



Now More Than Ever



Your agent
Gina Ferreira
401-474-9814

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: <div>Back brace: \$350 Wheelchair: \$350 Walker: \$120 Body jacket: \$350 Leg brace: \$150 Walking boot: \$120 Knee scooter: \$350 Crutches: \$120 Cane: \$25</div> 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	<div>Pays benefits for the treatments listed below:</div> <div><div><div>DISLOCATIONS \$120–\$4,500</div><div>BURNS..... \$135–\$13,000</div><div>SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved</div><div>EYE INJURIES</div><div>Surgical repair..... \$350</div><div>Removal of foreign body by a physician .. \$75</div><div>LACERATIONS</div><div>Not requiring sutures \$40</div><div>Less than 5 centimeters \$90</div><div>At least 5 cm but not more than 15 cm . \$300</div><div>Over 15 centimeters \$600</div><div>FRACTURES..... \$150–\$4,000</div><div>CONCUSSION (brain) \$150</div></div><div><div>EMERGENCY DENTAL WORK</div><div>Broken tooth repaired with crown \$500</div><div>Broken tooth resulting in extraction \$160</div><div>COMA \$12,500</div><div>PARALYSIS</div><div>Quadriplegia \$12,500</div><div>Paraplegia..... \$6,250</div><div>Hemiplegia..... \$4,750</div><div>SURGICAL PROCEDURES \$250–\$1,500</div><div>MISCELLANEOUS SURGICAL PROCEDURES \$140–\$350</div><div>PAIN MANAGEMENT (NON-SURGICAL)</div><div>Epidural..... \$100</div></div></div>		
ACCIDENTAL-DEATH BENEFIT	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
ACCIDENTAL-DISMEMBERMENT 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.

Cancer protection Assurance Option 2

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
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
INITIAL DIAGNOSIS	Named Insured or Spouse: \$4,000 Dependent Child: \$8,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$250 per calendar month Physician Administered: \$1,200 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
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
SURGERY/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
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person

Cancer protection Assurance Option 2

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	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person
ANNUAL CARE	\$200 on the anniversary date of diagnosis; lifetime maximum of five annual \$200 payments per covered person
AMBULANCE	\$250 ground \$2,000 air ambulance
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	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.		
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease 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		

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> <div><div><div>1. Heart Attack</div><div>2. Stroke</div><div>3. Coma</div><div>4. Paralysis</div><div>5. Type 1 Diabetes</div><div>6. Traumatic Brain Injury</div><div>7. Advanced Alzheimer’s Disease</div><div>8. Advanced Parkinson’s Disease</div><div>9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s disease)</div><div>10. Loss of Independence</div><div>11. Sustained Multiple Sclerosis</div><div>12. Permanent Loss of Sight</div><div>13. Permanent Loss of Hearing</div><div>14. Permanent Loss of Speech</div><div>15. Sudden Cardiac Arrest</div></div></div> <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> <div><div><div>• a recurrence of that same Tier One Critical Illness Event, or</div><div>• an occurrence of a different Tier One Critical Illness Event.</div></div></div> <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> <div><div><div><div>1. Encephalitis</div><div>2. Bacterial Meningitis</div><div>3. Lyme Disease</div><div>4. Sickle Cell Anemia</div><div>5. Cerebral Palsy</div></div><div><div>6. Necrotizing Fasciitis</div><div>7. Osteomyelitis</div><div>8. Systemic Lupus</div><div>9. Cystic Fibrosis</div></div></div></div> <p>This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.</p>
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> <div><div><div><div>1. Human Coronavirus</div><div>2. Bird Flu/H5N1</div></div><div><div>3. Influenza</div><div>4. Pneumonia</div></div><div><div>5. Ebola</div></div></div></div> <p>Benefit amounts:</p> <div><div><div>Hospital confinement 4-9 days</div><div>Hospital confinement 10 days or more</div><div>Intensive care unit confinement</div></div><div><div>\$1,250</div><div>\$3,125</div><div>\$5,000</div></div></div> <p>Maximum amount payable per 180 days is \$5,000.</p>

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

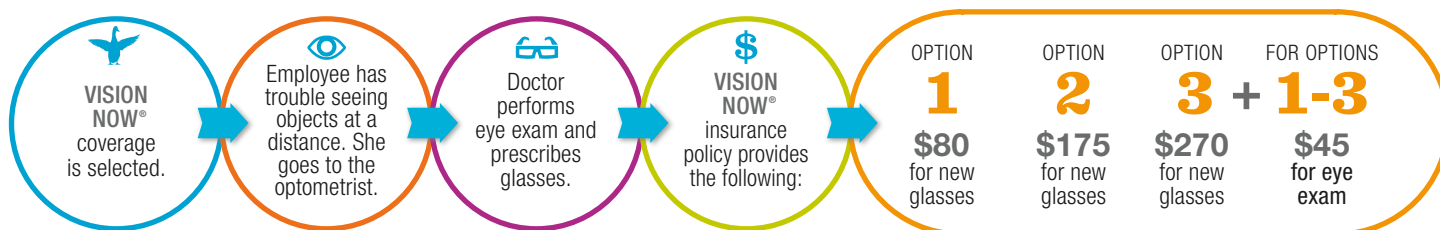
Benefits are paid regardless of any other insurance.

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.



Rate sheet prepared by Web User on 5/13/2020 12:21:26 PM.
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.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$7.73	\$1.37	\$0.21	\$9.31
18-75	INSURED/SPOUSE	\$13.30	\$3.24	\$0.21	\$16.75
18-75	ONE-PARENT FAMILY	\$7.73	\$1.37	\$0.21	\$9.31
18-75	TWO-PARENT FAMILY	\$13.30	\$3.24	\$0.21	\$16.75

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

SDR* = Optional Specified Disease Rider (Series B70052) premium

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 INSURED/SPOUSE	\$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