

# AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – HIGH 24-HOUR PLAN  
Policy Form Number CAI7800TX



## Introducing added protection for life's unexpected moments.

If you're like most people, you don't budget for life's unexpected moments.

But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix.

### That's the benefit of the Aflac group Accident Advantage Plus plan.

In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance rides.
- Wheelchairs, crutches, and other medical appliances.
- Emergency room visits.
- Surgery and anesthesia.
- Bandages, stitches, and casts.

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



**Here's why the Aflac group Accident Advantage Plus plan may be right for you.**

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our group Accident Advantage Plus plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. The group Accident Advantage Plus plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

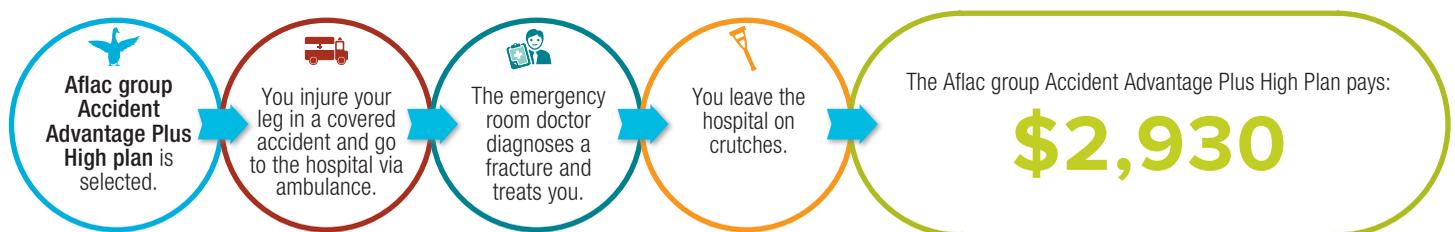
**The Aflac group Accident Advantage Plus plan benefits:**

- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

**Features:**

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- You may continue coverage. That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four business days.

**HOW IT WORKS**



Amount payable was generated based on benefit amounts for: Closed-Reduction Leg Fracture (\$2,400), Emergency Room Treatment (\$200), one Follow-Up Treatment (\$30), Ambulance (\$200) and Appliance (\$100)

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

## Benefits Overview

HOSPITAL BENEFITS	EMPLOYEE/ SPOUSE/CHILDREN
<p><b>HOSPITAL ADMISSION</b></p> <p>We will pay the amount shown, when because of a covered accident, you are injured, require hospital confinement, and are confined to a hospital for at least 24 hours within 6 months after the accident date. We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.</p>	\$1,000
<p><b>HOSPITAL CONFINEMENT</b> (per day)</p> <p>We will pay the amount shown when, because of a covered accident, you are injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.</p> <p>The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.</p> <p>We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.</p>	\$200
<p><b>HOSPITAL INTENSIVE CARE</b> (per day)</p> <p>We will pay the amount shown when, because of a covered accident, you are injured, and those injuries cause confinement to a hospital intensive care unit.</p> <p>This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.</p>	\$400
<p><b>MEDICAL FEES</b> (for each accident)</p> <p>We will pay up to the amount shown for X-rays and doctor services when, because of a covered accident, you are injured and those injuries cause you to receive initial treatment from a doctor within 72 hours after the accident.</p> <p>If you do not exhaust the maximum benefit paid during the initial treatment, we will pay the remainder of this benefit for treatment received due to injuries from a covered accident and for each covered accident up to one year after the accident date.</p>	\$50
<p><b>REHABILITATION UNIT BENEFIT</b> (per 12-month period)</p> <p>We will pay the amount shown for injuries received in a covered accident if you are admitted for a hospital confinement, are transferred to a bed in a rehabilitation unit of a hospital, and incur a charge.</p> <p>This benefit is limited to 30 days per period of hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.</p>	\$75
<p><b>PARALYSIS</b> (lasting 90 days or more and diagnosed by a physician within 90 days)</p> <p>Quadriplegia</p> <p>Paraplegia</p> <p><i>Paralysis</i> means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident, you are injured, the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the accident.</p> <p>The amount paid will be based on the number of limbs paralyzed. If this benefit is paid and you later die as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.</p>	<p style="text-align: center;">\$10,000</p> <p style="text-align: center;">\$5,000</p>

The plan has limitations and exclusions that may affect benefits payable.

This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL-DEATH</b>	\$50,000	\$15,000	\$10,000
<b>ACCIDENTAL COMMON-CARRIER DEATH</b> (plane, train, boat, or ship)	\$100,000	\$30,000	\$20,000
<b>SINGLE DISMEMBERMENT</b>	\$12,500	\$3,750	\$2,500
<b>DOUBLE DISMEMBERMENT</b>	\$25,000	\$7,500	\$5,000
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	\$1,250	\$375	\$250
<b>PARTIAL AMPUTATION OF FINGERS OR TOES</b> (including at least one joint)	\$100	\$100	\$100

If the Accidental Common-Carrier Death Benefit is paid, we will pay the Accidental-Death Benefit.

