Aflac Pet Insurance

POWERED BY trupanion™



Aflac Pet Insurance Accident Only Policy

877.252.2473

TRUPANION.AFLAC.COM

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APIC-AFLAC0003-AO_ML30 (V3 2023-10)



Hello! Thank *You* for choosing Aflac Pet Insurance, powered by Trupanion for *Your Pet's* medical insurance needs. *We* know *You* have many options when it comes to protecting the health of *Your Pet*, and *We*'re glad *You* placed *Your* trust in *Us*.

On the following pages, *You*'ll find detailed information about what *Your* policy covers, what *You*'re expected to pay, how to file a claim and much more. Please take a moment to familiarize *Yourself* with the policy, and remember: If *You* have questions, *We*'re just a phone call away.

Please note: Throughout this booklet *You* will find key words that are capitalized and italicized. These words are defined in section 7.

RIGHT TO RETURN

You have 30 days from the day *You* receive this policy to review it and return it to *Us* if *You* decide not to keep it. *You* do not have to tell *Us* why *You* are returning it. If *You* decide not to keep it, simply return it to *Us* or *You* may return it to the insurance producer that *You* bought it from as long as *You* have not filed a claim. *You* must return it within 30 days of the day *You* first received it. *We* will refund the full amount of any *Premium* paid within 30 days after *We* receive the returned policy. The *Premium* refund will be sent directly to the person who paid it. The policy will be void as if it had never been issued.

Table of contents

1. What *We* cover

2. Eligible claims – what *You* pay

3. How to submit a claim

4. *Premium* or coverage changes

5. What *We* do not cover

6. *Our* guidelines

7. Definitions

8. Contact *Us*

SECTION 1.

What *We* cover

We provide the coverage described in this policy in return for the timely and successful receipt of *Your* payments, subject to the following terms and conditions:

1. *We* cover

a. The *Actual Cost* of *Veterinary Treatment You* incur for any accidental *Injuries*, subject to *Your Co-Insurance*, selected *Deductible*, and *Annual Payout Limit*, so long as the *Injury* is not listed as an exclusion in Section 5 of this policy.

i. An *Injury* must result from an unforeseen cause beyond *Your* control.

ii. An *Injury* must not be associated with an underlying degenerative disease or process.

iii. An undiagnosed *Injury* is not eligible for coverage until it is diagnosed as an accidental *Injury*.

iv. *Coverage* for *Traumatic Dental Fractures*: *Endodontic Treatment* for canine and carnassial teeth and extractions for all teeth due to traumatic dental fractures and other oral traumas are covered as long they are not caused by *Recurrent* inappropriate chewing *Behavior* that presented signs or symptoms prior to *Your Enrollment Date*.

SECTION 2.

Eligible claims – what *You* pay

When *You* submit a claim for an eligible *Injury*, *You* will be responsible for paying for the following items:

1. ***Your Veterinarian's Examination*** **fee and all other ineligible items on** ***Your*** **bill.**
2. ***Your*** **selected** ***Deductible*****.** Once *You* meet the *Deductible* amount for any eligible accidental *Injuries*, this policy will pay out all future losses, subject to *Your Co-Insurance* and *Payout Limit* until *Your Renewal Date*. *Your* selected *Deductible* will reset to the amount shown on *Your Declaration Page* after each *Renewal Date*.
3. ***Your Co-Insurance*****,** which can be found on *Your Declaration Page*.
4. **Any amount that exceeds** ***Your Annual Payout Limit*****,** which can be found on *Your Declaration Page*. *Your Payout Limit* will reset *Annually* to the amount shown on *Your Declaration Page* on each *Renewal Date*.

SECTION 3.

How to submit a claim

1. ***We*** **can pay claims directly to** ***Hospitals*** **at checkout using** ***Our*** **patented software.** *You* often pay only *Your* share of the bill at checkout instead of paying the full bill upfront and waiting to be paid back.
2. **If** ***We*** **are unable to pay** ***Your Veterinarian*** **directly,** *You* must pay *Your Pet's* bill and submit *Your* invoice(s) for each eligible *Injury* online through *Your* online account or by email with a completed claim form (available to download in *Your* online account) to MyPetClaims@Trupanion.com.
3. ***We*** **may require complete medical history and records associated with** ***Your Pet*** **to process** ***Your*** **claim.** *You* agree to provide to *Us* all medical history and records associated with *Your Pet*. *You* authorize *Us* to contact any veterinary *Hospitals* to obtain all available medical records that exist for *Your Pet*. *You* authorize any veterinary *Hospitals* to release all medical records that exist for *Your Pet* to *Us*.





