

**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnton Road Columbus, Georgia 31999  
1.800.99.AFLAC (1.800.992.3522)

**This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.**

**ACCIDENTAL MEANS-ONLY COVERAGE  
WITH A WELLNESS BENEFIT**

**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 as applicable if a Covered Person's Accidental-Death, Dismemberment, or Accidental Injury is caused by a covered accident that occurs on or off the job. A covered Accidental-Death, Dismemberment, or Accidental Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**HOSPITAL BENEFITS:**

**INITIAL ACCIDENT HOSPITALIZATION BENEFIT:** Aflac will pay \$1,000 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Accidental Injuries sustained in a covered accident or Aflac will pay \$1,500 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for treatment for Accidental Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**ACCIDENT HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$200 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of

Accidental Injuries sustained in a covered accident. Aflac will pay this benefit up to 365 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. **The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

**INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay an additional \$400 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Accidental Injuries sustained in a covered accident. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**SERVICE BENEFITS:**

**ACCIDENT TREATMENT BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives treatment for Accidental Injuries sustained in a covered accident. This benefit is payable for treatment received under the care of a Physician at a(n):

Hospital Emergency Room with X-Ray	\$205
Hospital Emergency Room without X-Ray	\$175
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$155
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$125

Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per Covered Person.

**AMBULANCE BENEFIT:** Aflac will pay \$150 when a Covered Person requires ambulance transportation to a Hospital for Accidental Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$1,000 when a Covered Person requires transportation provided by an air ambulance for Accidental Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service. If the provider of service does not receive payment for services provided from any other source, and provided the benefit under this policy has not been paid, we will directly reimburse such provider of service.

**BLOOD/PLASMA/PLATELETS BENEFIT:** Aflac will pay \$100 when a Covered Person receives blood/plasma and/or platelets for the treatment of Accidental Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

**MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** Aflac will pay \$150 when a Covered Person requires one of the following exams for Accidental Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**AFTER CARE SERVICES:**

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** Aflac will pay \$25 per day when a Covered Person receives treatment for Accidental Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Aflac will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The 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. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

**THERAPY BENEFIT:** Aflac will pay \$25 per therapy treatment when a Covered Person receives treatment for Accidental Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Accidental Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. Aflac will pay for one treatment per day for up to a maximum of ten

treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident.

**The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

**APPLIANCES BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Accidental Injuries sustained in a covered accident. Benefits are payable for the following types of appliances:

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

This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS BENEFIT:** Aflac will pay \$500 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Accidental Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS REPAIR OR REPLACEMENT BENEFIT:** Aflac will pay \$500 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Accidental Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

**REHABILITATION FACILITY BENEFIT:** Aflac will pay \$100 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for treatment of Accidental Injuries sustained in a covered accident and a charge is incurred. This benefit is

limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

**HOME MODIFICATION BENEFIT:** Aflac will pay \$2,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:** When a Covered Person receives treatment under the care of a Physician for Accidental Injuries sustained in a covered accident, Aflac will pay specified benefits ranging from \$25–\$10,000 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, surgical procedures, miscellaneous surgical procedures and pain management. See policy for specific amounts payable.

**ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:**

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Accidental Injury sustained in a covered accident and must occur within 90 days of such accident.

Named Insured or Spouse-

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

Child-

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

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Accidental Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person’s estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If

you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary’s disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

**ACCIDENTAL-DISEMBERMENT BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Accidental Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$25,000
Two eyes, feet, hands, arms or legs	\$25,000
One eye, foot, hand, arm, or leg	\$6,250
One or more fingers and/or one or more toes	\$1,250

Partial Dismemberment of finger or toe	\$600
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Child-

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$7,500
Two eyes, feet, hands, arms or legs	\$7,500
One eye, foot, hand, arm, or leg	\$1,875
One or more fingers and/or one or more toes	\$500

Partial Dismemberment of finger or toe	\$250
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Only the highest single benefit per Covered Person will be paid for Dismemberment. 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:**

**WELLNESS BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Accidental Injury of a Covered Person is not required for this benefit to be payable):** Aflac will pay \$60 if you or any one Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), blood screenings, and any generally medically accepted cancer screening test. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

**FAMILY SUPPORT BENEFIT:** Aflac will pay \$20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. Aflac will pay this benefit up to 30 days per covered accident.

**ORGANIZED SPORTING ACTIVITY BENEFIT:** Aflac will pay an additional 25 percent of the benefits payable when a Covered Person receives treatment for Accidental Injuries sustained in a covered accident while participating in an Organized Sporting Activity. This benefit is not payable for Accidental 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. This benefit is limited to \$1,000 per policy, per Calendar Year.

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
  - (a) your new employer's payroll deduction process or
  - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

**“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

**TRANSPORTATION BENEFIT:** Aflac will pay \$400 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical treatment due to an Accidental Injury sustained in a covered accident.

Aflac will also pay \$400 per round trip when a covered Dependent Child requires Hospital Confinement for medical treatment due to an Accidental Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Extended Family member.

This benefit is 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. The local attending Physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

**FAMILY LODGING BENEFIT:** Aflac will pay \$100 per night for one motel/hotel room for a member(s) of the Extended Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of Accidental Injuries sustained in a covered accident. This benefit is 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. This benefit is 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 A36050) Applied For: Yes No**

**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.

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Accidental Injury sustained in a covered accident and must occur within 90 days of such accident.

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

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Accidental Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse, Domestic Partner, or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

The rider will terminate upon the earlier of the termination of the policy to which it is attached, your failure to pay premiums for the rider, or your death.

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

**Aflac will not pay benefits for services rendered by you or a member of the Extended Family of a Covered Person.**

**For any benefit to be payable, the Accidental Injury, treatment, 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 a policyholder is determined to be a Specially Designated National or Blocked Person as defined by the Office of Foreign Assets Control (OFAC). Aflac will periodically check all policyholders against the list published by OFAC. If a policyholder is listed as a Specially Designated National or Blocked Person, the policy will be suspended and reported to OFAC.**

**Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage with intent to deceive.**

**Aflac will not pay benefits for an Accidental Injury, treatment, 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, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
- Being under the influence of any controlled substance (unless administered on the advice of a Physician and taken according to the Physician's instructions) or using hallucinatory drugs, or voluntary inhalation of gas;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures; or
- Having dental treatment except as a result of Accidental Injury.

- (6) Renewability.** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that 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. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**(7) Premiums:** Your Premium for the policy is:

	<b>Annual</b>	<b>Semi- annual</b>	<b>Quarterly</b>	<b>Monthly</b>
<b>Policy:</b>	\$____	\$____	\$____	\$____
<b>Rider:</b>	\$____	\$____	\$____	\$____
<b>Rider:</b>	\$____	\$____	\$____	\$____

**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.**