

Section 2

Policy Benefits

The base Personal Accident Indemnity (PAI) policy:

- Provides 24-hour coverage for death, dismemberment, or injury sustained in a covered accident that occurs on or off the job.
- Pays a set indemnity amount as specified in the policy.
- Is guaranteed-issue on payroll only. (Direct has a couple of knock-out questions.)
- Has two levels. Level 2 benefits are approximately 25 percent greater than Level 1.

The base Personal Accident Indemnity policy does not pay benefits for sickness.

Sickness is defined as:

a disease, disorder, infection, or any other abnormal physical condition that is not caused by an injury that is first manifested or treated more than 30 days after the effective date of coverage and while coverage is in force. *Sickness* includes diseases or conditions resulting from insect bites or infestations by microorganisms. If the disease or disorder is first manifested or treated within the first 30 days after the effective date of coverage, any resulting disability will not be covered unless it begins more than 12 months after the effective date of coverage.

Example: Mary contracts West Nile virus as a result of being bitten by a mosquito. The policy is designed to pay for accidental injuries, not for sickness. Therefore, no indemnity benefits would be payable. (Note: If Mary had purchased the Sickness Disability Rider and was disabled due to West Nile virus, she would be eligible for disability benefits due to sickness.)

Injury is defined as:

a bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the effective date of coverage and while coverage is in force. (Review the Limitations and Exclusions section for injuries not covered in the policy.)

Read the policy for a complete description of the policy benefits. Benefits and features will vary by state—please refer to your specific state product introduction package.

Wellness Benefit

After this policy has been in force for 12 months, Aflac will pay **\$60** for the insured or any one family member to undergo a covered routine examination or other covered preventive testing during the following policy year. This benefit is payable only once per policy during each 12-month period following the policy anniversary date.

The following services will be covered: Annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings.



The Wellness Benefit is not payable for a procedure performed during the **first** policy year. Aflac will mail automated letters to remind policyholders when they are eligible for the Wellness Benefit.

The following benefits are payable if a covered person’s death, dismemberment, or injury is caused by an accident, subject to the limitations and exclusions.

Accident Emergency Treatment Benefit

Aflac will pay the following benefit for treatment by a physician, for X-rays, or for treatment received in a hospital emergency room:

	Insured and Spouse	Child
Level 1	\$120	\$70
Level 2	\$120	\$70

- Treatment must be received within 72 hours of the accident.
- Benefit is payable once per 24-hour period.
- Benefit is payable once per covered accident, per covered person.

Accident Follow-Up Treatment Benefit

Aflac will pay the following benefit when a covered person requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident:

	Follow-Up Treatment
Level 1	\$25 per treatment
Level 2	\$35 per treatment

- Treatment must start within 30 days of the accident or discharge from the hospital.
- Treatment must be performed in a hospital or physician’s office on an outpatient basis.
- Benefit is limited to one treatment per day, up to a maximum of six treatments per covered accident, per covered person.



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

Initial Accident Hospitalization Benefit

Aflac will pay the following benefit when a covered person is confined in a hospital for **24 hours** or more, or admitted directly to an intensive care unit for treatment of injuries:

	Initial Accident Hospital Confinement	Initial Accident Intensive Care Unit Confinement
Level 1	\$1,000	\$1,500
Level 2	\$1,000	\$2,000

- Confinement must start within 30 days of the accident.
- Benefit is payable once per hospital confinement or intensive care unit period.
- Benefit is payable once per calendar year, per covered person.

This benefit will be paid in addition to the hospital and ICU confinement benefits.

Accident Hospital Confinement Benefit

Aflac will pay the following benefit if a covered person is confined in a hospital for at least **18 hours** for treatment of injuries:

	Hospital Confinement
Level 1	\$200 per day
Level 2	\$250 per day

- Confinement must start within 30 days of the accident.
- Benefit is payable up to 365 days per covered accident, per covered person.



The Accident Hospital Confinement Benefit and Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.

Intensive Care Unit Confinement Benefit

Aflac will pay the following additional benefit for each day a covered person is confined in an intensive care unit while the person is receiving the Accident Hospital Confinement Benefit:

	Intensive Care Unit Confinement
Level 1	\$400 per day
Level 2	\$400 per day

- Confinement must start within 30 days of the accident.
- Benefit is payable up to 15 days per covered accident, per covered person.

Example: Due to injuries sustained in a car accident, George is admitted directly to an intensive care unit. He stays in ICU for three days and then is transferred to a regular hospital room for seven days. He has a Level 2 Personal Accident Indemnity Policy. How much would the policy pay?

\$2,000		Initial Accident Hospitalization Benefit
\$2,500	\$250/day x 10 days (7 days confinement in regular room plus 3 days in ICU)	Accident Hospital Confinement Benefit
<u>\$1,200</u>	\$400/day in ICU x 3 days	Intensive Care Unit Confinement Benefit
\$5,700	TOTAL + any other applicable policy benefits	

Accident Specific-Sum Benefit

Aflac will pay benefits for the treatments listed, if a covered person receives treatment for injuries in a covered accident. See sample policy on page 27.

Major Diagnostic Exams Benefit

Aflac will pay the following benefit when a covered person requires a CT (computerized tomography) scan, an MRI (magnetic resonance imaging), or an EEG (electroencephalogram) for an injury sustained in a covered accident:

	Major Diagnostic Test
Level 1	\$150
Level 2	\$200

- Exams must be performed in a hospital, physician’s office, or ambulatory surgical center.
- Benefit is limited to one payment per calendar year, per covered person.

