



GROUP ACCIDENT ENHANCEMENT

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Hospitalization
- Emergency Room
- Urgent Care
- Prescriptions
- Major Diagnostic Testing
- Fractures, Burns, and Dislocations

Plan Features

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is guaranteed-issue regardless of health.
- Benefits are paid regardless of any other medical insurance.
- Wellness benefit paid each year.
- 24 Hour coverage.



Weekly Rates

Employee Only	\$4.86
Employee & Spouse	\$8.33
Employee & Dependent Children	\$11.29
Family	\$14.76



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HOSPITAL ADMISSION	\$1,250 per confinement
HOSPITAL CONFINEMENT	\$300 per day
HOSPITAL INTENSIVE CARE UNIT	\$300+ per day
FAMILY MEMBER LODGING	\$150 per day
INITIAL TREATMENT	
Hospital emergency room without X-Ray	\$200
Urgent Care facility without X-Ray	\$200
Doctor's office or facility (other than a hospital emergency room or Urgent Care) without X-Ray	\$100
AMBULANCE	\$400 Ground - \$1,200 Air
PRESCRIPTIONS	\$5
LACERATIONS	
Over 15 centimeters	\$800
5-15 centimeters	\$400
Under 5 centimeters	\$100
Lacerations not requiring stitches	\$50
FRACTURES	Up to \$8,000 - based on a schedule
DISLOCATIONS	Up to \$6,000 - based on a schedule
TRANSPORTATION	\$500 Plane - \$200 Ground
APPLIANCES	\$30
Cane, Ankle Brace	\$75
Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar	\$300
Wheelchair, Knee Scooter, Back Brace	\$300
ACCIDENT FOLLOW-UP TREATMENT	\$75
THERAPY	\$35
PARALYSIS	
Paraplegia	\$3,500
Quadriplegia	\$7,500
WELLNESS RIDER	\$75 per year per covered person
ORGANIZED ATHLETIC ACTIVITY	10% Increase
ACCIDENTAL DEATH RIDER	EE \$50,000 / SP \$25,000 / CH \$10,000

The information in this Benefits Summary is presented for illustrative purposes and does not include the limitations and exclusions. The text contained in this summary was taken from the full plan description and benefit information. For the full schedule of benefits and outline of coverages, please see the brochures provided by your employer. In case of discrepancy between the summary and the actual plan documents, the actual plan documents will prevail. If you would like a copy of your outline of coverage, please call **1.800.433.3036**