Peace of Mind *and* Real Cash Benefits

GROUP ACCIDENT ADVANTAGE PLUS

AP2G

Aflac®

We've got you under our wing.®

This brochure is a brief description of coverage, not a contract. Read your certificate carefully for exact terms and conditions. Definitions, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office state. Please see your agent for the plan details specific to your employer.

GROUP ACCIDENT ADVANTAGE PLUS

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AP2G

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last things on your mind are the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point, you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.

FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse/Domestic Partner and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see the back of this brochure for guidelines.)

MONTHLY RATES

COVERAGE	PREMIUM
Employee	$6.91
Employee & Spouse/Domestic Partner	$10.58
Employee & Child	$11.97
Family	$15.64

Rates are for illustration purposes only and do not imply coverage.

HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE*	CHILD
HOSPITAL ADMISSION We will pay the amount shown, when because of a Covered Accident, the insured is injured, requires hospital confinement, and is confined to a hospital for at least 24 hours within 6 months after the accident date. We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.	$500	$500	$500
HOSPITAL CONFINEMENT (per day) We will pay the amount shown when, because of a Covered Accident, the insured is injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date. The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.	$100	$100	$100
HOSPITAL INTENSIVE CARE (per day) We will pay the amount shown when, because of a Covered Accident, the insured is injured, and those injuries cause confinement to a hospital intensive care unit. This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.	$200	$200	$200
MEDICAL FEES (for each accident) If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for doctor services or X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 72 hours after the accident.	$62.50	$62.50	$37.50
PARALYSIS			
Quadriplegia	$5,000	$5,000	$5,000
Paraplegia	$2,500	$2,500	$2,500
Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a Covered Accident, the insured is injured, the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the accident. The amount paid will be based on the number of limbs paralyzed. If this benefit is paid and the insured later dies as a result of the same Covered Accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.			

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE*	CHILD
ACCIDENTAL-DEATH	$25,000	$12,500	$2,500
ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)	$50,000	$25,000	$7,500
SINGLE DISMEMBERMENT	$6,250	$2,500	$1,250
DOUBLE DISMEMBERMENT	$12,500	$5,000	$2,500
LOSS OF ONE OR MORE FINGERS OR TOES	$625	$250	$125
PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)	$50	$50	$50

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.
Accidental Injury means bodily injury caused solely by or as the result of a Covered Accident.
Covered Accident means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.

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*Domestic Partner.

MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE//SPOUSE*//CHILD
FRACTURES (closed reduction):	
Hip/Thigh	$2,000
Vertebrae (except processes)	$1,800
Pelvis	$1,600
Skull (depressed)	$1,500
Leg	$1,200
Forearm/Hand/Wrist	$1,000
Foot/Ankle/Knee Cap	$1,000
Shoulder Blade/Collar Bone	$800
Lower Jaw (mandible)	$800
Skull (simple)	$700
Upper Arm/Upper Jaw	$700
Facial Bones (except teeth)	$600
Vertebral Processes	$400
Coccyx/Rib/Finger/Toe	$160
DISLOCATIONS (closed reduction):	
Hip	$1,500
Knee (not knee cap)	$975
Shoulder	$750
Foot/Ankle	$600
Hand	$525
Lower Jaw	$450
Wrist	$375
Elbow	$300
Finger/Toe	$120

- If you have **both a fracture and dislocation** in the same Covered Accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.
- If a **fracture** requires open reduction, we will pay double the amount shown.
- If the dislocation requires open reduction, we will pay double of the amount shown.
- Please refer to the Limitations and Exclusions section for more detail on fractures and dislocations.