The PAI Major Diagnostic Test Benefit pays for **three exams**. The **PSI** (Personal Sickness Indemnity) Major Diagnostic Test Benefit pays for **seven exams** (CT Scan, MRI, EEG, plus four additional tests).

	Physical Therapy
Level 1	\$25 per treatment
Level 2	\$35 per treatment



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

Rehabilitation Unit Benefit

Aflac will pay the following benefit for each day of rehabilitation confinement when a person is confined in a hospital and is transferred to a bed in a rehabilitation unit of a hospital:

	Rehabilitation Unit Confinement
Level 1	\$100 per day
Level 2	\$150 per day

- Benefit is limited to 30 days per covered person, per period of hospital confinement.
- Benefit is payable up to 60 days per calendar year.

Appliances Benefit

Aflac will pay the following benefit when a covered person requires use of a medical appliance as an aid in personal locomotion as a result of injuries sustained in a covered accident:

	Appliances
Level 1	\$100
Level 2	\$125

- Benefit is payable for crutches, wheelchairs, leg braces, back braces, and walkers.
- Benefit is payable once per covered accident, per covered person.

Prosthesis Benefit

Aflac will pay the following benefit when a covered person requires use of a prosthetic device as a result of injuries sustained in a covered accident:

	Prosthetic Device
Level 1	\$500
Level 2	\$750

- Benefit is not payable for hearing aids, wigs, or any dental aids, including false teeth.
- Benefit is payable once per covered accident, per covered person.

Blood/Plasma/Platelets Benefit

Aflac will pay the following benefit when a covered person requires blood/plasma and/or platelets for treatment of injuries sustained in a covered accident:

	Blood/Plasma/Platelets
Level 1	\$100
Level 2	\$200

- Benefit is not payable for immunoglobulins.
- Benefit is payable once per covered accident, per covered person.

Ambulance Benefit

Aflac will pay the following benefit when a covered person requires transportation to a hospital or emergency center for injuries sustained in a covered accident:

	Ambulance	Air Ambulance
Level 1	\$150	\$1,000
Level 2	\$200	\$1,500

- Ambulance transportation must be provided within 72 hours of the covered accident.
- Transportation must be provided by a licensed professional ambulance company.

Transportation Benefit

Aflac will pay the following benefit when a covered person requires special treatment and confinement in a hospital for injuries sustained in a covered accident. A local physician must prescribe the treatment, and the treatment cannot be available locally.

	Transportation
Level 1	\$400 per round trip
Level 2	\$600 per round trip

- Benefit is not payable for ambulance or air ambulance transportation.
- Benefit is not payable for transportation within a 100-mile radius of the accident scene or residence of the covered person.
- Benefit is payable for up to three round trips per calendar year, per covered person.

If treatment is for a dependent child and commercial travel is necessary, the dependent child’s parent or legal guardian who travels with the child will also receive this benefit.

Example:

Dependent Child	\$ 600
Parent	<u>\$ 600</u>
TOTAL	\$1,200

Family Lodging Benefit

Aflac will pay the following Family Lodging Benefit per night for one motel/hotel room for one member of the immediate family to accompany the covered person when a covered person requires confinement in a hospital or emergency center for injuries sustained in a covered accident:

	Family Lodging
Level 1	\$100 per night
Level 2	\$125 per night

- Benefit is payable only during the time the insured is hospital-confined.
- Hospital and lodging must be more than 100 miles from the residence of the covered person.
- Benefit is payable up to 30 days per covered accident.

Accidental-Death Benefit

Aflac will pay the following lump-sum benefit for accidental death. Death must occur as a result of injuries and must occur within 90 days of the covered accident.

		Insured	Spouse	Child
Level 1	Common Carrier Accident	\$100,000	\$100,000	\$15,000
	Other Accidents	\$25,000	\$25,000	\$7,500
Level 2	Common Carrier Accidents	\$150,000	\$150,000	\$25,000
	Other Accidents	\$40,000	\$40,000	\$12,500

Accidental-Dismemberment Benefit

If a dismemberment occurs as a result of injuries within 90 days of the covered accident, Aflac will pay the applicable lump-sum benefit:

		Insured	Spouse	Child
Level 1	Both arms and both legs	\$25,000	\$25,000	\$7,500
	Two eyes, feet, hands, arms, or legs	\$25,000	\$25,000	\$7,500
	One eye, foot, hand, arm, or leg	\$6,250	\$6,250	\$1,875
	One or more fingers and/or one or more toes	\$1,250	\$1,250	\$500
		Insured	Spouse	Child
Level 2	Both arms and both legs	\$40,000	\$40,000	\$12,500
	Two eyes, feet, hands, arms, or legs	\$40,000	\$40,000	\$12,500
	One eye, foot, hand, arm, or leg	\$10,000	\$10,000	\$3,750
	One or more fingers and/or one or more toes	\$2,000	\$2,000	\$625

The highest single benefit per covered accident will be paid once for any covered accident.

Continuation Of Coverage

Aflac will waive all monthly premiums due for the policy and riders for up to two months if the named insured meets all of the following conditions:

1. The policy has been in force for at least six months.
2. Aflac has received premiums for at least six consecutive months.
3. The premiums have been paid through payroll deduction, and the named insured leaves the employer for any reason.
4. The named insured or the employer notifies Aflac in writing within 30 days of the date the premium payments cease due to leaving employment.
5. The named insured re-establishes premium payments through:
 - (a) A new employer’s payroll deduction process.
 - (b) Direct payment to Aflac.

