

B. PAY SCHEDULE – WEEKLY AMOUNTS - CALIFORNIA

ACCIDENT BASE –Option 2

INDIVIDUAL	4.92	INSURED & SPOUSE	6.57
1 PARENT FAMILY	7.74	2 PARENT FAMILY	9.75

PRETAX SAVING EXAMPLES

	INDIVIDUAL	INSURED & SPOUSE	1 PARENT FAM	2 PARENT FAM
ACCIDENT 2	4.92	6.57	7.74	9.75
PRE-TAX SAVINGS	<u>-1.23</u>	<u>-1.64</u>	<u>-1.94</u>	<u>-2.44</u>
	3.69	4.93	5.80	7.31

ALL ITEMS EXCEPT DISABILITY CAN BE TAKEN PRE TAX EQUATING TO AN APPROXIMATE 25% SAVINGS FROM THE PRICES LISTED.

AFLAC PLUS RIDER	Ages 18-29	30-39	40-49	50-70
INDIVIDUAL	.72	1.05	1.83	3.06
1 PARENT FAMILY	1.38	1.56	2.16	3.18
INSURED & SPOUSE	1.38	2.07	3.45	5.58
2 PARENT FAMILY	1.74	2.31	3.51	5.61

CANCER CARE	Ages 18-75	SELECT	CLASSIC
INDIVIDUAL		5.73	8.67
1 PARENT FAMILY		5.94	8.88
INSURED & SPOUSE		10.23	15.45
2 PARENT FAMILY		10.44	15.66

All include a \$500 yearly building benefit & additional \$10,000 initial diagnosis for children.

AFLAC ACCIDENT ADVANTAGE – OPTION 2 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT	
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$1,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person	
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$200 per day, up to 365 days per covered accident, per covered person	
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$400 per day for up to 15 days, per covered accident, per covered person Payable once per 24-hour period and only once per covered accident, per covered person	
ACCIDENT TREATMENT BENEFIT	Hospital emergency room with X-ray: \$205 Hospital emergency room without X-ray: \$175 Office or facility (other than a hospital emergency room) with X-ray: \$155 Office or facility (other than a hospital emergency room) without X-ray: \$125	
AMBULANCE BENEFIT	\$150 ground ambulance transportation or \$1,000 air ambulance transportation	
BLOOD/PLASMA/PLATELETS BENEFIT	\$100 once per covered accident, per covered person	
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$150 per calendar year, per covered person	
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$25 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person	
THERAPY BENEFIT	\$25 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person	
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$250 Wheelchair: \$250 Walker: \$50 Body jacket: \$250 Leg brace: \$75 Walking boot: \$50 Knee scooter: \$250 Crutches: \$50 Cane: \$25 Payable once per covered accident, per covered person	
PROSTHESIS BENEFIT	\$500 once per covered accident, per covered person	
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$500 once per covered person, per lifetime	
REHABILITATION FACILITY BENEFIT	\$100 per day	
HOME MODIFICATION BENEFIT	\$2,000 once per covered accident, per covered person Pays benefits for the treatments listed below:	
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	DISLOCATIONS \$75-\$3,000	EMERGENCY DENTAL WORK
	BURNS..... \$100-\$10,000	Broken tooth repaired with crown\$300
	SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved	Broken tooth resulting in extraction \$100
	EYE INJURIES	COMA \$10,000
	Surgical repair..... \$250	PARALYSIS
	Removal of foreign body by a physician.. \$50	Quadriplegia \$10,000
	LACERATIONS	Paraplegia..... \$5,000
	Not requiring sutures \$25	Hemiplegia..... \$4,000
	Less than 5 centimeters \$50	SURGICAL PROCEDURES \$175-\$1,000
	At least 5 cm but not more than 15 cm . \$200	MISCELLANEOUS SURGICAL PROCEDURES \$100-\$250
	Over 15 centimeters \$400	PAIN MANAGEMENT (NON-SURGICAL)
	FRACTURES..... \$100-\$2,750	Epidual..... \$100
CONCUSSION (brain) \$100		
ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident Other Accident Hazardous Activity Accident	
INSURED	\$100,000 \$25,000 \$10,000	
SPOUSE	\$100,000 \$25,000 \$10,000	
CHILD	\$15,000 \$10,000 \$5,000	
ACCIDENTAL-DISMEMBERMENT BENEFIT	\$250-\$25,000	
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident	
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year	
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met	
TRANSPORTATION BENEFIT	\$400 per round trip, up to 3 round trips per calendar year, per covered person	
FAMILY LODGING BENEFIT	\$100 per night, up to 30 days per covered accident	

