This benefit is not payable for the same visit that the Accident Follow-Up Treatment is paid.

FAMILY LODGING BENEFIT (per night)

$100

If an insured is required to travel more than 100 miles per day 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.

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 services rendered by a member of an employee’s immediate family.

We will not pay benefits for loss from Sickness or the medical or surgical treatment of Sickness, except for an infection that is the result of a Covered Accident.

We will not pay benefits for loss, injury, or death contributed to or caused by any of the following:

1. War — participating in war or service in the Armed Forces or its forces or the navy of any foreign nation.
2. Dishonesty or intentional wrongdoing.
3. Self-harm. Suicide or intentionally self-inflict injuries.
4. Medical malpractice or negligence.
5. Intoxication — being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician.
6. Illegal Acts — commission of or attempt to commit a felony, riot or insurrection, or service in the Armed Forces or its forces.
7. Medical or surgical treatment of a congenital disease or anomaly.
8. Dental — dental care or treatment, except for dental care or treatment necessary due to a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
9. Cosmetic surgery — any surgical or medical procedure for the purpose of cosmetic improvement, unless covered under the Dental Benefit.
10. Incest.
12. Foreign travel — outside the United States.
13. Injuries — suicide, attempted suicide, or intentionally self-inflict injuries.
14. Injuries — war, riot, or insurrection.
15. Dental care or treatment, except for dental care or treatment necessary due to youth, or child, or adopted by You are covered from the moment of birth if You have entered into a marriage legally performed outside the state of New York, shall be included in such use or definition.
16. Dependents Children. Means an employee’s natural children, stepchildren, in legally adopted children who are under age 26. Coverage provided under any Employee and Children or Family coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law or physical handicap and who becomes incapable of self-sustaining employment by reason of age to age 26. You may prove your incapacity by proof of such incapacity and dependency to Aflac New York within 30 days of the Dependent Child’s 26th birthday. You must furnish proof of such incapacity and dependency to Aflac New York’s request, but not more than five years after the Dependent Child’s 26th birthday.
17. This term includes a Child who: 1. is a newborn Child of an Employee; 2. is adopted by or placed for adoption (including any waiting period prior to the finalization of the Child’s adoption) with or by a party in adoption of the covered Employee; or, 3. is required to be provided coverage by the covered Employee’s or his or her Spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative proceeding that orders an Employee to provide coverage and, having force of a final order of state law and which satisfies the QMCSO requirements of ERISA (Section 607).
18. Newborn Children are automatically covered from the moment of birth, and adopted Children are covered from the date of delivery or any waiting period prior to the finalization of adoption (except that newly born infants, whether or not they are covered from the moment of birth if you take physical custody of the infant prior to the infant’s release from the hospital and you file a petition of adoption within 30 days by birth) provided no notice of relinquishment to the adoption has been filed pursuant to section one hundred twenty-five of the domestic relations law and consent to the adoption has not been revoked. If an employee’s children are covered under the dependent rider, children born before or placed in the employee’s care before the Effective Date of this Rider will also be covered from the moment of birth or placement. No notice or additional premium is required.

TERMINATION

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 request it to be 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 of Insurance, provided the employee is then actively at work. [2] If an employee is not actively at work on the date the coverage would otherwise become effective, the Effective Date of his or her coverage will be the third (3rd) day on which such employee is first thereafter actively at work.

Extension of Hospital Benefits

If an employee’s coverage under this plan is terminated, an extension of hospital coverage or Hospital (Hospital Care) Benefit will be provided as defined by the New York Department of Financial Services. This policy is intended to supplement existing basic hospital, basic medical, or major medical coverage. This policy is intended to replace or be issued in lieu of major medical coverage.

We’ve got you under our wing.

aflacgroupinsurance.com | 1.866.349.2964

The certificate to which this rates material pertains is written only in English; the policy provisions of interpretation of this material varies.

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 American Financial Assurance Company, 22 Corporate Woods Boulevard Albany, New York 12211.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Forms AF7700NY, AF7710NY and AF7711NY.

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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 thing on your mind is the charges that may be accumulating while you’re at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesis
- 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.

**Additional Benefits Employee/Spouse/Child Benefits • All Plans**

**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 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.)

**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 physician services, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.

- Spouse $125: all plans. Children $75 all plans.

**AMBULANCE**

- Spouse and Children: $100 all plans.

**AIR AMBULANCE**

- If an insured requires transportation by a professional ambulance service to a hospital due to an injury in a covered accident within 90 days after a covered accident, we will pay the amount shown above. Spouse and Children: $500 all plans.

**BLOOD/PLASMA**

- If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown. Spouse and Children: $200 all plans.

**ACIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)**

- ACCIDENTAL-DEATH
- ACCIDENTAL COMMON CARRIER DEATH (plane, train, boat, or ship)
- SINGLE DISMEMBERMENT
- DOUBLE DISMEMBERMENT
- LOSS OF ONE OR MORE FINGERS OR TOES
- PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)

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.

**HOSPITAL BENEFITS**

**EMPLOYEE PLAN 1**

**HOSPITAL ADMISSION**

- If an insured is injured in a Covered Accident, we will pay the amount shown above for each day that the employee is confined to a hospital. The length of time shown for hospital confinement in the certificate benefit schedule is the maximum period for which the insured can collect benefits for Hospital confinements resulting from the same injury.

**HOSPITAL CONFINEMENT**

- Spouse $25,000: all plans. Children $12,500 all plans.

**HOSPITAL INTENSIVE CARE**

- If an insured receives treatment in an intensive care unit, we will pay the amount shown above for each day that the insured is confined to a hospital. The length of time shown for total hospital confinement in the certificate benefit schedule is the maximum period for which the insured can collect benefits for Hospital confinements resulting from the same injury.

**HOSPITAL CONFINEMENT**

- Spouse $10,000: all plans. Children $5,000 all plans.

**HOSPITAL CONFINEMENT**

- Spouse and Children: $125 all plans. Children $75 all plans.

**HOSPITAL CONFINEMENT**

- Spouse and Children: $100 all plans.

**AMPUTATION OF FINGERS OR TOES**

- SINGLE DISMEMBERMENT
- DOUBLE DISMEMBERMENT

**PARTIAL AMPUTATION OF FINGERS OR TOES**

- PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)

If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown. Spouse and Children: $200 all plans.

**ADDITIONAL BENEFITS EMPLOYEE/SPouse/CHILD BENEFITS • ALL PLANS**

**HOSPITAL ADMISSION**

- If an insured is injured in a Covered Accident and receives treatment within 60 days after the accident, we will pay the amount shown above. Spouse and Children: $500 all plans.

**AMBULANCE**

- Spouse and Children: $100 all plans.

**AIR AMBULANCE**

- If an insured requires transportation by a professional ambulance service to a hospital due to an injury in a covered accident within 90 days after a covered accident, we will pay the amount shown above. Spouse and Children: $500 all plans.

**BLOOD/PLASMA**

- If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown. Spouse and Children: $200 all plans.

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*All Injuries, 2014 Centers for Disease Control and Prevention.*

People sought medical attention for an injury.*

* 80.1 MILLION