The named insured will again become eligible to receive this benefit after re-establishing premium payments through payroll deduction for a period of at least six months and after Aflac receives premiums for at least six consecutive months.

PERSONAL ACCIDENT EXPENSE VERSUS PERSONAL ACCIDENT INDEMNITY

Benefits	PAE			PAI Level 1			PAI Level 2		
Wellness	\$60 after 12 months premiums			\$60 after 12 months in force; added dental exams			\$60 after 12 months in force; added dental exams		
Accidental Death	Insured	Spouse	Child	Insured	Spouse	Child	Insured	Spouse	Child
Common Carrier	\$100,000	50,000	15,000	\$100,000	100,000	15,000	\$150,000	150,000	25,000
Other Accidents	\$ 25,000	10,000	5,000	\$ 25,000	25,000	7,500	\$ 40,000	40,000	12,500
Accidental Dismemberment	Insured	Spouse	Child	Insured	Spouse	Child	Insured	Spouse	Child
Both arms and both legs	\$25,000	10,000	5,000	\$25,000	25,000	7,500	\$40,000	40,000	12,500
Two eyes, feet, hands, arms or legs	25,000	10,000	5,000	25,000	25,000	7,500	40,000	40,000	12,500
One eye, foot, hand, arm or leg	6,250	2,500	1,250	6,250	6,250	1,875	10,000	10,000	3,750
One or more fingers and/or toes	1,250	500	250	1,250	1,250	500	2,000	2,000	625
Initial hospitalization, 24 hours	\$1000			\$1000 for regular admission \$1500 if admitted directly to ICU			\$1000 for regular admission \$2000 if admitted directly to ICU		
Daily hospital confinement	\$200 for 24 hours, up to 365 days			\$200 for 18 hours, up to 365 days			\$250 for 18 hours, up to 365 days		
ICU confinement	\$400, up to 15 days			\$400, up to 15 days			\$400, up to 15 days		
Accident Emergency Treatment	Insured	Spouse	Child	Insured	Spouse	Child	Insured	Spouse	Child
	\$120	120	70	\$120	120	70	\$120	120	70
Follow-up visits	\$25, up to 6			\$25, up to 6			\$35, up to 6		
Physical therapy visits	\$25, up to 6			\$25, up to 10			\$35, up to 10		
Dislocations	Open	Closed		Open	Closed		Open	Closed	
Hip	\$2000	500		\$2000	500		\$2500	625	
Knee, shoulder	500	200		500	200		625	250	
Collar bone	800	150		800	150		1000	200	
Ankle, foot	500	150		500	150		625	200	
Lower jaw	500	250		500	250		625	325	
Wrist or elbow	400	200		400	200		500	250	
Toe or finger	100	50		100	50		125	65	
Burns (new policy in sq. cm.)									
2 nd degree, less than 10% (20 sq. cm.)	\$ 100			\$ 100			\$ 125		
2 nd , 10 – 25% (20 – 40 sq. cm.)	200			200			250		
2 nd , 25 – 35% (40 – 65 sq. cm.)	500			400			500		
2 nd , 35%+ (65 – 160 sq. cm.)	1,000			600			750		
2 nd , 160 - 225 sq. cm.				800			1,000		
2 nd , 225 sq. cm. +				1,000			1,250		
3 rd , less than 3 sq. in. (20 sq. cm.)	200			200			250		
3 rd , 3 – 6 sq. in. (20 – 40 sq. cm.)	500			500			625		
3 rd , 6 – 10 sq. in. (40 – 65 sq. cm.)	1,000			1,000			1,250		
3 rd , 10 – 25 sq. in. (65 – 160 sq. cm.)	3,000			3,000			3,750		
3 rd , 25 – 35 sq. in. (160 – 225 sq. cm.)	7,000			7,000			8,750		
3 rd , 35 sq. in. + (225 sq. cm. +)	10,000			10,000			12,500		
Skin grafts	25% of burn benefit			50% of burn benefit			50% of burn benefit		
Tendons & Ligaments	\$500			\$500			\$625		
Ruptured disc/torn knee cartilage	\$500			\$500			\$625		
Torn rotator cuff	\$250, one \$500, more than one			\$500 , one or more			\$625, one or more		
Eye injury	\$ 50, foreign body removal 250, surgical repair			\$ 50, foreign body removal 250, surgical repair			\$ 65, foreign body removal 300, surgical repair		
Lacerations with sutures									
Less than 2 inches (5 cm)	\$ 50			\$ 50			\$ 65		
2 – 6 inches (5 – 15 cm)	200			200			250		
Over 6 inches (15 cm)	400			400			500		
No sutures	25			25			35		
Internal injuries resulting in open abdominal, hernia or thoracic surgery	\$1000			\$1000; added cranial and open exploratory surgery			\$1250; added cranial and open exploratory surgery		

Bold indicates the benefits that have been increased compared to the Personal Accident Expense.

Shading indicates the Level 2 benefits that are higher than the Level 1 benefits.

