

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
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ACCIDENT-ONLY COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS.

**BENEFITS PROVIDED ARE SUPPLEMENTAL
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

OUTLINE OF COVERAGE

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.

(1) Read Your Policy Carefully. This outline of coverage 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. 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 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. Except for treatment or confinement in a U.S. government Hospital, 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.

\$200 per day

Payable for each day a room charge is incurred 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 in addition to the Accident Hospital Confinement Benefit and for up to 15 days per covered accident, per Covered Person. A room charge must be incurred for an Intensive Care Unit.

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 72 hours 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 \$150

by air ambulance \$1,000

Ambulance transportation must be within 72 hours of the covered accident. A licensed professional ambulance company must provide the ambulance service.

BLOOD/PLASMA/PLATELETS BENEFIT:

Blood/plasma and/or platelets.

\$100

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).

\$150 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 over and above treatment administered in the first 72 hours following the covered accident.

\$25 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.

\$25 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	\$250
Body jacket	\$250
Knee scooter	\$250
Wheelchair	\$250
Leg brace	\$75
Crutches	\$50
Walker	\$50
Walking boot	\$50
Cane	\$25

Payable once per covered accident, per Covered Person.

PROSTHESIS BENEFIT:

Prosthetic Device, prescribed by a Physician.
\$500

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.
\$500

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.

\$100 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 Catastrophic Loss.

\$2,000

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

\$25-\$10,000

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>
Common-Carrier Accident	\$100,000	\$15,000
Other Accident	\$25,000	\$10,000
Hazardous Activity Accident	\$10,000	\$5,000

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>
Dismemberment or complete loss of, with or without reattachment		
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:**HEALTH SCREENING BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable):**

Annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings:

\$60

Payable only once per policy, per Calendar Year after the policy has been in force for 12 months. Service must be under the supervision of, or recommended by, a Physician and received while the policy is in force.

FAMILY SUPPORT BENEFIT:

While receiving benefits under the Accident Hospital Confinement Benefit.

\$20 per day

Payable up to 30 days per covered accident.

ORGANIZED SPORTING ACTIVITY BENEFIT:

Pays an additional 25 percent of the benefits payable when a Covered Person receives treatment for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. Not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event. Limited to \$1,000 per policy, per Calendar Year.

TRANSPORTATION BENEFIT:

Transportation to a Hospital when Hospital Confinement is required.

\$400 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.

\$400 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 and the treatment must not be available locally. 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.

\$100 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) Optional Benefit

Additional Accidental-Death Benefit Rider:
(Series A37050) Applied For: ☐ Yes ☐ No

ACCIDENTAL-DEATH BENEFIT:

Accidental-Death must occur within 90 days of a covered accident.

	<u>Named Insured or Spouse</u>	<u>Child</u>
Common-Carrier Accident or Other Accident	\$35,000	\$7,000

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

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER:

Aflac will not pay benefits under the rider for an Accidental-Death that is caused by or occurs as a result of a Hazardous Activity Accident. Refer to your policy for additional Limitations and Exclusions.

For the Accidental-Death Benefit to be payable, your Accidental-Death must occur within 90 days of an Injury occurring on or after the Effective Date of coverage and while coverage is in force.

Aflac will not pay benefits for death 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 will not pay benefits whenever coverage provided by the rider is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Aflac may terminate the rider and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the rider; or (2) fraud is committed or attempted in connection with any matter relating to the rider. If you have received benefits that were not contractually due under the rider, then Aflac reserves the right to offset any benefits payable under the rider up to the amount of benefits you received that were not contractually due.

Aflac will not pay benefits for an Accidental-Death 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, while actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Alcoholism or drug addiction;
- Using any narcotic, hallucinogen, or chemical substance (unless administered by a Physician) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

(5) Exceptions, Reductions and Limitations of the Policy:

Aflac 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 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 will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac 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 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, while actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Alcoholism or drug addiction;
- Using any narcotic, hallucinogen, or chemical substance (unless administered by a Physician) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

(6) 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, 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.

**RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**