SPECIFIC INJURIES

	EMPLOYEE//SPOUSE*//CHILD
RUPTURED DISC	
(treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	$50
Injury occurring after first certificate year	$200
TENDONS/LIGAMENTS	
(treatment within 60 days; surgical repair within 90 days)	$200 (Single) $300 (Multiple)
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
TORN KNEE CARTILAGE	
(treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	$50
Injury occurring after first certificate year	$200
EYE INJURIES	
Treatment and surgical repair within 90 days	$125
Removal of foreign body (requiring no surgery)	$25
CONCUSSION	
(a head injury resulting in electroencephalogram abnormality as diagnosed by a doctor)	$100
COMA	$5,000
(state of profound unconsciousness lasting 30 days of more)	

	EMPLOYEE//SPOUSE*//CHILD
EMERGENCY DENTAL WORK	
(per accident; injury to sound, natural teeth)	
Repaired with crown	$75
Resulting in extraction	$25
BURNS	
(treatment within 72 hours and based on percent of body surface burned)	
Second-Degree Burns	
Less than 10%	$50
At least 10%, but less than 25%	$100
At least 25%, but less than 35%	$250
35% or more	$500
Third-Degree Burns	
Less than 10%	$500
At least 10%, but less than 25%	$2,500
At least 25%, but less than 35%	$5,000
35% or more	$10,000
First-degree burns are not covered.	
LACERATIONS	
(treatment and repair within 72 hours)	
Under 2" long	$25
2" to 6" long	$100
Over 6" long	$200
Lacerations not requiring stitches	$12.50
Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	

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ADDITIONAL BENEFITS

EMPLOYEE//SPOUSE*//CHILD

EMERGENCY ROOM TREATMENT $100

We will pay the amount shown for injuries received in a Covered Accident if the insured receives treatment in a hospital emergency room and receives initial treatment within 72 hours after the Covered Accident. This benefit is payable only once per 24-hour period and only once per Covered Accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same Covered Accident. We will pay the highest eligible benefit amount.

EMERGENCY ROOM OBSERVATION $50

We will pay the amount shown for injuries received in a Covered Accident if the insured: receives treatment in a hospital emergency room, and is held in a hospital for observation for at least 24 hours, and receives initial treatment within 72 hours after the accident.

This benefit is payable only once per 24-hour period and only once per Covered Accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

MAJOR DIAGNOSTIC TESTING $100

We will pay the amount shown if, because of injuries sustained in a Covered Accident, you require one of the following exams, and a charge is incurred: computerized tomography (CT scan); computerized axial tomography (CAT); magnetic resonance imaging (MRI); electroencephalography (EEG).

These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per Covered Accident.

POST TRAUMATIC STRESS DISORDER DIAGNOSIS $100

Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a Covered Accident.

We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental isorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.

This benefit is payable only once per Covered Accident.

AMBULANCE $100

AIR AMBULANCE $500

If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.

BLOOD/PLASMA $50

If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.

APPLIANCES $50

We will pay this benefit for use of a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

INTERNAL INJURIES $500

(resulting in open abdominal or thoracic surgery)

EMPLOYEE//SPOUSE*//CHILD

ACCIDENT FOLLOW-UP TREATMENT (as prescribed by a physician) $15

We will pay this benefit for up to six treatments (one per day) per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

EXPLORATORY SURGERY $125

[without repair (i.e., arthroscopy)]

PROSTHESIS $250

If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, dental aids, and false teeth are not covered.

PHYSICAL THERAPY $15

We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the Covered Accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

TRANSPORTATION $150 (train/plane) $75 (bus)

If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.

FAMILY LODGING BENEFIT (per night) $50

If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.

WELLNESS BENEFIT (per 12-month period) $25

After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

REHABILITATION UNIT BENEFIT (per day) $37.50

We will pay the amount shown for injuries received in a Covered Accident if the insured: is admitted for a hospital confinement, is transferred to a bed in a rehabilitation unit of a hospital for treatment, and incur a charge.

This benefit is limited to 30 days per period of hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

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*Domestic Partner.

LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

War – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service; **Suicide** – committing or attempting to commit suicide, while sane or insane; **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness; **Self-Inflicted Injuries** – injuring or attempting to injure yourself intentionally; **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; **Intoxication** – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.); **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job; **Sports** – participating in any organized sport –professional or semi-professional; **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental Treatment except as a result of a Covered Accident.

You and **Your** refer to an employee as defined in the plan.

Spouse is defined as an Employee's legal wife or husband. Coverage will be issued if he or she is at least age 18 and is not currently disabled or unable to work.

