

Aflac

Accident Insurance

ACCIDENT-ONLY INSURANCE – OPTION 3

We've been dedicated to helping provide peace of mind and financial security for nearly 70 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

A38375N

Ted Woodburn 954-822-23998
Email ted@nnu-va.com
Enroll www.nnu-va.com

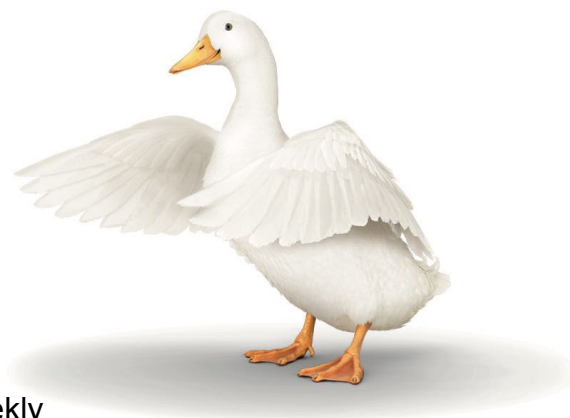


Accidents can happen at any moment. Let Aflac help ease the financial pain

Accidents can happen at any time and treating them can be costly. Even with health insurance there may be out-of-pocket costs — causing everyday expenses to suddenly seem overwhelming. Aflac Accident Insurance helps provide financial protection if a covered accidental injury occurs.

Health care costs continue to rise, and health insurance wasn't designed to cover everything. From out-of-pocket medical costs to time away from work, the financial impact can be surprising. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.

Aflac has been there for our policyholders for nearly 70 years — in some of their most challenging moments. Aflac Accident Insurance can help give you peace of mind if you experience an accidental injury so you can focus on recovery rather than worrying about finances.



Employee \$17 Biweekly Employee & Spouse \$24 Biweekly
Employee & Children \$28 Biweekly Employee, Spouse & Children \$34 Biweekly

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind, and the assurance that your family will have help financially, are powerful reasons to consider Aflac.

What does the Aflac Accident Insurance policy include?

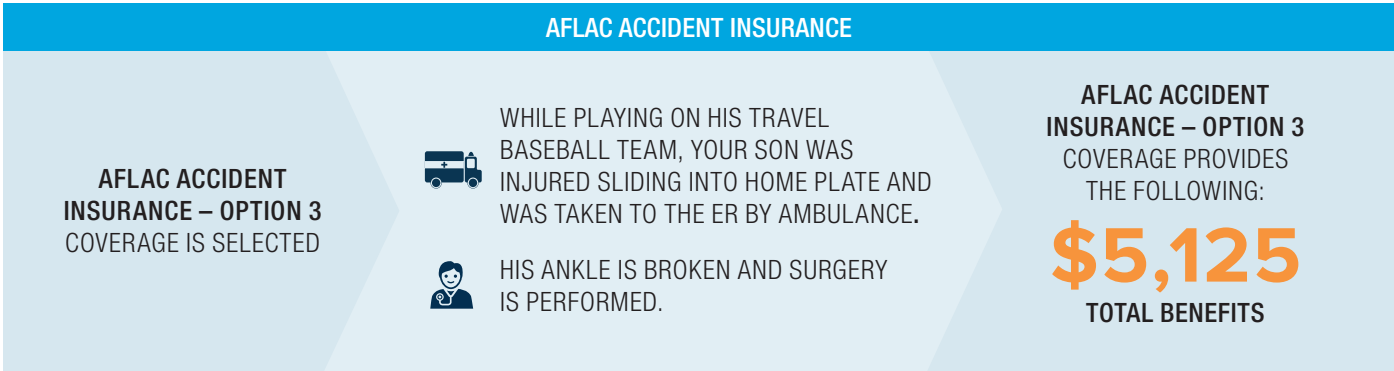
- A preventive care benefit payable for routine medical exams.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures.
- Benefits payable for initial treatment as well as follow-up care, including therapy and mental health treatment.
- A hospital confinement benefit that increases every year you have the policy, for a five-year period.
- An intensive care unit benefit that increases every year you have the policy, for a five-year period.
- An accidental death benefit.

