

# Group Accident Insurance

---

Having Aflac on your side means you can be better prepared financially to deal with what happens after an accident.



**Underwritten by:  
American Family Life Assurance Company of New York**

**THIS IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

## 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
- 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	\$175
Hospital emergency room without X-Ray	\$125
Urgent care facility with X-Ray	\$175
Urgent care facility without X-Ray	\$125
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray	\$100
Doctor's office or facility (other than a hospital emergency room or urgent care) without X-Ray	\$75

**AMBULANCE** (once per accident, within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.

\$300  
Ground  
\$1,000 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.

\$150

**BLOOD/PLASMA/PLATELETS** (once 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.

\$400

**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.

\$150

**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.

\$30  
Extraction  
\$120  
Repair with  
a crown

**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%	\$10
At least 10% but less than 25%	\$20
At least 25% but less than 35%	\$50
35% or more	\$100

**Third Degree**

Less than 10%	\$100
At least 10% but less than 25%	\$500
At least 25% but less than 35%	\$1,000
35% or more	\$2,000

**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.

\$175

<p><b>FRACTURES</b> (once per accident, 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.</p>	<p>Up to \$2,500 based on a schedule</p>
<p><b>DISLOCATIONS</b> (once per accident, 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.</p>	<p>Up to \$2,000 based on a schedule</p>
<p><b>LACERATIONS</b> (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):</p>	
<p>Over 15 centimeters</p>	<p>\$300</p>
<p>5-15 centimeters</p>	<p>\$150</p>
<p>Under 5 centimeters</p>	<p>\$75</p>
<p>Lacerations not requiring stitches</p>	<p>\$37.50</p>
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in hospital or ambulatory surgical center, maximum of one procedure per accident within one year after the accident) 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>	<p>\$150</p>
<p><b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	<p>\$75</p>
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (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) 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>	<p>\$35</p>
<p><b>INPATIENT SURGERY AND ANESTHESIA</b> (per day / maximum of one procedure per accident within one year after the accident) 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 benefit amount.</p>	<p>\$1,000</p>
<p><b>TRANSPORTATION</b> (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) 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>	<p>\$300 Plane \$100 Any ground transportation</p>
<p><b>SUCCESSOR INSURED BENEFIT</b> 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.

**AFTER CARE BENEFITS****BENEFIT  
AMOUNT****APPLIANCES** (maximum of 1 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.

Cervical Collar

\$25

Walking Boot, Walker, Crutches, Leg Brace, Cane, Ankle Brace

\$100

Wheelchair, Knee Scooter, Body Jacket, Back Brace

\$200

**ACCIDENT FOLLOW-UP TREATMENT** (maximum of 6 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.

\$50

**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.

\$50  
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.

\$25

**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.

\$10

**HOSPITALIZATION BENEFITS****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

## LIFE CHANGING EVENTS BENEFITS

### **DISMEMBERMENT** (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

<b>SINGLE LOSS</b> (the loss of one hand, one foot, or the sight of one eye)	<b>BENEFIT AMOUNT</b>
Employee	\$4,000
Spouse	\$2,000
Child(ren)	\$1,000
<b>DOUBLE LOSS</b> (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)	
Employee	\$5,000
Spouse	\$3,500
Child(ren)	\$2,000
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	
Employee	\$500
Spouse	\$200
Child(ren)	\$100
<b>PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)</b>	
Employee	\$50
Spouse	\$50
Child(ren)	\$50
<b>COMA</b>	\$5,000
<b>PARALYSIS</b> (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia	\$1,000 \$2,000
<b>PROSTHESIS</b> (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* 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.  * 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.	\$500
<b>RESIDENCE/VEHICLE MODIFICATION</b> (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.	\$500

## ACCIDENTAL DEATH RIDER

## BENEFIT AMOUNT

**ACCIDENTAL DEATH BENEFIT** (within 90 days after the accident\*)  
Payable if a covered accidental injury causes the insured to die.

\$25,000  
Employee  
\$12,500  
Spouse  
\$6,250  
Child

## ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days\* after the covered accident.

\*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.

\$25,000  
Employee  
\$12,500  
Spouse  
\$6,250  
Child

**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.

#### **ACCIDENTAL DEATH RIDER**

We will not pay benefits for a loss that is wholly or partly caused by or results from: Intoxication – being intoxicated or under the influence of any narcotic, unless administered on the advice of a doctor.

**Common Carrier** means:

- An airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;
- A railroad train that is licensed and operated for passenger service only; or
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

#### **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.**

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.

1.800.433.3036 • [aflacgroupinsurance.com](http://aflacgroupinsurance.com)

This brochure is subject to the terms, conditions, and limitations of Policy Form AF70000NY.