SECTION 4.

Premium or coverage changes

1. **Changes to *Your Premium***
   - **a.** What will not cause a change to *Your Pet's Premium*:
     - **i.** *Your Pet's Premium* will not change based on *Your Pet's* individual claims experience.
   - **b.** What will cause a change in *Your Pet's Premium*:
     - **i.** *Your Pet's Renewal Date*.
       1. *Your Premium* reflects the expected cost of *Veterinary Treatment* to be claimed by all of *Our* insured *Pets* in *Your* geographic area. *Your Premium* may be adjusted on *Your Pet's Renewal Date* to account for a change in the expected cost of *Veterinary Treatment* for all *Pets* enrolled with *Us* who share *Your Pet's* characteristics, such as breed, age at enrollment, and location.
       2. If *We* adjust *Your Premium*, *We* will notify *You* in writing by mail or email (to the last address known to *Us*) at least thirty (30) days before *Your* change takes effect.
     - **ii.** If *You* are enrolled through *Your* employer and *You* are no longer eligible to receive this benefit because either *Your* employment status has changed or *Your* employer has removed medical insurance for *Your Pet* from *Your* benefit package, *Your Pet's Premium* may be impacted.
   - **c.** What may cause a change in *Your Pet's Premium*:
     - **i.** If *Your* address changes. *We* require notification within thirty (30) days of an address change.
2. ***Deductible* Changes**
   - **a.** *You* may be permitted to lower *Your Premium* by increasing *Your Deductible* at any time. *Your* new *Deductible* will take effect on *Your* next billing date. *Claims* submitted after a *Deductible* change for the *Treatment* of accidental *Injuries* that exist at or before *Your Deductible* change will be subject to the higher *Deductible* amount.
     - **i.** Once enrolled in the Aflac Pet Insurance Accident Only policy, *You* will not be permitted to lower *Your Deductible* at any time or for any reason.



SECTION 5.

What *We* do not cover

We do not offer coverage for:

1. **Claims that are not related to an accidental *Injury:***
   - **a.** Neither infectious, bacterial, or viral disease, parasitic infection, metabolic disorder, cancer, *Behavioral Condition*, nor degenerative disease or process qualify as an accidental *Injury* for the purpose of this policy.
2. ***Injuries* that occurred before *You* enrolled:**
   - **a.** *We* do not cover *Injuries* determined to be present prior to *Your Enrollment Date*, even if *Treatment* takes place while coverage is otherwise in effect.
3. **Cruciate ligament events:**
   - **a.** *We* do not cover *Treatment* for any strain, sprain, rupture, tear, partial tear, or degeneration of any cruciate ligament in the knee of *Your Pet*.
4. **Routine or preventive care:**
   - **a.** *We* do not cover the costs associated with routine or preventive care, including but not limited to: *Vaccinations*, titer tests, genetic/DNA tests, diagnostic/screening tests, and parasite prevention.
   - **b.** *We* do not cover routine dental care including, but not limited to: *Dental Prophylaxis* and associated costs, open or closed root planing, toothbrushes, toothpastes, and dental foods, chews, and rinses.
5. **Claims if *You* do not do the following:**
   - **a.** Protect *Your Pet* from the exacerbation and/or recurrence of any *Injury* after its initial occurrence.
   - **b.** Act prudently in the care and protection of *Your Pet*. As such, *You* must follow *Your Veterinarian's* advice regarding *Your Pet's Treatment* and diagnostics.
6. **Other exclusions:**

   We do not cover at any time, for any reason, the costs, fees, or expenses associated with:
   - **a.** *Examination* fees;
   - **b.** Any cost incurred that does not qualify as *Veterinary Treatment* as defined in *Your* policy, including *Experimental Treatments*;
   - **c.** Prescription pet food;
   - **d.** Rehabilitation, acupuncture, chiropractic care, physical therapy, or rehabilitative services including, but not limited to: electro-acupuncture, chiropractic, e-stim therapy, treadmill therapy, laser therapy, therapeutic exercises, range of motion exercises, stretching, joint mobilization, gait training, therapeutic ultrasound therapy, cryo-therapy, or heat therapy;

e. Any *Condition* primarily manifested as stemming from the *Behavior* of *Your Pet* which results in wanton destructive, self-destructive or aggressive patterns of *Behavior*. This would include any *Injuries* which occur as a result of *Your Pet's Behavior* including, but not limited to: *Recurrent Dietary Indiscretions*, *Recurrent Foreign Body Ingestions*, *Recurrent Injuries* caused by aggressive *Behavior*, or *Recurrent* oral toxicities. If the same or similar activities described above occur more than twice over the life of *Your Pet*, it will be deemed a pattern of *Behavior* that will no longer remain eligible for coverage;