**Accidental-Death Benefit**

We will pay the amount shown if, because of a covered accident, you are injured, and the injury causes you to die within 90 days after the accident.

**Accidental Common-Carrier Death Benefit**

We will pay the amount shown if you are a fare-paying passenger on a common carrier, as defined below, are injured in a covered accident, and die within 90 days after the covered accident.

We will pay the Accidental-Death Benefit in addition to the Accidental Common-Carrier Death Benefit.

**Dismemberment Benefit**

We will pay the appropriate amount shown if, because of a covered accident, you are injured and lose a hand, a foot, or sight within 90 days after the accident as a result of the injury. If you lose one hand, one foot, or the sight of one eye in a covered accident, we will pay the single dismemberment benefit shown. If you lose both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double dismemberment benefit shown. If you lose one or more fingers or toes in a covered accident, we will pay the finger/toe benefit shown.

If the Dismemberment Benefit is paid and you later die as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

MAJOR INJURIES (diagnosis and treatment within 90 days)	EMPLOYEE/ SPOUSE/CHILDREN	
<b>FRACTURES</b> (closed reduction)		<p><b>Fracture*</b> is a break in the bone that can be seen by X-ray. If a bone is fractured in a covered accident, we will pay the appropriate benefit shown.</p> <p><b>Multiple fractures*</b> means having more than one fracture requiring open or closed reduction. If these fractures occur in any one covered accident, we will pay the appropriate benefits shown for each fracture, but no more than double the amount for the bone fractured that has the highest benefit amount.</p> <p><b>Chip fracture*</b> means a piece of bone that is completely broken off near a joint. If a doctor diagnoses a chip fracture, we will pay 25% of the appropriate benefit shown.</p> <p><i>*If a fracture requires open reduction, we will pay double the amount shown.</i></p>
Hip/Thigh	\$3,000	
Vertebrae (except processes)	\$2,700	
Pelvis	\$2,400	
Skull (depressed)	\$2,250	
Leg	\$1,800	
Forearm/Hand/Wrist	\$1,500	
Foot/Ankle/Kneecap	\$1,500	
Shoulder Blade/Collar Bone	\$1,200	
Lower Jaw (mandible)	\$1,200	
Skull (simple)	\$1,050	
Upper Arm/Upper Jaw	\$1,050	
Facial Bones (except teeth)	\$900	
Vertebral Processes	\$600	
Coccyx/Rib/Finger/Toe	\$240	

The plan has limitations and exclusions that may affect benefits payable.

This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## Benefits Overview

### MAJOR INJURIES – *continued*

### EMPLOYEE/ SPOUSE/CHILDREN

DISLOCATIONS (closed reduction)	
Hip	\$2,500
Knee (not kneecap)	\$1,625
Shoulder	\$1,250
Foot/Ankle	\$1,000
Hand	\$875
Lower Jaw	\$750
Wrist	\$625
Elbow	\$500
Finger/Toe	\$200

**Dislocation\*** means a completely separated joint. If a doctor diagnoses and treats the dislocation within 90 days after the covered accident, we will pay the amount shown. If the dislocation requires open reduction, we will pay 200% of the appropriate amount shown.

**Multiple Dislocations\*** means having more than one dislocation requiring either open or closed reduction. For each dislocation, we will pay the amounts shown. We will not pay more than 200% of the benefit amount for the dislocated joint that has the highest benefit amount.

**Partial dislocation\*** means the joint is not completely separated. If a doctor diagnoses and treats the partial dislocation, we will pay 25% of the amount shown for the affected joint.

*\* If a dislocation requires open reduction, we will pay double the amount shown.*

### SPECIFIC INJURIES

### EMPLOYEE/ SPOUSE/ CHILDREN

RUPTURED DISC (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
TENDONS/LIGAMENTS (treatment within 60 days; surgical repair within 90 days)	
If you tear, sever, or rupture a tendon or ligament in a covered accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for tendons and ligaments repaired.	\$600 (Multiple) \$400 (Single)
TORN KNEE CARTILAGE (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
EYE INJURIES	
Treatment and surgical repair within 90 days	\$250
Removal of foreign body nonsurgically, with or without anesthesia	\$50

The plan has limitations and exclusions that may affect benefits payable.

