
Aflac Accident

The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of policy series 7700.

What is Aflac accident insurance? Why should I consider it?

Aflac accident insurance provides benefits for the treatment of injuries suffered as the result of a covered accident. These benefits are payable regardless of any other insurance you may have.

Many families don't budget for the out-of-pocket costs associated with accidents. While we all hope to steer clear of accidents, at some point most of us will probably take a trip to the local emergency room. When you (or a covered family member) are injured in an accident, the last things on your mind are the charges that may be accumulating for services like the following:

- **Ambulance ride**
- **Emergency room use**
- **Surgery and anesthesia**
- **Casts**
- **Crutches**
- **Wheelchairs**
- **Stitches**

These costs add up—fast. While major medical insurance can help with the costs of treatment, what about the out-of-pocket expenses that pile up while you or a loved one is out of work as a result of a covered accident? Aflac accident insurance benefits are paid directly to you (unless otherwise assigned) to use as you see fit. You can use the benefits to help with mortgage or rent payments, groceries, car payments—however you like.

What are some of the highlights of the Aflac accident plan?

- There's no limit on the number of claims you can file.
- An annual Wellness Benefit is included.
- Spouse and dependent child coverage is available.

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- The plan provides 24-hour protection.
- There are benefits for inpatient and outpatient treatment of covered accidents.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Your premiums are paid through the convenience of payroll deduction.
- Coverage will be effective the date you sign the enrollment form.
- Your plan is portable (with certain stipulations). That means you may be able to take your coverage with you if you leave your job.

What is guaranteed-issue coverage? Am I eligible?

Guaranteed-issue refers to certain types of coverage that may be issued without your having to answer health questions. Guaranteed-issue coverage is offered during your employer’s initial enrollment period (and for new hires after the enrollment period).

Am I eligible for Aflac accident coverage? What about my family?

You are eligible to apply for Aflac accident coverage if you:

- Are between the ages of 18 and 69;
- Are a full-time, benefit-eligible employee;
- Are not a seasonal or temporary employee.

Your spouse must be between the ages of 18 and 64 to be eligible for coverage, and dependent children must be younger than age 26.

What core benefits does the Aflac accident plan feature?

• Accident Benefits

You may receive benefits if you incur one of the following covered events:

- o Fractures
- o Dislocations
- o Paralysis
- o Lacerations
- o Burns (second- and third-degree)
- o Concussion
- o Coma
- o Emergency dental work
- o Injuries requiring surgery
 - Eye injuries
 - Removal of foreign body
 - Ruptured disc
 - Torn knee cartilage
- o Internal injuries
- o Exploratory surgery

- **Medical Fees Benefit**

You may receive this benefit for up to six treatments per covered accident for physician charges, emergency room services and supplies, and X-rays.

- **Accident Follow-Up Treatment Benefit**

You may receive this benefit for up to six treatments per covered accident for follow-up treatment.

- **Physical Therapy Benefit**

You may receive this benefit for up to six treatments per covered accident for physical therapy.

- **Ambulance Benefit**

You may receive this benefit if you require transportation to a hospital by a professional ambulance service within 90 days after a covered accident.

- **Transportation Benefit**

You may receive this benefit if your doctor recommends hospital treatment or diagnostic study as a result of a covered accident (and the treatment/study isn't available in your hometown).

- **Blood/Plasma Benefit**

You may receive this benefit if you receive blood and plasma within 90 days after a covered accident.

- **Prosthesis Benefit**

You may receive this benefit if a covered accident requires the use of a prosthetic device (hearing aids, wigs, or dental aids—including (but not limited to) false teeth—are not covered).

- **Appliance Benefit**

You may receive this benefit for use of a medical appliance due to injuries received in a covered accident (payable for crutches, wheelchairs, leg braces, back braces, and walkers).

- **Family Lodging Benefit**

If you are required to travel more than 100 miles for inpatient treatment of injuries suffered in a covered accident, you may receive this benefit for an immediate family member's lodging (payable up to 30 days per accident while the insured is confined to the hospital).

- **Wellness Benefit - \$60.00**

While coverage is in force, we will pay this benefit for all covered persons to undergo routine examinations or other preventative testing once each calendar year. Benefits are payable for the following:

- o Annual physical exams
- o Mammograms
- o Pap smears
- o Eye examinations
- o Immunizations
- o Flexible sigmoidoscopies
- o PSAs
- o Ultrasounds
- o Blood screenings

- **Hospital Admission Benefit**

You may receive this benefit if you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident within six months of the accident.

- **Hospital Confinement Benefit (per day)**

You may receive this benefit on the first day of hospital confinement for up to 365 days. The confinement must begin within 90 days after the date of the accident (payable once per confinement).

- **Hospital Intensive Care (per day)**

You may receive this benefit up to 30 days per covered accident (payable in addition to the Hospital Confinement Benefit).

- **Accidental-Death and-Dismemberment Benefit**

- o Accidental Death
- o Accidental Common Carrier Death (common carrier refers to an airline carrier, railroad train, or ship that is licensed for passenger service)
- o Dismemberment
- o Loss of One or More Fingers and Toes
- o Partial Amputation of Fingers or Toes

What else do I need to know about the Aflac accident plan?

You should know that the plan includes:

- **A pre-existing condition limitation.** A pre-existing condition is a sickness or physical condition that, within the 12-month period before your plan's effective date, resulted in the insured's receiving medical advice or treatment. No benefits are payable for any condition or illness starting within 12 months of an insured's effective date that is caused by, contributed to, or resulting from a pre-existing condition.
- **Certain exclusions.** No benefits are payable for loss resulting from:
 - o Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. Aflac will return the prorated premium for any period not covered when you are in such service.
 - o Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
 - o Participating or attempting to participate in an illegal activity or working at an illegal job.
 - o Committing or attempting to commit suicide, while sane or insane.
 - o Injuring or attempting to injure yourself intentionally.
 - o Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, The Bahamas, Virgin Islands, Bermuda and Jamaica (except under the Accidental Common Carrier Death Benefit).
 - o Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
 - o Participating in any organized sport, professional or semi-professional.
 - o Being legally intoxicated or under the influence of any narcotic unless taken under the direction of a physician.
 - o Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
 - o Mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
 - o Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.
 - o Having any disease or bodily/mental illness or degenerative process. Aflac also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.

What would my monthly payroll deduction cost be for the Aflac accident plan?

24 Hour Coverage	Monthly Premium
Employee	\$16.21
Employee and Spouse	\$23.18
Employee and Dependent Child(ren)	\$30.90
Employee & Family	\$37.89



Note: If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

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Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that you may not receive any of the benefits in the plan. As a result, please check to the coverage in all health insurance policies you already have or may have before you buy this insurance to verify the absence of any assignments or liens.

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