

Aflac Group Accident Insurance

Accident protection made for you.



Underwritten by:
American Family Life Assurance Company of New York



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:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



**BENEFIT
AMOUNT****INITIAL TREATMENT** (once per accident, within 7 days after the accident, not payable for telemedicine services)

Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:

Hospital emergency room with X-Ray \$250

Hospital emergency room without X-Ray \$200

Urgent care facility with X-Ray \$250

Urgent care facility without X-Ray \$200

Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray \$175

Doctor's office or facility (other than a hospital emergency room or urgent care) without X-Ray \$125

AMBULANCE (once per accident, within 90 days after the accident)

Payable when an insured is injured and receives transportation by a professional ambulance service due to a covered accidental injury.

\$400
Ground
\$1,200 Air

MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident)

Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center, or an ambulatory surgical center.

\$200

PRESCRIPTIONS (2 times per accident, within 6 months after the accident)

Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor due to a covered accidental injury, and dispensed by a licensed pharmacist.

This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home, or similar institution; or immunization agents, biological sera, blood, or blood plasma.

This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).

\$5

BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident)

Payable for each day that an insured receives blood, plasma, or platelets due to a covered accidental injury.

\$200

PAIN MANAGEMENT (once per accident, within 6 months after the accident)

Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine.

This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.

\$100

CONCUSSION (once per accident, within 6 months after the accident)

Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.

\$500

TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident)

Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident.

Traumatic Brain Injury (TBI) is an injury that is caused by a traumatic blow to the head, neck, or shoulders that results in neurological deficit. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech, and/or occupational therapy under the direction of a neurologist.

\$5,000

EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident)

Payable when an insured's natural teeth are injured as a result of a covered accident.

\$50
Extraction
\$200
Repair with
a crown

EYE INJURIES

Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.

\$250

BURNS (once per accident, within 6 months after the accident)

Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.

Second Degree

Less than 10%

\$100

At least 10% but less than 25%

\$200

At least 25% but less than 35%

\$500

35% or more

\$1,000

Third Degree

Less than 10%

\$1,000

At least 10% but less than 25%

\$5,000

At least 25% but less than 35%

\$10,000

35% or more

\$20,000

LACERATIONS (once per accident, within 7 days after the accident)

Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches.

Lacerations requiring stitches (including liquid skin adhesive):

Over 15 centimeters

\$600

5-15 centimeters

\$300

Under 5 centimeters

\$100

Lacerations not requiring stitches

\$50

FRACTURES (within 90 days after the accident)

Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone.

For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount.

For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone.

This benefit is not payable for stress fractures.

Up to
\$4,000
based on a
schedule

DISLOCATIONS (within 90 days after the accident)

Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor.

If the dislocation requires open reduction, 200% of the benefit for that joint is payable.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan.

For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount.

For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

Up to
\$3,000
based on a
schedule

<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$400
<p>FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident)</p> <p>Payable when, due to a covered accidental injury, an insured has an outpatient surgical procedure that is performed in an ambulatory surgical center or in a hospital, and also receives the Outpatient Surgery and Anesthesia Benefit.</p> <p>Payable once per each eligible Outpatient Surgery and Anesthesia Benefit.</p>	\$100
<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$50
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher of that benefit amount.</p>	\$1,000
<p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident)</p> <p>Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	\$500 Plane \$200 Any ground transportation
<p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

HOSPITALIZATION BENEFITS**BENEFIT
AMOUNT****HOSPITAL ADMISSION** (once per accident, within 6 months after the accident)

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.

This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

\$1,000
per
confinement

HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)

Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.

If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.

\$160
per day

FAMILY MEMBER LODGING (maximum of 30 days per accident, within 6 months after the accident)

Payable for each night's lodging in a motel/hotel/rental property for an accompanying adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury,
- The hospital and motel/hotel must be more than 100 miles from the insured's residence, and
- The treatment must be prescribed by the insured's treating doctor.

\$200
per day

AFTER CARE BENEFITS**BENEFIT
AMOUNT****APPLIANCES** (one per accident, within 6 months after the accident)

Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

Cane, Ankle Brace

\$40

Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar

\$100

Wheelchair, Knee Scooter, Body Jacket, Back Brace

\$400

ACCIDENT FOLLOW-UP TREATMENT (maximum of 2 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)

Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident.

Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.

\$75

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)

Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.

We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.

\$100
per day

THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)

Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.

\$50

CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)

Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.

\$30

LIFE CHANGING EVENT

PROSTHESIS (once per accident and once per replacement)*

Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.

\$3,000

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident)

Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

This benefit is payable if the following conditions are met:

- A doctor certifies the benefit is needed to accommodate the loss;
- The modification is made by someone experienced in such adaptations;
- The modification is in compliance with applicable laws and requirements; for the approval by the appropriate government authorities; and
- The modification expenses do not exceed the usual level of charges for similar modifications in the locality where the expense is incurred.

\$2,000

All limitations and exclusions that apply to the plan also apply to the rider unless amended by the rider.

INITIAL ACCIDENT EXCLUSIONS

We will not pay benefits for accidental injury, disability, or death contributed to, caused by, or resulting from:

- War – war or act of war (whether declared or undeclared); participation in a riot or insurrection; and service in the Armed Forces or units auxiliary thereto.
- Suicide – attempted suicide, or intentionally self-inflicted injury.
- Sickness – having any disease or bodily/mental illness or degenerative process. (However, we will not exclude coverage for an infection that was the result of a covered accident.)
- Any loss to which a contributing cause was the insured's commission of a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
- Sports – participation as a professional in athletics or sports.
- Cosmetic Surgery – having cosmetic surgery except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- Dental Care or Treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the covered accident, and except for dental care or treatment necessary due to congenital disease or anomaly.

For 24-Hour Coverage, the following exclusion will not apply:

- An injury or sickness covered by any state or federal worker's compensation, employers' liability, or occupational disease law, unless where otherwise provided in State or Federal statute.

DEFINITIONS

Accidental Injury means accidental bodily damage to an insured. This must be the direct result of an accident and not the result of disease or bodily infirmity. The injury must not be caused, or contributed to by sickness. **A Covered Accidental Injury** is an accidental injury that occurs while coverage is in force. A **Covered Accident** is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Ambulatory Surgical Center is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

Dependent Child or Dependent Children means your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children may be automatically covered from the moment of birth for 60 days. Newly adopted children may also be automatically covered for 60 days. See certificate for details.

Doctor is a person who is a legally qualified practitioner of the healing arts acting within the scope of his license. He must be licensed as such a practitioner by the state where treatment is received, and must be licensed to treat the type of condition for which a claim is made.

A doctor does not include the insured or an insured's immediate family member. For the purposes of this definition, Family Member includes the employee's spouse as well as the following members of the employee's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

The term **Hospital** specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

AFTER CARE BENEFITS

Psychiatrist is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.

Psychologist is a clinical, mental health professional who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

Notice to Consumer: The coverages provided by American Family Life Assurance Company of New York represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. American Family Life Assurance Company of New York coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

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For groups situated in New York, group coverage is underwritten by American Family Life Assurance Company of New York, and customer service is administered by Continental American Insurance Company, 22 Corporate Woods Boulevard Albany, New York 12211.

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is subject to the terms, conditions, and limitations of Policy Series Form AF70000NY.