



Now More Than Ever



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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
	Individual	10
	Named Insured/Spouse Only	15
	One-Parent Family	20
	Two-Parent Family	25

AMBULANCE BENEFIT

- Ground: \$400
 - Air 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 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.					

HOSPITAL 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+
\$300	\$350	\$400	\$450	\$500

Payable up to 365 days per covered accident, per covered person.

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 an intensive care unit (ICU) as the result of injuries.

Year 1	Year 2	Year 3	Year 4	Year 5+
\$600	\$700	\$800	\$900	\$1,000

Payable up to 15 days per covered accident, per covered person.

REHABILITATION CONFINEMENT BENEFIT

Pays \$250 for each day a covered person is confined to a rehabilitation facility for at least 18 hours as the result of injuries.

Payable up to 30 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.				

AFLAC ACCIDENT INSURANCE – OPTION 3 BENEFIT OVERVIEW

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.		

AFLAC ACCIDENT INSURANCE – OPTION 3 BENEFIT OVERVIEW

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
	Named Insured/Spouse Child	\$200,000	Other Accident
		\$50,000	\$80,000 \$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		

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

Cancer Protection Assurance Option 2

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per calendar month Physician Administered: \$1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

Cancer Protection Assurance Option 2

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person		
EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person		
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person		
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person		
BREAST RECONSTRUCTION	<p>Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000</p> <p>Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500</p> <p>Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220</p> <p>Permanent Areola Repigmentation (on the diseased breast): \$100</p> <p>Maximum daily benefit will not exceed \$2,000</p>		
OTHER RECONSTRUCTIVE SURGERY	<p>Facial Reconstruction: \$500</p> <p>Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit</p> <p>Maximum daily benefit will not exceed \$500</p>		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	<p>\$1,000 for a covered person to have oocytes extracted and harvested</p> <p>\$200 for the storage of a covered person's oocyte(s) or sperm</p> <p>\$200 for embryo transfer</p> <p>Lifetime maximum of \$1,400 per covered person</p>		
AMBULANCE	<p>\$250 ground</p> <p>\$2,000 air ambulance</p>		
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip		
LODGING	\$65 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	<p>This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.</p> <p>When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:</p>		
SPECIFIED-DISEASE BENEFIT RIDER	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less; \$400 per day	31 days or more; \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

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

Aflac Plus Rider Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT												
TIER ONE CRITICAL ILLNESS EVENT BENEFIT	<p>\$5,000 upon a covered person's onset date of one of the following:</p> <ol style="list-style-type: none"> 1. Heart Attack 2. Stroke 3. Coma 4. Paralysis 5. Type 1 Diabetes 6. Traumatic Brain Injury 7. Advanced Alzheimer's Disease 8. Advanced Parkinson's Disease 9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease) 10. Loss of Independence 11. Sustained Multiple Sclerosis 12. Permanent Loss of Sight 13. Permanent Loss of Hearing 14. Permanent Loss of Speech 15. Sudden Cardiac Arrest <p>This benefit is payable once per covered person, per lifetime.</p>												
SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT	<p>\$3,000 upon a covered person's onset date of:</p> <ul style="list-style-type: none"> • a recurrence of that same Tier One Critical Illness Event, or • an occurrence of a different Tier One Critical Illness Event. <p>This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.</p>												
TIER TWO CRITICAL ILLNESS EVENT BENEFIT	<p>\$1,250 upon a covered person's onset date of one of the following:</p> <table border="0" style="width: 100%;"> <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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3. Lyme Disease	8. Systemic Lupus												
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5. Cerebral Palsy													
CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	<p>\$1,750 when a covered person undergoes Coronary Artery Bypass Graft Surgery.</p> <p>This benefit is payable once per covered person, per lifetime.</p>												
TIER THREE CRITICAL ILLNESS EVENT BENEFIT	<p>Pays the highest applicable benefit amount listed per period of hospital confinement or period of intensive care unit confinement upon a covered person's onset date of the following:</p> <table border="0" style="width: 100%;"> <tr> <td>1. Human Coronavirus</td> <td>3. Influenza</td> <td>5. Ebola</td> </tr> <tr> <td>2. Bird Flu/H5N1</td> <td>4. Pneumonia</td> <td></td> </tr> </table> <p>Benefit amounts:</p> <table border="0" style="width: 100%;"> <tr> <td>Hospital confinement 4-9 days</td> <td style="text-align: right;">\$1,250</td> </tr> <tr> <td>Hospital confinement 10 days or more</td> <td style="text-align: right;">\$3,125</td> </tr> <tr> <td>Intensive care unit confinement</td> <td style="text-align: right;">\$5,000</td> </tr> </table> <p>Maximum amount payable per 180 days is \$5,000.</p>	1. Human Coronavirus	3. Influenza	5. Ebola	2. Bird Flu/H5N1	4. Pneumonia		Hospital confinement 4-9 days	\$1,250	Hospital confinement 10 days or more	\$3,125	Intensive care unit confinement	\$5,000
1. Human Coronavirus	3. Influenza	5. Ebola											
2. Bird Flu/H5N1	4. Pneumonia												
Hospital confinement 4-9 days	\$1,250												
Hospital confinement 10 days or more	\$3,125												
Intensive care unit confinement	\$5,000												

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

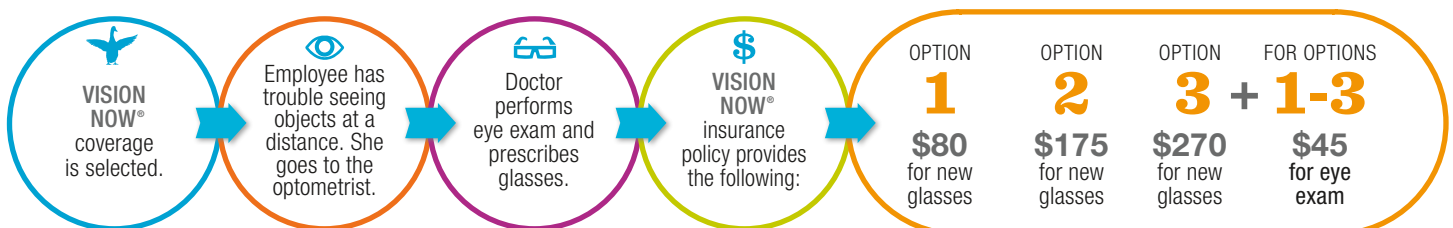
Benefits are paid regardless of any other insurance.

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



Bi-weekly rates

Accident Option 3				
Age	Individual	Insured and Spouse	One Parent Family	2 Parent Family
18-70	\$13.00	\$18.66	\$22.28	\$29.10

Cancer Protection Assurance Level 2				
Includes: \$500 building benefit rider and specified disease rider				
Additional rider options available				
Age	Individual	1 Parent Family	Insured & Spouse	2 Parent Family
18-75	\$18.62	\$18.62	\$33.50	\$33.50

Aflac Plus Rider				
can be added to Accident and Cancer Plans				
Age	Individual	Insured & Spouse	1 Parent Family	2 Parent Family
18-29	\$1.44	\$2.70	\$2.88	\$3.48
30-39	\$2.04	\$4.02	\$3.12	\$4.50
40-49	\$3.48	\$6.60	\$4.20	\$6.78
50-70	\$5.94	\$11.34	\$6.12	\$11.40

Vision				
Age	Individual	Insured and Spouse	One Parent Family	2 Parent Family
18-39	\$6.42	\$10.11	\$10.57	\$13.34
40-49	\$8.82	\$14.72	\$12.16	\$17.22
50-70	\$13.11	\$22.57	\$15.18	\$23.03