Benefits	PAE		PAI Level 1		PAI Level 2	
	Open	Closed	Open	Closed	Open	Closed
Fractures						
Hip	\$2000	1000	\$2000	1000	\$2500	1250
Leg	1000	500	1000	500	1250	625
Hand, wrist, elbow, forearm	500	250	500	250	625	325
Shoulder blade	500	250	500	250	625	325
Foot, ankle, kneecap	500	250	500	250	625	325
Sternum (PAI) lower jaw	500	250	500	250	625	325
Vertebrae (body of), pelvis, sternum (PAI)	1000	500	1000	500	1250	625
Upper jaw, upper arm, face	600	300	600	300	750	375
Rib or ribs	1000	100	1000	100	1250	125
Nose, heel or finger(s)	500	100	500	100	625	125
Coccyx	200	100	200	100	250	125
Toe(s)	200	100	200	100	250	125
Vertebral processes	1000	150	1000	150	1250	200
Skull	depressed- \$1500, simple - \$500		depressed- \$1500, simple - \$500		depressed- \$1875, simple - \$625	
			Pay all fractures per bone, up to maximum of 2 (instead of one benefit for multiple fractures of ribs fingers or toes)		Pay all fractures per bone, up to maximum of 2 (instead of one benefit for multiple fractures of ribs fingers or toes)	
Chip Fractures	25% of fracture benefit		25% of fracture benefit		25% of fracture benefit	
Concussion	\$200 with EEG		\$50 with no diagnostic test		\$50 with no diagnostic test	
Exploratory surgery w/o repair (i.e., arthroscopy)	\$250		\$250		\$300	
Emergency dental work:						
Crown(s)	\$150		\$150		\$200	
Extraction(s)	50		50		65	
Partial amputation of finger(s), toe(s), must involve one joint	\$100		Deleted as a separate benefit; will pay as open fracture		Deleted as a separate benefit; will pay as open fracture	
Coma, after 30 days	\$10,000		\$10,000; After 7 days		\$12,500; After 7 days	
Paralysis, after 3 months	Insured/Spouse	Child	Same benefit for all covered persons:			
Quadriplegia	\$10,000	5000	Quad - \$10,000		Quad - \$12,500	
Paraplegia	5,000	2500	Para - \$ 5,000		Para - \$ 6,250	
			After 30 days		After 30 days	
Appliance	\$100		\$100		\$125	
Prosthesis	\$500		\$500		\$750	
Ambulance	\$100 ground 500 air		\$ 150 ground 1000 air		\$ 200 ground 1500 air	
Transportation	\$300 per trip, up to 3 per year		\$400 per trip, up to 3 per year		\$600 per trip, up to 3 per year	
Lodging	\$100 per night, up to 30 days per acc		\$100 per night, up to 30 days per acc		\$125 per night, up to 30 days per acc	
Blood and plasma	\$100		\$100; added platelets		\$200; added platelets	
Continuation of coverage	After 6 months, waive up to 2 months		After 6 months, waive up to 2 months		After 6 months, waive up to 2 months	
New Benefits:						
Major diagnostic exam (MRI, CT scan, etc.)	None		\$150, 1 per person per year		\$200, 1 per person per year	
Rehabilitation confinement	None		\$100, up to 30 days per accident, 60 days per year		\$150, up to 30 days per accident, 60 days per year	
Misc. surgery requiring general anesthesia	None		\$250; 1 per 24-hour period		\$300; 1 per 24-hour period	

Bold indicates the benefits that have been increased compared to the Personal Accident Expense. Shading indicates the Level 2 benefits that are higher than the Level 1 benefits.

*Sample Personal Accident
Indemnity Policy
(Series A-34200 Level 2)*

There are two levels of Personal Accident Indemnity plans available: Form A-34100 (Level 1) and Form A-34200 (Level 2). We will use Form A-34200 for illustrative purposes in this manual.

This is a sample base policy to be used for training purposes only. **Benefits, limitations, and exclusions may vary by state; please refer to your specific state introduction packet for complete details.**

ACCIDENT-ONLY POLICY

This is an accident-only policy;
it does not pay benefits for Sickness.

IMPORTANT: This is a limited policy.
Read it carefully with the Outline of Coverage, if applicable.

In this policy, you, the Insured as shown in the Policy Schedule, are referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (AFLAC)**, a stock company, is referred to as "we," "our," "us," or "AFLAC."

CONSIDERATION

We promise to insure you for the benefits described in this policy. We make this promise in consideration of the application for this policy and the payment of all premiums when due.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return it within 30 days after you receive it. Send it to our associate (duly licensed agent) or to AFLAC Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return the policy, please note in writing: "This policy is returned for cancellation and refund of premium."

IMPORTANT NOTICE: Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete to the best of your knowledge and belief. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on it is not correct or complete. Incorrect information can result in the denial of a claim or termination of this policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in a covered person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the payment of premiums at the rate in effect at the beginning of each term. We may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any covered person(s). "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, we will notify you in writing at your last known address at least 30 days before the change becomes effective.

American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999
Call toll-free 1-800-99-AFLAC (1-800-992-3522).

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Policy Schedule

INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
 AAABBB

MODE OF PAYMENT: Monthly

DISABILITY BENEFIT PERIOD:

ELIMINATION PERIOD:

Accident:
Sickness:
Rider:

Accident:
Sickness:
Rider:

PREMIUMS

Policy: \$XX
Rider: \$XX

EFFECTIVE DATES

Policy: XX/XX/XX
Riders: XX/XX/XX

In witness whereof, AFLAC's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.

ABCD

Joey M. Loudermilk, Secretary

ABCD

Daniel P. Amos, President

This policy is a contract between you and AFLAC.

READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

- A. ACCIDENTAL-DEATH OR -DISMEMBERMENT:** death or Dismemberment caused by an accident that occurs on or after the Effective Date of coverage and while coverage is in force, independent of disease, bodily infirmity, or any other cause. See the Limitations and Exclusions section for death or Dismemberment not covered by this policy.
- B. AMBULATORY SURGICAL CENTER:** a facility, licensed as such, that provides surgical services on an outpatient basis. This does not include a Physician's or dentist's office, clinic, or other such location.
- C. COMA:** a continuous state of profound unconsciousness, diagnosed or treated after the Effective Date of this policy, lasting for a period of seven or more consecutive days, characterized by the absence of: 1) spontaneous eye movements, 2) response to painful stimuli, and 3) vocalization. The condition must require intubation for respiratory assistance.
- D. CHIP FRACTURE:** a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.
- E. COMMON-CARRIER ACCIDENTS:** accidents that occur on or after the Effective Date of coverage and while coverage is in force directly involving a vehicle in which a covered person is a passenger at the time of the accident and which is duly licensed by a proper authority to transport passengers for a fee. Common-carrier vehicles are limited to airplanes, trains, buses, trolleys, and boats that operate on a regularly scheduled basis between predetermined points or cities. **A taxi is not a common-carrier vehicle.**
- F. DISLOCATION:** a completely separated joint. It must be diagnosed as a Dislocation by a Physician within 72 hours after the date of the accident. The Dislocation must require correction by a Physician. It can be corrected by open or closed Reduction.
- G. DISMEMBERMENT OR LOSS OF (with or without reattachment):** (1) Arm - actual severance above the elbow; (2) Leg - actual severance above the knee; (3) Hand - actual severance above the wrist; (4) Foot - actual severance above the ankle; (5) Finger - actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand; (6) Toe - actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and (7) Eye - loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200. **Loss of use does not constitute Dismemberment, except as stated above in (7) Eye.**
- H. EFFECTIVE DATE:** the date shown in the Policy Schedule. The Effective Date of the policy is **not** the date you signed the application for coverage.
- I. FRACTURE:** a break in a bone that can be seen by X-ray. It must be diagnosed as a Fracture by a Physician within 14 days after the date of the accident. The Fracture must require correction by a Physician. It can be corrected by open or closed Reduction.

- J. HOSPITAL:** a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" also includes Ambulatory Surgical Centers and satellite emergency centers. The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.
- K. HOSPITAL CONFINEMENT:** a stay of a covered person confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician and medically necessary. Benefits are also payable for confinement in Hospitals operated by or for the United States government.
- L. IMMEDIATE FAMILY:** anyone related to you in the following manner: your spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father-in-law or mother-in-law; and spouses, as applicable, of any of these.
- M. INJURY:** a bodily Injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- N. INTENSIVE CARE UNIT (ICU):** a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.
- O. OTHER ACCIDENTS:** accidents that occur on or after the Effective Date of coverage and while coverage is in force that are not classified as Common-Carrier Accidents and that are not specifically excluded in the Limitations and Exclusions section.
- P. PARALYSIS:** spinal cord Injuries received in a covered accident that result in complete and total loss of use of two or more limbs for a period of not less than 30 days. Your Paralysis must be confirmed by your attending Physician.

- Q. PERIOD OF HOSPITAL CONFINEMENT:** a time period of Hospital Confinement that starts while this policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated Injury or the confinements are separated by 30 days or more.
- R. PHYSICAL THERAPIST (also known as "Physiotherapist"):** a licensed specialist in physical therapy.
- S. PHYSICIAN:** a legally qualified person, other than a member of your Immediate Family, who is licensed as a Physician by the state to treat the type of condition for which a claim is made.
- T. PROSTHETIC DEVICE/PROSTHESIS:** an artificial device designed to replace a missing part of the body.
- U. REHABILITATION UNIT:** a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.
- V. REDUCTION:** open (surgical) or closed (manipulative) repair of a Fracture or Dislocation.
- W. SICKNESS:** a disease, disorder, infection, or any other abnormal physical condition that is not caused by an Injury that is first manifested or treated more than 30 days after your Effective Date of coverage and while coverage is in force. "Sickness" includes diseases or conditions resulting from insect bites or infestations by microorganisms. If you purchase the Optional Sickness Disability Rider Series A-34052, and the disease or disorder is first manifested or treated within the first 30 days after your Effective Date of coverage, any resulting disability will not be covered unless it begins more than 12 months after the Effective Date of coverage.
- X. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
- (1) **Individual:** coverage for only you (the Insured listed in the Policy Schedule).
- (2) **Named Insured/Spouse Only:** coverage for only you (the Insured) and your spouse.
- (3) **One-Parent Family:** coverage for you (the Insured) and all of your dependent children (or those of your spouse) who are unmarried and under age 19. "Dependent children" are your natural children, stepchildren, or legally adopted children who are unmarried, who are under age 19, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. Coverage of a dependent child will be extended to age 23 if he/she is enrolled as a full-time student in a post secondary institution of higher learning for five calendar months in that calendar year; or, if not enrolled, would have been eligible to enroll and was prevented from enrolling due to Sickness or Injury. Children born to dependent children of the Named Insured or spouse are not covered under this policy.
- (4) **Two-Parent Family:** coverage for you (the Insured), your spouse, and all of your dependent children (or those of your spouse) who are unmarried and under age 19. Dependent children are your natural children, stepchildren, or legally adopted children who are unmarried, who are under age 19, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. Coverage of a

dependent child will be extended to age 23 if he/she is enrolled as a full-time student in a post secondary institution of higher learning for five calendar months in that calendar year; or, if not enrolled, would have been eligible to enroll and was prevented from enrolling due to Sickness or Injury. Children born to dependent children of the Insured or the Insured's spouse are not covered under this policy.

