



**Now More Than Ever**

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Affac®

## 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: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120																
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
	Common-Carrier Accident	Other Accident	Hazardous Activity Accident														
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ACCIDENTAL-DISEMEMBERMENT 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																
WAIVER OF PREMIUM BENEFIT	Yes																
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																

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

# Classic Cancer Care Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	\$75 per year, per Covered Person
<b>Cancer Diagnosis Benefits:</b>	
Initial Diagnosis Benefit	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person
<b>Cancer Treatment Benefits:</b>	
Injected Chemotherapy Benefit	\$600 per week; no lifetime max
Nonhormonal Oral Chemotherapy Benefit	\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Hormonal Oral Chemotherapy Benefit	\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Topical Chemotherapy Benefit	\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Radiation Therapy Benefit	\$350 per week; no lifetime max
Experimental Treatment Benefit	\$350 per week if charged; \$100 per week if no charge; no lifetime max
Immunotherapy Benefit	\$350 once per month; \$1,750 lifetime max per Covered Person
Antinausea Benefit	\$100 per month; no lifetime max
Stem Cell Transplantation Benefit	\$7,000; lifetime max \$7,000 per Covered Person
Bone Marrow Transplantation Benefit	\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor
Blood and Plasma Benefit	Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical/Anesthesia Benefit	\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$35–\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$200 per day; no lifetime max
<b>Hospitalization Benefits:</b>	
Hospital Confinement Benefit: <ul style="list-style-type: none"> <li>Hospitalization for 30 days or less</li> <li>Hospitalization for Days 31+</li> </ul>	Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
<b>Continuing Care Benefits:</b>	
Extended-Care Facility Benefit	\$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	\$100 per day; limited to 30 days per year, per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$100 per day; no lifetime max
Surgical Prosthesis Benefit	\$2,000; lifetime max \$4,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$175 per occurrence; lifetime max \$350 per Covered Person
Reconstructive Surgery Benefit	\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person
<b>Ambulance, Transportation, Lodging, and Other Benefits:</b>	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit	\$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.

# Boost your protection and help lower out-of-pocket costs with the Aflac Plus Rider

## Aflac Plus Rider Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT										
<p><b>TIER ONE CRITICAL ILLNESS EVENT BENEFIT</b></p>	<p><b>\$5,000</b> upon a covered person's onset date of one of the following:</p> <ol style="list-style-type: none"> <li>1. Heart Attack</li> <li>2. Stroke</li> <li>3. Coma</li> <li>4. Paralysis</li> <li>5. Type 1 Diabetes</li> <li>6. Traumatic Brain Injury</li> <li>7. Advanced Alzheimer's Disease</li> <li>8. Advanced Parkinson's Disease</li> <li>9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)</li> <li>10. Loss of Independence</li> <li>11. Sustained Multiple Sclerosis</li> <li>12. Permanent Loss of Sight</li> <li>13. Permanent Loss of Hearing</li> <li>14. Permanent Loss of Speech</li> <li>15. Sudden Cardiac Arrest</li> </ol> <p>This benefit is payable once per covered person, per lifetime.</p>										
<p><b>SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT</b></p>	<p><b>\$3,000</b> upon a covered person's onset date of:</p> <ul style="list-style-type: none"> <li>• a recurrence of that <b>same</b> Tier One Critical Illness Event, or</li> <li>• an occurrence of a <b>different</b> Tier One Critical Illness Event.</li> </ul> <p>This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.</p>										
<p><b>TIER TWO CRITICAL ILLNESS EVENT BENEFIT</b></p>	<p><b>\$1,250</b> upon a covered person's onset date of one of the following:</p> <table border="0"> <tr> <td>1. Encephalitis</td> <td>6. Necrotizing Fasciitis</td> </tr> <tr> <td>2. Bacterial Meningitis</td> <td>7. Osteomyelitis</td> </tr> <tr> <td>3. Lyme Disease</td> <td>8. Systemic Lupus</td> </tr> <tr> <td>4. Sickle Cell Anemia</td> <td>9. Cystic Fibrosis</td> </tr> <tr> <td>5. Cerebral Palsy</td> <td></td> </tr> </table> <p>This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.</p>	1. Encephalitis	6. Necrotizing Fasciitis	2. Bacterial Meningitis	7. Osteomyelitis	3. Lyme Disease	8. Systemic Lupus	4. Sickle Cell Anemia	9. Cystic Fibrosis	5. Cerebral Palsy	
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<p><b>CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT</b></p>	<p><b>\$1,750</b> when a covered person undergoes Coronary Artery Bypass Graft Surgery.</p> <p>This benefit is payable once per covered person, per lifetime.</p>										

