

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.

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

What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

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

- No underwriting questions to answer¹
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works

AFLAC ACCIDENT ADVANTAGE		
AFLAC ACCIDENT ADVANTAGE – OPTION 3 COVERAGE IS SELECTED	 WHILE PLAYING IN THE STATE HOCKEY PLAYOFFS, YOUR CHILD WAS INJURED AND WAS TAKEN TO THE ER BY AMBULANCE.  HIS LEG IS BROKEN AND SURGERY IS PERFORMED.	AFLAC ACCIDENT ADVANTAGE – OPTION 3 COVERAGE PROVIDES THE FOLLOWING: \$5,570 TOTAL BENEFITS

The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); 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 \$250 (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 Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

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

¹Association and associate-only accounts have one underwriting question.

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME		BENEFIT AMOUNT			
INITIAL ACCIDENT HOSPITALIZATION BENEFIT		\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 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		\$250 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		Payable once per 24-hour period and only once per covered accident, per covered person			
		Hospital emergency room with X-ray: \$200			
		Hospital emergency room without X-ray: \$200			
		Office or facility (other than a hospital emergency room) with X-ray: \$200			
		Office or facility (other than a hospital emergency room) without X-ray: \$200			
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 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	
		Body jacket: \$300		Leg brace: \$125	
		Knee scooter: \$300		Crutches: \$100	
				Walker: \$100	
				Walking boot: \$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			
HOME MODIFICATION BENEFIT		\$3,000 once per covered accident, per covered person			
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS		Pays benefits for the treatments listed below:			
		DISLOCATIONS.....\$100–\$3,750		EMERGENCY DENTAL WORK	
		BURNS\$125–\$12,500		Broken tooth repaired with crown.....\$400	
		SKIN GRAFTS..... 50% of the burns benefit		Broken tooth resulting in extraction..... \$130	
		amount paid for the burn involved		COMA \$12,500	
		EYE INJURIES		PARALYSIS	
		Surgical repair\$300		Quadriplegia..... \$12,500	
		Removal of foreign body by a physician\$65		Paraplegia.....\$6,250	
		LACERATIONS		Hemiplegia\$4,750	
		Not requiring sutures.....\$35		SURGICAL PROCEDURES\$200–\$1,250	
		Less than 5 centimeters.....\$65		MISCELLANEOUS SURGICAL PROCEDURES.....\$120–\$300	
		At least 5 cm but not more than 15 cm\$250		PAIN MANAGEMENT (NON-SURGICAL)	
		Over 15 centimeters.....\$500		Epidural.....\$100	
		FRACTURES\$125–\$3,500			
		CONCUSSION (BRAIN) \$150			
ACCIDENTAL-DEATH BENEFIT		Common-Carrier Accident		Other Accident	
		Hazardous Activity Accident			
INSURED		\$150,000		\$50,000	
SPOUSE		\$150,000		\$50,000	
CHILD		\$25,000		\$12,500	
ACCIDENTAL-DISEMBEUREMENT BENEFIT		\$300–\$40,000			
WELLNESS BENEFIT		\$90 once per calendar year			
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			
CONTINUATION OF COVERAGE BENEFIT		Waives all monthly premiums for up to two months, if conditions are met			
WAIVER OF PREMIUM BENEFIT		Yes			
TRANSPORTATION BENEFIT		\$600 per round trip, 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 OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.