCIDENT TREATMENT BENEFIT	\$250 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	<ul style="list-style-type: none"> • Ground: \$400 • Air or Water: \$2,500 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	Year 2	Year 3	Year 4	Year 5+
		\$300	\$350	\$400	\$450	\$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	Year 2	Year 3	Year 4	Year 5+
		\$600	\$700	\$800	\$900	\$1,000
	Payable up to 15 days per covered accident, per covered person.					
REHABILITATION CONFINEMENT BENEFIT	Pays \$250 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	\$400	\$2,000	\$4,000
	Non-Surgical	\$150	\$1,000	\$2,000
	Chip Fracture	\$40	\$250	\$500
	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 \$50,000

Single Dismemberment \$15,000

Finger/Toe Dismemberment \$2,000

Partial Dismemberment \$500

Loss of Hearing (in one ear) \$7,500

Loss of Sight (in one eye) \$7,500

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 \$200

Repair/Replacement of a tooth \$500

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 \$100

Eye Surgery \$500

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 \$175

10% - 19% of total body surface \$550

20% - 29% of total body surface \$1,500

30% or greater of total body surface \$3,000

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 \$175

10% - 19% of total body surface \$550

20% - 29% of total body surface \$1,500

30% or greater of total body surface \$3,000

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 \$275

2.5% - 10% of total body surface \$1,350

10% - 19% of total body surface \$4,000

20% - 29% of total body surface \$15,000

30% or greater of total body surface \$25,000

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 \$1,500	
	Category 3	Cranial Surgery, Open Abdominal Surgery, Open Thoracic Surgery (excluding chest tube insertions) \$3,000	
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)	\$20,000	
	Moderate (Glasgow Scale 9-12)	\$1,000	
	Mild (Glasgow Scale 13-15 or concussion diagnosis)	\$250	
	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	\$15,000	
	Three or four limbs	\$50,000	
	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	\$50 per visit Payable up to 30 visits per covered accident, per covered person.		
TRANSPORTATION BENEFIT	\$1,000 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	\$200,000	\$80,000
	Child	\$50,000	\$25,000
	Payable once per covered person.		
SPECIALTY BENEFITS			
AUTOMOBILE AND/OR HOME MODIFICATION BENEFIT	\$5,000; 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		
CONTINUATION OF COVERAGE BENEFIT	Yes		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



Aflac Accident Insurance | 24-Hour Accident-Only Insurance | Option 3

Monthly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 75	\$30.83	\$43.65	\$52.34	\$66.10

RATE TOOL DISCLAIMER

The estimated premium rates created by this online tool should not be construed as an agreement to extend health insurance coverage, or to otherwise guarantee prices for such coverage. The estimated premium rates are for illustrative purposes only and reflect projected costs of coverage that are based upon employee census data provided to the above referenced insurance carrier(s), or their agents, by the employees' employer. Everwell and the insurance carriers listed herein disclaim any warranty or liability related to the census data provided by an employer and upon which the estimated premium rates are based. Exact premium rates can only be determined after an underwriting review and may be different than what is reflected in this proposal.

Insurance policies have terms, and limitations and exclusions which may affect your coverage. Insurance policies may not be available in all states, and benefits may vary by state, coverage, and plan level selected.

The insurance agents assisting with this proposal cannot provide legal or tax advice. You should discuss any specific questions about benefits decisions with your independent legal counsel or tax advisors. This piece is intended to be an information presentation to the employer only. It must be accompanied by the brochure.