Persons covered under Individual, Named Insured/Spouse, One-Parent Family, or Two-Parent Family coverage are referred to as "covered persons." Newborn children are automatically covered under the terms of the policy from the moment of birth, and adopted children are covered from the date of petition. If Individual or Named Insured/Spouse coverage is issued and you desire uninterrupted coverage for a newborn or adopted child, you must notify AFLAC within 31 days of the child's birth or the date of petition for adoption. Upon notification, AFLAC will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify AFLAC of the birth of your child or the date of petition for adoption, and an additional premium payment is not required. If you wish any other person to be covered after the Effective Date of the policy, you must apply for such coverage, and that person must be added by endorsement. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any dependent child will terminate on the policy anniversary date following the child's 19th birthday (23rd if a full-time student), the child's marriage, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first. Termination will be without prejudice to any prior claim. AFLAC's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as covered persons under the policy. Coverage provided under any One-Parent Family or Two-Parent Family contract will include any other unmarried dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated before age 19. Proof of such incapacity and dependency must be furnished to AFLAC by you within 31 days of the dependent child's 19th birthday. Proof of continued incapacity and dependency must be furnished at AFLAC's request, but not more often than annually, after the two-year period following the child's 19th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- A. We will not pay benefits for services rendered by a member of the Immediate Family of a covered person.**

- B. We will not pay benefits for an accident or Sickness that is caused by or occurs as a result of a covered person's:**
 - 1. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);

 - 2. Driving any taxi for wage, compensation, or profit;

3. Mountaineering using ropes and/or other equipment; parachuting; or hang gliding;
4. 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 type penal institution;
5. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane;
6. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of Injury;
7. Being exposed to war or any act of war, declared or undeclared;
8. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
9. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
10. 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.

Part 3
RIGHT OF CONVERSION

A. Dissolution of Marriage:

If you and your spouse dissolve your marriage by a valid decree of dissolution of marriage and your spouse was covered under Named Insured/Spouse Only or Two-Parent Family coverage, coverage for your spouse will terminate. Your ex-spouse can apply for and receive, without evidence of insurability, a policy in his/her occupation class providing coverage not greater than the terminated coverage. To obtain the policy, your ex-spouse must apply to AFLAC within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium. Conversion rights do not apply to Off-the-Job Accident Disability Rider Series A-34050, On-the-Job Accident Disability Rider Series A-34051 and Sickness Disability Rider Series A-34052. If your ex-spouse is covered under the Spouse Off-the-Job Rider Series A-34053, this rider will terminate. However, the spouse rider will convert to the Off-the-Job Rider Series A-34050 for the same amount of coverage as provided in the Spouse Off-the-Job Rider Series A-34053. If additional coverage is desired, additional underwriting will be required.

If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any covered dependents may be insured under either policy, but not both.

B. Death:

In the event of your death, your spouse (if covered hereunder) will become the Named Insured and coverage will continue in the same occupation class. Conversion rights do not apply to Off-the-Job Accident Disability Rider Series A-34050, On-the-Job Accident Disability Rider Series A-34051 and Sickness Disability Rider Series A-34052. If your spouse is covered under the Spouse Off-the-Job Rider Series A-34053, this rider will terminate. However, the spouse rider will convert to the Off-the-Job Rider Series A-34050 for the same amount of coverage as provided in the Spouse Off-the-Job Rider Series A-34053. If additional coverage is desired, additional underwriting will be required.

C. Termination of Dependency:

A dependent child covered under this policy who has reached his or her 19th birthday or who has married and desires to continue coverage as the Insured under a separate policy may do so by notifying AFLAC of the request in writing. The child will have the right to continue coverage as an Insured on a separate equivalent policy in his/her occupation class without a requirement for evidence of insurability and without interruption in coverage, provided AFLAC receives written notification of the request before 30 days after the policy anniversary date following the dependent's 19th birthday or marriage. Conversion rights do not apply to Off-the-Job Accident Disability Rider Series A-34050, On-the-Job Accident Disability Rider Series A-34051 and Sickness Disability Rider Series A-34052.

Part 4 UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the secretary and president of AFLAC at our worldwide headquarters. Any such change must be noted on or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, any misstatements, except fraudulent misstatements, made by you in the application shall not be used to void the policy or to deny a claim for care commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.
- D. MISSTATEMENT OF AGE:** If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age. We will refund all unearned premiums paid, less any benefits paid, if the misstated age at the time of application was outside the age limits for this policy.
- E. REINSTATEMENT:** You may request reinstatement of your policy from our associate (duly licensed agent) or from AFLAC. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy shall be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy shall be deemed reinstated. The reinstated policy shall cover only loss resulting from accidental Injury that takes place after the date of reinstatement and loss resulting from Sickness (if you purchased Rider Form Series A-34052) that begins more than 10 days after the date of reinstatement. In all other

respects, the Insured and AFLAC shall have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will not be applied to any period prior to the date of reinstatement.

- F. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, the policy shall continue in force.
- G. MISSTATEMENT OF OCCUPATION OR INCOME:** If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level, and any overpayment of premium will be refunded.
- H. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to AFLAC at our worldwide headquarters or to your associate (duly licensed agent). The notice should include the name of the covered person and the policy number.
- I. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within ten working days, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- J. PROOF OF LOSS:** Written proof of loss must be furnished to AFLAC at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- K. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of written proof of loss.
- L. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- M. LEGAL ACTIONS:** Any legal action may not be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. Any such action may not be brought after six years from the time written proof of loss is required to be furnished.
- N. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** AFLAC, at its own expense, shall have the right and opportunity to have a covered person examined by a Physician of our choice as often as it may be reasonably required during the pendency of a claim hereunder, and to have an autopsy performed in the case of death, where autopsy is not forbidden by law.
- P. CHANGE OF BENEFICIARY:** Unless you made the beneficiary designation in the attached application irrevocable, you have the right to make a change. The consent of the beneficiary

is not required to surrender the policy, assign benefits, or make any other changes to this policy.