f. *Veterinary Treatment* costs for accidentally damaged teeth other than canine and carnassial teeth will be limited to estimated extraction cost;

g. Complications or sequelae to *Injuries*, procedures, diagnostic tests, *Treatments*, and/or *Medications* excluded or restricted by the coverage outlined in this policy;

h. Compilation or transmission of medical records, insurance claim forms or claims;

i. Administrative charges, shipping costs, or postage;

j. *Veterinary Treatments* or diagnostics in the absence of signs or symptoms that indicate an accidental *Injury*;

k. Elective, cosmetic, or preventive procedures, including, but not limited to: tail docking, ear cropping, declawing, dew claw removal, microchip implantation, and associated costs of each;

l. Anal gland expression;

m. Spaying or neutering at any time for any reason;

n. Cremation, burial, and additional post-mortem costs;

o. *Boarding* including, but not limited to: medical *Boarding*, daycare, day stay, and day observation;

p. Transport expenses, travel, or mileage fees;

q. Bedding, housing, crates, cages, ramps, feeding bowls/platforms, feeding, exercise, non-prescribed special diets, raw food diets, pet foods, routine or preventive supplements, bathing (including bathing intended as *Veterinary Treatment* for an eligible *Injury*), non-medicated shampoo, grooming, nail trims, ear cleaning, ear irrigation, toys, clothes, leashes, collars, electronic or other wearables, non-*Hospital* based diagnostic equipment or *Treatment* equipment, and/or treats;

r. *Injuries* that arise from *Your* intentional or reckless activity. Permitting *Your Pet* to be in the company of someone *You* know or should know is a danger to *Your Pet* will be deemed reckless and resulting *Injuries* will not be eligible for coverage;

s. *Injuries* from activities related to training for or participating in racing, including track and sled racing;

t. Any claim for loss that arises from a nuclear reaction, radiation, radioactive contamination, or the discharge of a nuclear device or a chemical, biological, biochemical, or electromagnetic weapon, device, agent, or material, whether controlled or uncontrolled, accidental or otherwise; or

u. Any claim for loss that arises from war, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection, strikes, riots, or civil commotion.





SECTION 6.

Our guidelines

1. ***Your Membership* will renew automatically every year as long as *Your* payments are current.** If *You* are enrolled through *Your* employer, *Your Membership* will renew automatically every year as long as *You* remain employed and *Your* employer chooses to continue offering this *Membership* as a benefit. If *Your* payments are not kept current, *We* may attempt to contact *You* to process *Your* payment and keep *Your* coverage. If *Your* employment status changes, *We* may attempt to contact *You* to obtain a different method of payment to keep *Your* coverage intact. If *We* are unable to reach *You* to resolve a lack of payment, *We* may cancel *Your Membership* by mailing a notice of cancellation to *You* at *Your* last known address at least 10 days before the effective date of cancellation.

2. ***You* may cancel *Your Membership* by notifying *Us* by phone, mail, or email,** and *Your* cancellation will be effective the day *We* receive this notice.

3. **No coverage will be provided for any *Veterinary Treatment* costs or losses** incurred during any period of time in which *Your Membership* is not active.

4. ***Your* successful payments constitute *Your* acceptance of all terms and conditions contained in this policy.**

5. **All *Veterinary Treatment(s)* and care must be provided by a qualified, appropriately-licensed *Veterinarian*** with the necessary training and expertise or by a staff member at the authorization of and under the *Direct Supervision* of a *Veterinarian*.

6. **Coverage for *Veterinary Treatments* may be provided under *Your Membership* only while *Your Pet* is in the United States of America, Puerto Rico, Canada or Australia,** or any region under American, Canadian, or Australian government control, such as military installations/bases in foreign countries.

7. ***We* will prorate costs** if the claimed items are applicable to more than one eligible or ineligible *Injury* or procedure.

8. **If *We* incorrectly pay a claim for any *Injury* that is not eligible under the terms and conditions of this policy,** that payment by *Us* does not waive *Our* right to apply the terms and conditions of this policy appropriately to any other submitted claims.

9. **This coverage is not transferable to other *Pets*.**

10. **Insurance fraud unfairly increases costs for all *Members*.** If any *Member* provides *Us* or makes a claim that involves false, misleading, and/or dishonest information, or fails to provide all of the information *We* requested, *We* may not pay the claim, *We* may cancel *Your Membership* and coverage for all of *Your Pets*, and *We* may report instances of fraud to the appropriate governmental authorities.

