

Summary of Available AFLAC Benefits for the OCFA

PERSONAL CANCER INDEMNITY PLAN

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
First Occurrence Benefit (Insured/Spouse / Child):	\$1,500 / \$2,250	\$2,000 / \$3,000	\$5,000 / \$7,500
Hospitalization (Days 1-30 / Days 31+):	\$200 / \$400	\$300 / \$600	\$300 / \$600
In-Hospital Drugs and Medicine:	\$15/day	\$15/day	\$15/day
Medical Imaging:	\$100/year	\$150/year	\$200
Radiation and Chemotherapy:	\$200/day	\$300/day	\$300
Experimental Treatment:	\$200/day	\$300/day	\$300
Immunotherapy (lifetime max. \$1500)	\$300/month	\$400/month	\$500/month
Anti-nausea Medicine:	\$100/month	\$125/month	\$150/month
Attending Physician:	\$15/day	\$15/day	\$15/day
Nursing Services:	\$100/day	\$125/day	\$150/day
Skin Cancer Surgery:	\$100 to \$600	\$100 to \$600	\$100 to \$600
Other Cancer Surgery:	\$95-\$3,000	\$100 to \$5,000	\$100 to \$5,000
Anesthesia Benefit:	25% of surgery amount for all plans		
Outpatient Hospital Surgery	\$200/day	\$300/day	\$300/day
Prosthetic Device			
Surgically Implanted:	\$2,500	\$3,000	\$3,000
Non-Surgically Implanted:	\$200	\$225	\$250
Reconstructive Surgery:	\$325 to \$2500	\$350 to 3,000	\$350 to \$3,000
In-Hospital Blood and Plasma (per day confined):	\$50	\$100	\$150
Outpatient Blood and Plasma	\$200/day	\$250/day	\$250/day
Second Surgical Opinion:	\$200	\$250	\$300
National Cancer Institute Evaluation:	\$500	\$500	\$500
Ambulance (Ground / Air):	\$200 / \$1,000	\$200 / \$1,000	\$200 / \$1,000
Transportation (>50 miles):	\$0.40 per mile	\$0.50 per mile	\$0.50 per mile
Lodging (>50 miles):	\$50/day	\$60/day	\$60/day
Bone Marrow Transplant (once per lifetime):	\$10,000	\$10,000	\$10,000
Stem-Cell Transplantation (once per lifetime):	\$2,500	\$5,000	\$5,000
Extended Care Facility:	\$100/day	\$100/day	\$100/day
Hospice Care (Initial / Daily)	\$500 / \$50	\$1,000 / \$50	\$1,000 / \$50
Home Health Care:	\$50/day	\$50/day	\$50/day
Cancer Screening Wellness Benefit:	\$40/year	\$75/year	\$75
Mammography / Pap Smear:	\$100 / \$30	\$100 / \$30	\$100 / \$30

HOSPITAL INTENSIVE CARE (ICU) PROTECTION

Daily ICU Benefit (Max: 15 days per confinement for ICU, Sub ICU or combination of both)

	<u>Sickness*</u>	<u>Injury*</u>
Days 1 - 7	\$700 per day	\$800 per day
Days 8 - 15	\$1,200 per day	\$1,300 per day
Days 1 – 15 (Step Down ICU)	\$350 per day	\$350 per day
or Days 16 – 30 (Hospital ICU)	\$350 per day	\$350 per day

*\$2 indemnity increase in per day benefit amount per month policy is in force for Hospital and Step Down ICU

Human Organ Transplant Benefit: \$25,000

Ambulance: \$250 for Ground; \$2000 for Air

Mammography Wellness Check: \$150 per covered person per year

SPECIFIED HEALTH EVENT PROTECTION

Covers Heart Attack, Coronary Bypass Surgery, Stroke, Major Third Degree Burns, Coma, Paralysis, Major Human Organ Transplant, End Stage Renal Failure, and more

	<u>Plan 1</u>	<u>Plan 2**</u>	
First Occurrence Benefit (Insured/Spouse / Child):	\$5,000 / \$7,500	\$5,000 / \$7,500	
Reoccurrence Benefit:	\$2,500	\$2,500	
Hospitalization:	\$300/day	\$300/day	
Continuing Care Benefit: (60 days max. per accident):	\$125/day	\$125/day	
Ambulance (Ground / Air):	\$250 / \$2,000	\$250 / \$2,000	
Transportation Benefit (>50 miles):	\$0.50 per mile	\$0.50 per mile	
Lodging Benefit (>\$50 miles):	\$75/day	\$75/day	
Secondary Specified Health Event	\$250	\$250	
Mammography Wellness Check:	\$150	\$150	
Major Human Organ Transplant:	N/A	\$25,000	
Hospital Intensive Care (Max. 15 days per confinement for ICU, Sub ICU or combination of both):		<u>Sickness*</u>	<u>Injury*</u>
Days 1 - 7	N/A	\$700 per day	\$800 per day
Days 8 - 15	N/A	\$1,200 per day	\$1,300 per day
Days 1 – 15 (Step Down ICU)	N/A	\$350 per day	\$350 per day
or Days 16 – 30 (Hospital ICU)	N/A	\$350 per day	\$350 per day

*\$2 indemnity increase in per day benefit amount per month policy is in force for Hospital and Step Down ICU

**Plan 2 is very similar to Plan 1 but includes the Hospital Intensive Care Protection Benefits

PERSONAL ACCIDENT INDEMNITY PLAN

	<u>Level 1</u>		<u>Level 2</u>	
Accident Emergency Treatment:	\$120 (\$70 Child)		\$120 (\$70 Child)	
Accident Follow-up Treatment:	\$25		\$35	
Initial Accident Hospitalization:	\$1000 (\$1500 for ICU)		\$1000 (\$2000 for ICU)	
Hospitalization Confinement:	\$200 per day		\$250 per day	
Hospital ICU Confinement:	\$400 per day		\$400 per day	
Lump Sum Injuries:	\$25 - \$10,000		\$35 - \$12,500	
Major Diagnostic Exams (once per year):	\$150		\$200	
Physical Therapy (10 max. per accident):	\$25/day		\$35/day	
Rehabilitation Unit (30 days per accident):	\$100 per day		\$150 per day	
Locomotion Appliances (once per accident):	\$100		\$125	
Prosthetic Devices (once per accident):	\$500		\$750	
Blood/Plasma/Platelets (once per accident):	\$100		\$200	
Ambulance:	\$150 Ground; \$1000 Air		\$200 Ground; \$1500 Air	
Transportation (> 100 miles; 3 per year max):	\$400 (\$800 w/ child)		\$600 (\$1200 w/ child)	
Family Lodging (>100 miles; 30 days max.):	\$100 per day		\$125 per day	
Wellness Benefit Preventative Testing:	\$60/year per policy		\$60/year per policy	
Accidental Death:	You/Spouse	Child	You/Spouse	Child
Common Carrier Accident:	\$100,000	\$15,000	\$150,000	\$25,000
All other accidents:	\$25,000	\$7,500	\$40,000	\$12,500
Dismemberment	Up to \$25,000	Up to \$7,500	Up to \$40,000	Up to \$12,500

Note: The above information is for your reference only and is subject to change. It is not intended to disclose all the benefits, maximums, exclusions, or policy provisions. Please refer to the relevant brochures and outlines of coverage for complete information and details. Rev. 03/09