- Q. ASSIGNMENT:** We will not assume responsibility for determining the validity of an assignment of your benefits to a provider of services. No such assignment of benefits will be recognized until we receive notice that you have specifically assigned the benefits of your AFLAC policy at our worldwide headquarters.
- R. OTHER INSURANCE WITH AFLAC:** If a person is covered under more than one accident only policy, only one AFLAC policy chosen by you, your beneficiary, or your estate, as the case may be, will be effective. We will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. We will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.

Part 5 **BENEFITS**

Benefit A is a preventive benefit; the death, Dismemberment, or Injury of a covered person is not required for this benefit to be payable.

- A. WELLNESS BENEFIT:** After this policy has been in force for 12 months, we will pay \$60 (sixty dollars) if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's Effective Date for service received during the following policy year and is payable only once per policy each 12-month period following your policy anniversary date. Eligible family members are your spouse and the dependent children of either you or your spouse. 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.

We will pay the following benefits as applicable if a covered person's death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Death, Dismemberment, or Injury must be independent of disease or bodily infirmity, or of any cause other than a covered accident. A covered accident must also occur while coverage is in force and is subject to the limitations and exclusions.

- B. ACCIDENT EMERGENCY TREATMENT BENEFIT:** If a covered person receives treatment for Injuries sustained in a covered accident, we will pay the following benefit for treatment received. This benefit is payable for treatment by a Physician, X-rays, or treatment received in a Hospital emergency room. 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.

<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
\$120	\$120	\$70

- C. ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** If a covered person receives emergency treatment for Injuries sustained in a covered accident and later requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident, we will pay \$35 (thirty-five dollars) per treatment for such follow-up treatment. We 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 furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. **This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.**

D. INITIAL ACCIDENT HOSPITALIZATION BENEFIT: When a covered person is confined to a Hospital for at least 24 hours for Injuries sustained in a covered accident, we will pay an Initial Accident Hospitalization Benefit of \$1,000 (one thousand dollars), or we will pay \$2,000 (two thousand dollars) if the covered person is admitted directly to an Intensive Care Unit. This benefit is payable only once per Hospital or Intensive Care Unit Confinement and only once per calendar year, per covered person. Confinements must start within 30 days of the accident.

E. ACCIDENT HOSPITAL CONFINEMENT BENEFIT: When a covered person is confined to a Hospital for at least 18 hours for treatment of Injuries sustained in a covered accident, we will pay \$250 (two hundred fifty dollars) for each day of Hospital Confinement for which a covered person is charged for a room. We will pay this benefit up to 365 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.

F. INTENSIVE CARE UNIT CONFINEMENT BENEFIT: While a covered person is receiving the Accident Hospital Confinement Benefit, we will pay an additional \$400 (four hundred dollars) for each day the covered person is confined and charged for a room in an Intensive Care Unit. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

G. ACCIDENT SPECIFIC-SUM INJURIES BENEFITS: If a covered person receives treatment for Injuries sustained in a covered accident, we will pay the following benefit for the treatment listed.

1. Dislocation (reduced under general anesthesia):

We will pay for no more than two Dislocations per covered accident, per covered person.

Benefits are payable for only the first Dislocation of a joint.

	Benefit:	
	Open Reduction	Closed Reduction
a. Hip	\$2,500	\$625
b. Knee or shoulder	\$625	\$250
c. Collar bone	\$1,000	\$200
d. Ankle or foot (excluding toes)	\$625	\$200
e. Lower jaw	\$625	\$325
f. Wrist or elbow	\$500	\$250
g. Toe or finger	\$125	\$65

If a Dislocation is reduced with local anesthesia or no anesthesia by a Physician, we will pay 25% of the amount shown for the closed Reduction Dislocation.

2. Burns (treated by a Physician within 72 hours after a covered accident):

	Benefit:	
	2nd Degree	3rd Degree
Less than 20 square centimeters of the body surface	\$125	\$250
More than 20 but less than 40 square centimeters of the body surface	\$250	\$625
More than 40 but less than 65 square centimeters of the body surface	\$500	\$1,250
More than 65 but less than 160 square centimeters of the body surface	\$750	\$3,750
More than 160 but less than 225 square centimeters of the body surface	\$1,000	\$8,750
More than 225 square centimeters of the body surface	\$1,250	\$12,500

3. Skin Grafts:

If a covered person receives one or more skin grafts for a covered burn, we will pay a total of 50% of the Burn benefit amount we paid for the burn involved.

4. Eye Injury:

Benefit:

Surgical repair	\$300
Removal of foreign body by a Physician	\$65

5. Lacerations requiring sutures (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):

Benefit:

Laceration(s) not requiring sutures and treated by a Physician	\$35
Single laceration less than 5 centimeters	\$65
Lacerations at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$250
Lacerations over 15 centimeters (total of all lacerations)	\$500

6. Fractures:

We will pay 25% of the benefit amount shown for the closed Reduction for Chip Fractures and other Fractures not reduced by open or closed Reduction.

We will pay for no more than two Fractures per covered accident, per covered person.