Dependent means, as provided herein, your: Spouse; Domestic Partner, if elected; Child; Legal ward who becomes a legal ward of you, your spouse or insured Domestic Partner prior to age 19, but not a temporary ward; Adopted child when placed in the custody of the parent; Stepchild; Child of the Domestic Partner insured on the plan; Grandchild if the parent is a Dependent child.

1. A grandchild ceases to be a Dependent at the end of the month in which the Dependent child (parent) turns age 18.
2. A spouse and a stepchild cease to be Dependents at the end of the month in which a marriage is terminated by divorce or annulment. A Domestic Partner and his or her children cease to be Dependents at the end of the month in which the domestic partnership is no longer in effect.
3. All other children cease to be Dependents at the end of the month in which they turn 26 years of age, except that:

a. An unmarried dependent child who is incapable of self-support because of a physical or mental disability that can be expected to be of long continued or indefinite duration of at least one year is an eligible Dependent, regardless of age, as long as the child remains so disabled and he or she is dependent on you (or the other parent) for at least 50% of the child's support and maintenance as demonstrated by the support test for federal income tax purposes, whether or not the child is claimed.

b. After attaining age 26, a Dependent includes a child that is a full-time student, regardless of age, who was called to federal active duty when the child was under the age of 27 years and while the child was attending, on a full-time basis, an institution of higher education.

4. A child born outside of marriage becomes a Dependent of the father on the date of the court order declaring paternity or on the date the acknowledgment of paternity is filed with the Department of Health Services (or equivalent if the birth was outside of Wisconsin) or the date of birth with a birth certificate listing the father's name. The Effective Date of coverage will be the date of birth if a statement or court order of paternity is filed within 60 days of the birth.
5. A child who is considered a Dependent ceases to be a Dependent on the date the child becomes insured as an Eligible Employee.
6. Any Dependent eligible for benefits who is not listed on an application for coverage will be provided benefits based on the date of notification with coverage effective the first of the month following receipt of the subsequent application by the employer.

Domestic Partner means an individual that certifies in an affidavit along with his or her partner that they are in a domestic partnership as provided under Wisconsin Statute. § 40.02 (21d), which is a relationship between two individuals that meets all of the following conditions: Each individual is at least 18 years old and otherwise competent to enter into a contract; Neither individual is married to, or in a domestic partnership with, another individual; The two individuals are not related by blood in any way that would prohibit marriage under Wisconsin law; The two individuals consider themselves to be members of each other's immediate family; The two individuals agree to be responsible for each other's basic living expenses; The two individuals share a common residence. Two individuals may share a common residence even if any of the following applies: Only one of the individuals has legal ownership of the residence.

- One or both of the individuals have one or more additional residences not shared with the other individual.

- One of the individuals leaves the common residence with the intent to return.

PORTABLE COVERAGE

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. An Employee may continue the coverage that is in-force on the date employment ends, including dependent coverage that is in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium, or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by the insured.

TERMINATION

An Employee's insurance will terminate when any of the following occur: The date the Company terminates the Plan; The 31st day after the premium due date, if the premium has not been paid; Coverage ends the last day for which an Employee has paid for coverage and he no longer meets the Plan's definition of an Employee; Coverage ends the last day for which an Employee has paid for coverage and he no longer belongs to an eligible class.

If the Plan terminates, we will provide coverage for claims arising from Covered Accidents that occurred while the Plan was in force.

EFFECTIVE DATE

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

FRACTURES

A **Fracture** is a break in a bone that can be seen by X-ray. If a bone is fractured in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the appropriate amount shown.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one Covered Accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than double the benefit amount for the fractured bone which has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture benefit per Covered Accident is double the benefit amount for the fractured bone that has the higher dollar amount.

DISLOCATIONS

Dislocation refers to a completely separated joint. If a joint is dislocated in a Covered Accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

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 the certificate and then dislocates the same joint again, it will not be covered by this certificate.

Multiple dislocations refers to more than one dislocation requiring either open or closed reduction in any one Covered Accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than double the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per Covered Accident is double the benefit amount for the dislocated joint that has the higher dollar amount.

The certificate to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

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This plan is pending state approval.