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

# AFLAC VISION NOW®

## VISION INSURANCE

Policy Series VSN100



### NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

### COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

### VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

### GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

### NO COORDINATION OF BENEFITS

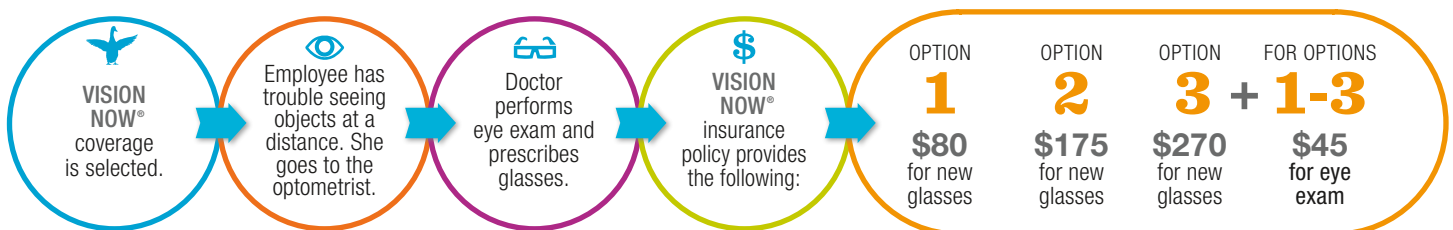
Benefits are paid regardless of any other insurance.

### PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

Our Vision Now® insurance policy offers you three plan options with **Vision Correction Benefits** of **\$80**, **\$175**, or **\$270** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **\$45**.

### HOW IT WORKS



The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer or call 1.800.99.AFLAC (1.800.992.3522). || [aflac.com](http://aflac.com)



Rate sheet prepared by Web User on 5/10/2017 10:33:44 AM.  
 Rhode Island Payroll Premium rates are Weekly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.  
 For more information about policy/plan benefits and limitations, please refer to the accompanying  
 product brochure for each insurance policy/plan listed below.

**Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000**

	Premium	Total
18-75 INDIVIDUAL	\$5.79	\$5.79
18-75 NAMED INSURED/SPOUSE	\$8.28	\$8.28
18-75 ONE-PARENT FAMILY	\$9.93	\$9.93
18-75 TWO-PARENT FAMILY	\$12.96	\$12.96

**AFLAC PLUS RIDER**

		Aflac Plus Rider
18-29	INDIVIDUAL	\$0.72
30-39		\$1.02
40-49		\$1.74
50-70		\$2.97
18-29	HUSBAND WIFE	\$1.35
30-39		\$2.01
40-49		\$3.30
50-70		\$5.67
18-29	ONE-PARENT FAMILY	\$1.44
30-39		\$1.56
40-49		\$2.10
50-70		\$3.06
18-29	TWO-PARENT FAMILY	\$1.74
30-39		\$2.25
40-49		\$3.39
50-70		\$5.70

**VISION NOW - Series VSN100**

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-39	\$3.21	\$5.28	\$5.05	\$6.67
40-49	\$4.36	\$6.09	\$7.36	\$8.61
50-70	\$6.55	\$7.59	\$11.28	\$11.52



Rate sheet prepared by Web User on 5/10/2017 10:33:44 AM.  
Rhode Island Payroll Premium rates are Weekly for industry Class A.

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**AFLAC CANCER CARE PLAN CLASSIC - Series A78300**

		<b>Premium</b>	<b>IDR* (5 units)</b>	<b>SDR*</b>	<b>Total</b>
18-75	INDIVIDUAL	\$7.32	\$1.35	\$0.21	\$8.88
18-75	INSURED/SPOUSE	\$12.45	\$3.00	\$0.39	\$15.84
18-75	ONE-PARENT FAMILY	\$7.32	\$1.35	\$0.21	\$8.88
18-75	TWO-PARENT FAMILY	\$12.45	\$3.00	\$0.39	\$15.84

*IDR\* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units*

*SDR\* = Optional Specified Disease Rider (Series A-78052) premium*