Benefit:

	Open Reduction	Closed Reduction
a. Hip	\$2,500	\$1,250
b. Leg	\$1,250	\$625
c. Hand (excluding fingers)	\$625	\$325
d. Foot (excluding toes/heel)	\$625	\$325
e. Wrist, elbow, ankle, or kneecap	\$625	\$325
f. Shoulder blade or forearm	\$625	\$325
g. Lower jaw	\$625	\$325
h. Vertebrae (body of), pelvis (excluding coccyx), or sternum	\$1,250	\$625
i. Upper jaw, upper arm, or face (excluding nose)	\$750	\$375
j. Rib	\$1,250	\$125
k. Nose, heel, or finger	\$625	\$125
l. Coccyx	\$250	\$125

m. Toe		\$250	\$125
n. Vertebral processes		\$1,250	\$200
o. Skull			
	depressed	\$1,875	
	simple	\$625	

7. Concussion (brain):

Benefit:
\$50

8. Emergency dental work:

Benefit:

Broken teeth repaired with crowns	\$200
Broken teeth resulting in extractions	\$65

We will pay for no more than one dental benefit per covered accident, per covered person.

9. Coma duration of at least 7 days:

Benefit:
\$12,500

10. Paralysis:

If a covered person suffers Paralysis as a result of a covered accident, we will pay the applicable benefit indicated below. The duration of the Paralysis must be a minimum of 30 days.

Benefit:

Quadriplegia (Paralysis of four limbs)	\$12,500
Paraplegia (Paralysis of lower limbs)	\$6,250

This benefit will be payable once per covered person.

11. Surgical Procedures:

Treatment must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be paid based upon the most expensive procedure.

Benefit:

Repair of:	
Tendons and/or ligaments	\$625
Torn Rotator Cuffs	\$625
Ruptured discs	\$625
Torn knee cartilages	\$625
Arthroscopy without surgical repair	\$300
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	\$1,250

Miscellaneous surgery requiring general anesthesia that is not covered by any other specific-sum Injury benefit (Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.):

Benefit:
\$300

H. MAJOR DIAGNOSTIC EXAMS: If a covered person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred, we will pay \$200 (two hundred dollars): CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). These exams must be performed in a Hospital, 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.

I. PHYSICAL THERAPY BENEFIT: If a covered person receives emergency treatment for Injuries sustained in a covered accident and later a Physician advises the covered person to seek treatment from a Physical Therapist, we will pay \$35 (thirty-five dollars) per treatment. Physical therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. We will pay for one treatment per day for up to a maximum of 10 treatments per covered accident, per covered person. The treatment must take place within six months after the accident. **This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.**

J. REHABILITATION UNIT BENEFIT: When a covered person is confined in a Hospital and is transferred to a bed in a Rehabilitation Unit of a Hospital for a covered Injury, we will pay \$150 (one hundred fifty dollars) per day for each day you are charged for a room. 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 Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.

K. APPLIANCES BENEFIT: If, as a result of Injuries sustained in a covered accident, a covered person requires, as advised by a Physician, the use of a medical appliance as an aid in personal locomotion, we will pay \$125 (one hundred twenty-five dollars). Benefits include and are payable for crutches, wheelchairs, leg braces, back braces, and walkers. This benefit is payable once per covered accident, per covered person.

L. PROSTHESIS BENEFIT: If a covered person requires use of a Prosthetic Device as a result of Injuries sustained in a covered accident, we will pay \$750 (seven hundred fifty dollars). This benefit is not payable for hearing aids, wigs, or any dental aids to include false teeth. This benefit is payable once per covered accident, per covered person.

M. BLOOD/PLASMA/PLATELETS BENEFIT: If a covered person requires blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident, we will pay \$200 (two hundred dollars). This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per covered person.

N. AMBULANCE BENEFIT: If a covered person requires ambulance transportation to a Hospital or emergency center for Injuries sustained in a covered accident, we will pay \$200 (two hundred dollars). Ambulance transportation must be within 72 hours of the covered accident. We will pay \$1,500 (fifteen hundred dollars) for transportation provided by an air ambulance. A licensed professional ambulance company must provide the ambulance service.

O. TRANSPORTATION BENEFIT: If a covered person requires special treatment and confinement in a Hospital for Injuries sustained in a covered accident, we will pay \$600 (six hundred dollars) per round trip. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. If the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child). The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the accident or residence of the covered person. This benefit is payable for up to three round trips per calendar year, per covered person.

P. FAMILY LODGING BENEFIT: If a covered person requires Hospital Confinement for the treatment of Injuries sustained in a covered accident, we will pay \$125 (one hundred twenty-five dollars) per night for one motel/hotel room for a member(s) of the Immediate Family to accompany the covered person. 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 100 miles from the residence of the covered person. This benefit is payable up to 30 days per covered accident.

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

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accidents	\$150,000	\$150,000	\$25,000
Other Accidents	\$40,000	\$40,000	\$12,500

R. ACCIDENTAL-DISMEMBERMENT BENEFIT: We will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of Injuries sustained in a covered accident and must occur within 90 days of the accident.

Dismemberment or complete loss of, with or without reattachment:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Both arms and both legs	\$40,000	\$40,000	\$12,500
Two eyes, feet, hands, arms, or legs	\$40,000	\$40,000	\$12,500
One eye, foot, hand, arm, or leg	\$10,000	\$10,000	\$3,750
One or more fingers and/or one or more toes	\$2,000	\$2,000	\$625

Only the highest single benefit per covered person will be paid for Accidental Dismemberment. Benefits will be paid only once for any covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

S. CONTINUATION OF COVERAGE BENEFIT: We will waive all monthly premiums due for the policy and riders 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.