

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT												
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 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	\$165 per day, up to 365 days per covered accident, per covered person												
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$640 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: \$220 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$170 Office or facility (other than a hospital emergency room) without X-ray: \$120												
AMBULANCE BENEFIT	\$200 ground ambulance transportation or \$1,500 air ambulance transportation												
BLOOD/PLASMA/PLATELETS BENEFIT	\$250 once per covered accident, per covered person												
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 per calendar year, per covered person												
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$50 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person												
THERAPY BENEFIT	\$50 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: \$300 Wheelchair: \$300 Walker: \$100 Body jacket: \$300 Leg brace: \$125 Walking boot: \$100 Knee scooter: \$300 Crutches: \$100 Cane: \$25 Payable once per covered accident, per covered person												
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person												
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime												
REHABILITATION FACILITY BENEFIT	\$150 per day												
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person												
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: DISLOCATIONS \$100–\$3,750 BURNS \$125–\$12,500 SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair..... \$300 Removal of foreign body by a physician ..\$65 LACERATIONS Not requiring sutures \$35 Less than 5 centimeters \$65 At least 5 cm but not more than 15 cm . \$250 Over 15 centimeters \$500 FRACTURES \$125–\$3,500 CONCUSSION (brain) \$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown \$400 Broken tooth resulting in extraction \$130 PARALYSIS Quadriplegia \$12,500 Paraplegia..... \$6,250 Hemiplegia..... \$4,750 SURGICAL PROCEDURES \$200–\$1,250 MISCELLANEOUS SURGICAL PROCEDURES \$120–\$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100												
ACCIDENTAL-DEATH BENEFIT	<table border="1"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$150,000</td> <td>\$40,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$150,000</td> <td>\$40,000</td> </tr> <tr> <td>CHILD</td> <td>\$25,000</td> <td>\$10,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	INSURED	\$150,000	\$40,000	SPOUSE	\$150,000	\$40,000	CHILD	\$25,000	\$10,000
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INSURED	\$150,000	\$40,000											
SPOUSE	\$150,000	\$40,000											
CHILD	\$25,000	\$10,000											
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$40,000												
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met												
WAIVER OF PREMIUM BENEFIT	Yes												
TRANSPORTATION BENEFIT	\$600 per round trip, up to 3 round trips per calendar year, per covered person												
FAMILY LODGING BENEFIT	\$125 per night, up to 30 days per covered accident												