Why Aflac Accident Insurance may be the right choice for you:

- We pay you, not the doctor or hospital.
- No underwriting questions to answer.
- No coordination of benefits—we pay regardless of any other insurance you may have.
- No network restrictions—you choose your own health care provider.
- Portable—take the plan with you if you change jobs or retire.*
- 24-hour accident insurance.

*Coverage remains in force as long as premiums are paid.

How it works



The above example is based on a scenario for the Aflac Accident Insurance – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$400 (ground ambulance transportation); Initial Accident Treatment Benefit of \$250; Named Injury Benefit (Dislocation and Fracture, Category 2, Surgically Repaired) of \$2,000; Initial Hospitalization Admission Benefit of \$1,500 (Year 1); Hospital Confinement Benefit (Year 1) of \$300 (hospitalized for 1 day); Post-Accident Care Benefit of \$450 (9 physical therapy treatments); Post-Accident Care Benefit of \$100 (2 follow-up visits with surgeon); and Organized Sporting Activity Benefit of \$125.

Benefits and/or premium may vary based on state and benefit option selected. The policy/riders have limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. This brochure is for illustrative purposes only. Refer to the policy/riders for benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

AFLAC ACCIDENT INSURANCE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT DETAILS
INITIAL TREATMENT BENEFITS	
INITIAL ACCIDENT TREATMENT BENEFIT	\$250 once per covered accident, per covered person.
	Limited to the maximum number of visits listed below per policy, per calendar year based on the type of coverage.
	Type of Coverage
	Number of Visits
	Individual10
	Named Insured/Spouse Only15
AMBULANCE BENEFIT	One-Parent Family20
	Two-Parent Family25
	<ul style="list-style-type: none">Ground: \$400Air or Water: \$2,500
	Limited to two trips per covered accident, per covered person.
CONFINEMENT BENEFITS	
INITIAL HOSPITALIZATION ADMISSION WITH BUILDING BENEFIT	Pays the benefit amount as shown in the Building Benefit Table for a covered person's hospital admission or intensive care unit (ICU) admission as the result of injuries.
	Year 1
	Year 2
	Year 3
	Year 4
	Year 5+
HOSPITAL CONFINEMENT WITH BUILDING BENEFIT	Hospital Admission \$1,500\$2,000\$2,500\$3,000\$3,500
	ICU Admission \$3,000\$4,000\$5,000\$6,000\$7,000
	Only one initial hospitalization admission benefit, the highest amount, is payable per covered accident, per covered person. If a covered person is confined to a hospital bed and is later confined to the ICU, the difference between the two benefits will be paid.
INTENSIVE CARE UNIT CONFINEMENT WITH BUILDING BENEFIT	Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to a hospital as the result of injuries.
	Year 1
	Year 2
	Year 3
	Year 4
	Year 5+
REHABILITATION CONFINEMENT BENEFIT	\$300\$350\$400\$450\$500
	Payable up to 365 days per covered accident, per covered person.
NAMED INJURY BENEFITS	
DISLOCATION AND FRACTURE BENEFIT	The benefit amount payable will be based on the body part (joint) dislocated or body part (bone) fractured regardless of the number of dislocations and/or fractures incurred on the same body part.
	Category 1
	Category 2
	Category 3
	Surgical \$400\$2,000\$4,000
	Non-Surgical \$150\$1,000\$2,000
	Chip Fracture \$40\$250\$500
	If a covered person suffers multiple dislocations and/or fractures of different body parts as the result of one covered accident, we will pay the applicable amount for each injury per accident, per covered person.