11. ***You* must be the personal and individual *Owner* of the insured *Pet*.**

12. **In the event that *You* transfer ownership of *Your Pet* to a different *Owner*,** *We* can arrange for continued coverage if *We* are contacted within thirty (30) days from the date ownership transfers.

13. **In the event of a disagreement concerning the coverage of a claim,** *You* may request a secondary review of *Our* denial. If *You* pursue a secondary review of *Your* claim and *We* are still unable to agree on the outcome, *You* remain entitled to seek remedies under applicable law. In the event *You* bring legal action against *Us* in *Your* chosen jurisdiction, *You* agree not to object to *Our* request to appear electronically.

14. **Recovery from third parties; subrogation; reimbursement; setoff:** If *You* are entitled to indemnity under any other pet health insurance, *We* will contact *Your* pet health insurance provider to come to an agreement regarding how payment will be prorated between *Our* companies. It is *Your* responsibility to notify *Us* if another pet health insurance policy is in force. Failure to do so may be considered concealment and may result in the non-payment of any outstanding claims. If *We* make a payment to *You* and *You* are also entitled to receive payment from a third party, *Our* obligation is subrogated to that right to the extent the amount *You* received from *Us*, together with the amount *You* received from the third party, exceeds the sum required to fully compensate *You* for *Your* loss. *You* will help *Us* recover any payments subject to subrogation and reimburse *Us* to the extent *You* recover from a third party (up to the amount of *Our* payments to *You* to the extent such payments, together with the amount *You* received from the third party, were in excess of the sum required to fully compensate *You* for *Your* loss). *We* may set off or recoup any liability owed to *You* pursuant to *Your Membership* against any amount *We* determine, in good faith, that *You* are liable for to *Us* including, without limitation, any overpayments *We* may have made to *You* due to subrogation, error, or otherwise.

15. **Severability:** If any part of this policy conflicts with applicable laws, rules, and/or regulations of the state or province in which *Your Membership* is issued, this policy will be amended to conform to such applicable law, rules, or regulation while attempting to preserve the original intent of this policy where possible.

16. **Entire contract:** This policy, the *Declaration Page*, and any endorsement(s) contain all the agreements between *You* and *Us* and supersede any prior agreements or understandings between *Us*.



SECTION 7.

Definitions

1. **"Actual Cost of Veterinary Treatment"** means the retail cost of the fees/costs that the treating *Veterinarian* charges, regardless of whether the customer has insurance coverage.

2. **"Annual"** means all *Payout Limits* and *Deductibles* apply for the 12-month period following *Your Enrollment Date*, and reset to the amounts shown on *Your Declaration Page* upon *Your Renewal Date*.

3. **"Behavior"** means actions, conduct, or habits that vary from the medically or socially desired functional state for the physical and mental wellbeing of *Your Pet*.

4. **"Boarding"** means a service offered where *Your Pet* is provided housing, food, water, and/or exercise or enrichment for a set amount of time in exchange for a fee. This could include giving *Medications* or providing *Treatments*, even in an overnight *Hospital* setting, that could be given by someone other than a veterinary professional or given as a convenience to the *Pet Owner*.

5. **"Condition"** means any disease, disorder, sickness, *Illness*, *Injury*, and/or syndrome characterized by a loss of normalcy manifest by clinical signs or symptoms or for which abnormalities of laboratory or other tests exist.

6. **"Co-Insurance"** means the percentage of the bill that *You* are responsible to pay for an eligible *Injury* and can be found on *Your Declaration Page*.

7. **"Declaration Page"** means the page included with *Your* policy that outlines information about *Your Pet*, coverage, and payment.

8. **"Deductible"** means the amount *You* are responsible to pay *Annually* for eligible costs. After *You* meet *Your Deductible*, this policy will pay out for all eligible costs for future losses (subject to *Your Co-Insurance* and *Payout Limit*) until *Your Renewal Date*—upon which *Your Deductible* resets to the amounts shown on *Your Declaration Page*.

9. **"Dental Prophylaxis"** means scaling, cleaning, and polishing of the teeth and any associated fees (including, but not limited to, anesthesia, pre-anesthetic blood work, and fluids).

10. **"Dietary Indiscretion"** means the ingestion of a food item, such as human food, rotting food or garbage, that causes *Illness* or *Injury* or the ingestion of a non-food item that does not require active *Treatment* in order for it to pass through or be ejected from the gastrointestinal system.