Boost your protection and help lower out-of-pocket costs with the Aflac Plus Rider

Aflac Plus Rider Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

TIER ONE CRITICAL ILLNESS
EVENT BENEFIT

\$5,000 upon a covered person's onset date of one of the following:

1. Heart Attack
2. Stroke
3. Coma
4. Paralysis
5. Type 1 Diabetes
6. Traumatic Brain Injury
7. Advanced Alzheimer's Disease
8. Advanced Parkinson's Disease
9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)
10. Loss of Independence
11. Sustained Multiple Sclerosis
12. Permanent Loss of Sight
13. Permanent Loss of Hearing
14. Permanent Loss of Speech
15. Sudden Cardiac Arrest

This benefit is payable once per covered person, per lifetime.

SUBSEQUENT TIER ONE CRITICAL ILLNESS
EVENT BENEFIT

\$3,000 upon a covered person's onset date of:

- a recurrence of that **same** Tier One Critical Illness Event, or
- an occurrence of a **different** Tier One Critical Illness Event.

This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

TIER TWO CRITICAL ILLNESS EVENT BENEFIT

\$1,000 upon a covered person's onset date of one of the following:

1. Encephalitis
2. Bacterial Meningitis
3. Lyme Disease
4. Sickle Cell Anemia
5. Cerebral Palsy
6. Necrotizing Fasciitis
7. Osteomyelitis
8. Systemic Lupus
9. Cystic Fibrosis

This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

CORONARY ARTERY BYPASS GRAFT
SURGERY BENEFIT

\$2,000 when a covered person undergoes Coronary Artery Bypass Graft Surgery.

This benefit is payable once per covered person, per lifetime.

Classic Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit

\$75 per year, per Covered Person

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$135; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$600 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit²

Hormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 max per month for Oral/Topical Benefit²

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit²

Radiation Therapy Benefit

\$350 per week; no lifetime max

Experimental Treatment Benefit

\$350 per week if charged; \$100 per week if no charge; no lifetime max

Immunotherapy Benefit

\$350 once per month; \$1,750 lifetime max per Covered Person

Antinausea Benefit

\$100 per month; no lifetime max

Stem Cell Transplantation Benefit

\$7,000; lifetime max \$7,000 per Covered Person

Bone Marrow Transplantation Benefit

\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor

Blood and Plasma Benefit

Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max

Surgical/Anesthesia Benefit

\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$35–\$400; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$200 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$100 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit

\$100 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$50 per day; lifetime max of 180 days

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$100 per day; no lifetime max

Surgical Prosthesis Benefit

\$2,000; lifetime max \$4,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$175 per occurrence; lifetime max \$350 per Covered Person

Reconstructive Surgery Benefit

\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.40 per mile; max \$1,200 per round trip; no lifetime max

Lodging Benefit

\$65 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

Select Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit

\$40 per year, per Covered Person

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$2,000; Dependent Child: \$4,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$75; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$300 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$135 per prescription, per month up to \$405 max per month for Oral/Topical Benefit²

Hormonal Oral Chemotherapy Benefit

\$135 per prescription, per month up to 24 months; after 24 months \$50 per month up to \$405 max per month for Oral/Topical Benefit²

Topical Chemotherapy Benefit

\$100 per prescription, per month up to \$405 max per month for Oral/Topical Benefit²

Radiation Therapy Benefit

\$175 per week; no lifetime max

Experimental Treatment Benefit

\$175 per week if charged; \$75 per week if no charge; no lifetime max

Immunotherapy Benefit

\$175 once per month; \$875 lifetime max per Covered Person

Antinausea Benefit

\$50 per month; no lifetime max

Stem Cell Transplantation Benefit

\$3,500; lifetime max \$3,500 per Covered Person

Bone Marrow Transplantation Benefit

\$3,500; \$3,500 lifetime max per Covered Person; \$500 to donor

Blood and Plasma Benefit

Inpatient: \$85 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$140 per day; no lifetime max

Surgical/Anesthesia Benefit

\$50–\$1,700 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$2,125; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$20–\$200; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$100 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$100 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit

\$75 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$50 per day; lifetime max of 180 days

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$50 per day; no lifetime max

Surgical Prosthesis Benefit

\$1,000; lifetime max \$2,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$90 per occurrence; lifetime max \$180 per Covered Person

Reconstructive Surgery Benefit

\$110–\$1,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$500 to have oocytes extracted; \$175 for storage; \$675 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.35 per mile; max \$1,000 per round trip; no lifetime max

Lodging Benefit

\$50 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.