

# Aflac Accident Advantage

ACCIDENTAL MEANS-ONLY INSURANCE  
WITH A WELLNESS BENEFIT – OPTION 4

We've been dedicated to helping provide  
peace of mind and financial security  
for more than 60 years.



**THE POLICY IS DESIGNED TO SUPPLEMENT A MAJOR  
MEDICAL PROGRAM. IT DOES NOT CONSTITUTE  
COMPREHENSIVE HEALTH INSURANCE COVERAGE  
AND DOES NOT SATISFY THE REQUIREMENT OF  
MINIMUM ESSENTIAL COVERAGE UNDER THE  
AFFORDABLE CARE ACT.**

**Aflac** SmartClaim®  
**One Day Pay**™

## AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT																
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 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	\$300 per day, up to 365 days per covered accident, per covered person																
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$500 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: \$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																
AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation																
BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person																
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$250 per calendar year, per covered person																
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$40 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person																
THERAPY BENEFIT	\$40 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: \$350      Wheelchair: \$350      Walker: \$120 Body jacket: \$350      Leg brace: \$150      Walking boot: \$120 Knee scooter: \$350      Crutches: \$120      Cane: \$25 Payable once per covered accident, per covered person																
PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person																
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime																
REHABILITATION FACILITY BENEFIT	\$200 per day																
HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person																
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <b>DISLOCATIONS</b> ..... \$120–\$4,500 <b>BURNS</b> ..... \$135–\$13,000 <b>SKIN GRAFTS</b> ..... 50% of the burns benefit amount paid for the burn involved <b>EYE INJURIES</b> Surgical repair..... \$350 Removal of foreign body by a physician .. \$75 <b>LACERATIONS</b> Not requiring sutures ..... \$40 Less than 5 centimeters ..... \$90 At least 5 cm but not more than 15 cm . \$300 Over 15 centimeters ..... \$600 <b>FRACTURES</b> ..... \$150–\$4,000 <b>CONCUSSION (brain)</b> ..... \$150 <b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown ..... \$500 Broken tooth resulting in extraction ..... \$160 <b>COMA</b> ..... \$12,500 <b>PARALYSIS</b> Quadriplegia ..... \$12,500 Paraplegia..... \$6,250 Hemiplegia..... \$4,750 <b>SURGICAL PROCEDURES</b> ..... \$250–\$1,500 <b>MISCELLANEOUS SURGICAL PROCEDURES</b> ..... \$140–\$350 <b>PAIN MANAGEMENT (NON-SURGICAL)</b> Epidural..... \$100																
ACCIDENTAL-DEATH BENEFIT	<table border="1"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> <th>Hazardous Activity Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$200,000</td> <td>\$50,000</td> <td>\$10,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$200,000</td> <td>\$50,000</td> <td>\$10,000</td> </tr> <tr> <td>CHILD</td> <td>\$30,000</td> <td>\$15,000</td> <td>\$5,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	Hazardous Activity Accident	INSURED	\$200,000	\$50,000	\$10,000	SPOUSE	\$200,000	\$50,000	\$10,000	CHILD	\$30,000	\$15,000	\$5,000
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ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$50,000																
WELLNESS BENEFIT	\$60 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																
TRANSPORTATION BENEFIT	\$700 per round trip, up to 3 round trips per calendar year, per covered person																
FAMILY LODGING BENEFIT	\$150 per night, up to 30 days per covered accident																