

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	\$165 per day, up to 365 days per covered accident, per covered person												
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$800 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	\$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	\$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: \$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 Pays benefits for the treatments listed below: DISLOCATIONS \$120–\$4,500 BURNS \$135–\$13,000 SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair..... \$350 Removal of foreign body by a physician .. \$75 LACERATIONS Not requiring sutures..... \$40 Less than 5 centimeters \$90 At least 5 cm but not more than 15 cm . \$300 Over 15 centimeters \$600 FRACTURES \$150–\$4,000 CONCUSSION (brain) \$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown \$500 Broken tooth resulting in extraction..... \$160 PARALYSIS Quadriplegia \$12,500 Paraplegia..... \$6,250 Hemiplegia..... \$4,750 SURGICAL PROCEDURES \$250–\$1,500 MISCELLANEOUS SURGICAL PROCEDURES \$140–\$350 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100												
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS													
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>\$200,000</td> <td>\$50,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$200,000</td> <td>\$50,000</td> </tr> <tr> <td>CHILD</td> <td>\$30,000</td> <td>\$15,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	INSURED	\$200,000	\$50,000	SPOUSE	\$200,000	\$50,000	CHILD	\$30,000	\$15,000
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INSURED	\$200,000	\$50,000											
SPOUSE	\$200,000	\$50,000											
CHILD	\$30,000	\$15,000											
ACCIDENTAL-DISEMEMBERMENT BENEFIT	\$300–\$50,000												
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met												
WAIVER OF PREMIUM BENEFIT	Yes												
TRANSPORTATION BENEFIT	\$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												