BENEFIT NAME	BENEFIT DETAILS	
DISMEMBERMENT BENEFIT	Dismemberment Type	Benefit
	Double Dismemberment	\$50,000
	Single Dismemberment	\$15,000
	Finger/Toe Dismemberment	\$2,000
	Partial Dismemberment	\$500
	Loss of Hearing (in one ear)	\$7,500
	Loss of Sight (in one eye)	\$7,500
The dismemberment must occur within 90 days after the covered accident. Only one dismemberment benefit amount, the highest amount, is payable per covered accident, per covered person.		
EMERGENCY DENTAL TREATMENT BENEFIT	Type	Benefit
	Loss or Extraction of a tooth	\$200
	Repair/Replacement of a tooth	\$500
	No more than one loss or extraction of a tooth and one repair or replacement of a tooth per covered accident, per covered person.	
EMERGENCY VISION TREATMENT BENEFIT	Type	Benefit
	Foreign Object Removal	\$100
	Eye Surgery	\$500
	No more than one foreign object removal or eye surgery per covered accident, per covered person.	
LACERATION BENEFIT	Type	Benefit
	Laceration with suture	\$100
	Laceration without suture	\$50
	Only one laceration benefit amount, the highest amount, is payable per covered accident, per covered person.	
ROAD RASH WITH SKIN GRAFT BENEFIT	Pays when a covered person suffers a road rash and requires a skin graft to repair.	
	Road Rash Percentage	Benefit
	< 10% of total body surface	\$175
	10% - 19% of total body surface	\$550
	20% - 29% of total body surface	\$1,500
	30% or greater of total body surface	\$3,000
	Only one road rash with skin graft benefit amount, the highest amount, is payable per covered accident, per covered person.	
SECOND-DEGREE BURN BENEFIT	Second-Degree Burn Percentage	Benefit
	< 10% of total body surface	\$175
	10% - 19% of total body surface	\$550
	20% - 29% of total body surface	\$1,500
	30% or greater of total body surface	\$3,000
	Only one second-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person.	
THIRD-DEGREE BURN BENEFIT	Third-Degree Burn Percentage	Benefit
	< 2.5% of total body surface	\$275
	2.5% - 10% of total body surface	\$1,350
	10% - 19% of total body surface	\$4,000
	20% - 29% of total body surface	\$15,000
	30% or greater of total body surface	\$25,000
Only one third-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person.		

BENEFIT NAME	BENEFIT DETAILS		
SURGERY BENEFIT	Pays the benefit amount listed below when a covered person undergoes surgery performed in a medical facility.		
	Surgery Type		Benefit
	Category 1	Repair of Hernia, Arthroscopy, Surgery (Other)	\$400
	Category 2	Ruptured Disc, Tendons/Ligaments, Torn Knee Cartilage, Torn Rotator Cuff	\$1,500
	Category 3	Cranial Surgery, Open Abdominal Surgery, Open Thoracic Surgery (excluding chest tube insertions)	\$3,000
ACQUIRED BRAIN INJURY BENEFIT	Pays the benefit amount listed below when a covered person is diagnosed with an acquired brain injury.		
	Severity		Benefit
	Severe (Glasgow Scale 8 or less or coma diagnosis)		\$20,000
	Moderate (Glasgow Scale 9-12)		\$1,000
	Mild (Glasgow Scale 13-15 or concussion diagnosis)		\$250
Payable once per covered accident, per covered person.			
PARALYSIS BENEFIT	Pays the benefit amount listed below when a covered person is diagnosed by a medical professional with permanent paralysis.		
	Paralysis Type		Benefit
	One or two limbs		\$15,000
	Three or four limbs		\$50,000
	Only one paralysis benefit amount, the highest amount, is payable per covered accident, per covered person.		
FOLLOW-UP CARE AND SERVICES BENEFITS			
POST-ACCIDENT CARE BENEFIT	\$50 per visit		
	Payable up to 30 visits per covered accident, per covered person.		
TRANSPORTATION BENEFIT	\$1,000 per round trip to any medical facility or rehabilitation facility located more than 50 miles from the site of the covered accident or residence of the covered person when a covered person requires confinement for injuries sustained in a covered accident.		
	Payable for up to 3 round trips per calendar year, per covered person.		
PROSTHESIS BENEFIT	\$1,000; payable once per covered accident, per covered person.		
PROSTHESIS REPAIR/REPLACE BENEFIT	\$1,000; replacement must occur 12 months or more after any previously paid prosthesis benefit.		
LOSS OF LIFE BENEFIT			
ACCIDENTAL DEATH BENEFIT		Common-Carrier Accident	Other Accident
	Named Insured/Spouse	\$200,000	\$80,000
	Child	\$50,000	\$25,000
	Payable once per covered person.		
SPECIALTY BENEFITS			
AUTOMOBILE AND/OR HOME MODIFICATION BENEFIT	\$5,000; payable once per covered accident, per covered person.		
PREVENTIVE CARE BENEFIT	\$100; payable once per policy, per calendar year.		
ORGANIZED SPORTING ACTIVITY BENEFIT	\$125; payable once per covered accident, per covered person.		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE BENEFIT	Yes		



aflac.com || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