This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

SPECIFIC INJURIES	EMPLOYEE/ SPOUSE/CHILDREN
<p><b>CONCUSSION</b> A <i>concussion</i> or <i>mild traumatic brain injury (MTBI)</i> is defined as a disruption of brain function resulting from a traumatic blow to the head.</p>	\$200
<p><b>COMA</b> <i>Coma</i> means a state of profound unconsciousness caused by a covered accident. If you are in a coma lasting 30 days or more as the result of a covered accident, we will pay the benefit shown.</p>	\$10,000
<p><b>EMERGENCY DENTAL WORK</b> (per accident; injury to sound, natural teeth)</p>	
Repaired with crown	\$150
Resulting in extraction	\$50
<p><b>BURNS</b> (treatment within 72 hours and based on percentage of body surface burned)</p>	
<p><b>Second-Degree Burns</b></p>	
Less than 10%	\$100
At least 10%, but less than 25%	\$200
At least 25%, but less than 35%	\$500
35% or more	\$1,000
<p><b>Third-Degree Burns</b></p>	
Less than 10%	\$1,000
At least 10%, but less than 25%	\$5,000
At least 25%, but less than 35%	\$10,000
35% or more	\$20,000
First-degree burns are not covered.	
<p><b>LACERATIONS</b> (treatment and repair within 72 hours)</p>	
Under 2" long	\$50
2" to 6" long	\$200
Over 6" long	\$400
Lacerations not requiring stitches	\$25
<p><b>Multiple Lacerations:</b> We will pay for the largest single laceration requiring stitches.</p>	

The plan has limitations and exclusions that may affect benefits payable.  
This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## Benefits Overview

### ADDITIONAL BENEFITS

### EMPLOYEE/ SPOUSE/CHILDREN

#### EMERGENCY ROOM TREATMENT

We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room and receive initial treatment within 72 hours after the covered accident. This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

\$150

#### EMERGENCY ROOM OBSERVATION

We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room, are held in a hospital for observation for at least 24 hours, and receive initial treatment within 72 hours after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit is payable in addition to Emergency Room Treatment Benefit.

\$100

#### MAJOR DIAGNOSTIC TESTING

We will pay the amount shown if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred: computerized tomography (CT scan); computerized axial tomography (CAT); magnetic resonance imaging (MRI); electroencephalography (EEG).

These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.

\$100

#### POST TRAUMATIC STRESS DISORDER DIAGNOSIS

*Post-traumatic Stress Disorder (PTSD)* is a mental health condition triggered by a covered accident.

We will pay the amount shown if you are diagnosed with post-traumatic stress disorder. You must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.

This benefit is payable only once per covered accident.

\$200

#### AMBULANCE/ AIR AMBULANCE

If you require transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a covered accident, we will pay the amount shown.

\$150  
ambulance  
\$600  
air ambulance

#### BLOOD/PLASMA

If you are injured, and receive blood or plasma within 90 days after the covered accident, we will pay the benefit shown.

\$100

#### APPLIANCES

If a doctor advises you to use a medical appliance, we will pay the benefit shown.

*Medical appliance* means crutches, wheelchairs, leg braces, back braces, and walkers.

\$100

The plan has limitations and exclusions that may affect benefits payable.

This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

ADDITIONAL BENEFITS	EMPLOYEE/ SPOUSE/ CHILDREN
<p><b>INTERNAL INJURIES</b> (resulting in open abdominal or thoracic surgery) We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.</p>	\$1,000
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b> We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for follow-up treatment. You must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.</p>	\$40
<p><b>EXPLORATORY SURGERY WITHOUT REPAIR</b> (i.e., arthroscopy) We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.</p>	\$250
<p><b>PROSTHESIS</b> We will pay this benefit if you require the use of a prosthetic device due to injuries received in a covered accident. We will pay this benefit for <b>each</b> prosthetic device you use. Hearing aids, wigs, dental aids, and false teeth are not covered.</p>	\$500
<p><b>PHYSICAL THERAPY</b> We will pay this benefit for up to six doctor-prescribed physical therapy treatments per covered accident. You must have received initial treatment within 72 hours of the covered accident. The physical therapy treatment must begin within 30 days after the covered accident or discharge from the hospital and must take place within six months of the covered accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.</p>	\$40
<p><b>TRANSPORTATION</b> We will pay this benefit if a doctor-recommended hospital treatment or diagnostic study is not available in your resident city. Transportation must begin within 90 days from the date of the covered accident. The distance to the hospital must be greater than 50 miles from your residence.</p>	\$300 (train/plane) \$150 (bus)
<p><b>FAMILY LODGING BENEFIT</b> (per night) We will pay this benefit for each night's lodging, up to 30 days, for an adult immediate family member's lodging if you are required to travel more than 100 miles from your resident home due to confinement in a hospital for treatment of an injury from a covered accident. This benefit is only payable while you remain confined to the hospital, and treatment must be prescribed by your local doctor.</p>	\$100

The plan has limitations and exclusions that may affect benefits payable.  
This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.