11. **"Direct Supervision"** means a licensed *Veterinarian* is readily available on the premises where *Your Pet* receives *Veterinary Treatment* and has assumed responsibility for the care given to *Your Pet* by a person working under their authority and direction.

12. **"Enrollment Date"** means the date and time *Your Pet* enrolls with *Us*, which will be on the first of the month following the date *You* or *Your* employer request enrollment.

13. **"Examination"** and other derivations mean an *Examination* performed by or under the *Direct* or indirect *Supervision* of a *Veterinarian* including physicals, physical consultations, medical advice, inpatient

Examinations, in-*Hospital Examinations*, health certificates, consultations (including *Behavioral* or nutritional consultations), office visits, office calls, office fees, and/or referral, recheck, or telemedicine consultations.

14. **"Experimental**" means any *Veterinary Treatment*, diagnostic, *Medication*, supplement, herb, or other therapy not generally accepted by the veterinary medical community as effective and proven specifically for dogs and/or cats for *Your Pet's* covered *Injury*. This includes those:
    - **a.** Not widely recognized in veterinary-specific, peer-reviewed journals as conforming to accepted veterinary medical practices;
    - **b.** Currently in clinical trials or in need of further study; and/or
    - **c.** Rarely used, novel, unknown, or lacking authoritative evidence of safety and efficacy.
15. **"Foreign Body Ingestion"** means an incident in which *Your Pet* ingests a non-food item that will not pass through or be ejected from the gastrointestinal system without the assistance of *Veterinary Treatment*.
16. **"Hospital"** means all veterinary facility types and/or means by which *Your Pet* receives *Veterinary Treatment*. This term includes, but is not limited to: veterinary teaching *Hospitals*, veterinary *Hospitals*, veterinary clinics, mobile and/or house call veterinary practices, emergency veterinary *Hospitals*, referral veterinary *Hospitals*, veterinary care centers, and veterinary specialty centers.
17. **"Illness"** means any sickness, disease, or any change to *Your Pet's* normal healthy state, including *Dental Illness*, not caused primarily by an *Injury*.
18. **"Injury"** means physical harm or damage to *Your Pet*, including dental *Injury*, caused by an event and not more directly related to an underlying disease process.
19. **"Medication"** means any proven and accepted forms of medicine which is prescribed and/or recommended by *Your Veterinarian*, as evidenced in *Your Pet's* medical records.
20. **"Member"** means the individual listed as the primary or secondary *Owner* on the *Declaration Page*.
21. **"Membership"** means the status of receiving coverage for eligible *Injuries* in exchange for the timely receipt of *Your* payment.
22. **"Owner"** means the individual(s) legally responsible for *Your Pet's* care.
23. **"Payout Limit"** means the maximum amount that the policy will pay in any *Annual* term. *Your Payout Limit* and selected *Deductible* will reset to the amounts shown on *Your Declaration Page* after each *Renewal Date*.
24. **"Pet"** means a domestic cat or dog owned for companionship or as a service dog and not owned for commercial reasons.
25. **"Premium"** means the payment *You* or *Your* employer makes to *Us* to keep *Your Membership* active.

26. **“Recurrent”** means that the same or a similar activity occurs more than twice over the course of *Your Pet’s* life.

27. **“Renewal Date”** means the anniversary of the date and time *Your Pet* enrolls with *Us*. *You* may request to make changes to *Your Membership* at any time, however, some of these changes are restricted to take effect only on *Your Renewal Date*. In addition, *Your Payout Limit* and selected *Deductible* will reset to the amounts shown on *Your Declaration Page* after each *Renewal Date*.

28. **“Vaccination”** and derivations thereof mean the administration of a legally approved commercial *Vaccination* by a *Veterinarian* in accordance with the manufacturer’s recommendations to prevent disease.

29. **“Veterinarian”** means an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which he or she practices.

30. **“Veterinary Treatment”** means proven and accepted forms of care as documented in *Your Pet’s* medical records, including but not limited to: diagnostic tests, surgeries, procedures, *Medications*, supplements, orthotic devices, prosthetic devices, carts, and nursing care.

31. **“We,” “Us,” “Our,”** and other derivations mean Aflac Pet Insurance, Trupanion Managers USA, Inc. or American Pet Insurance Company, as applicable. Trupanion Managers USA, Inc. handles many of the administrative processes for this insurance on behalf of the applicable underwriter. These terms should be interpreted in that context.

32. **“You,” “Your,”** and other derivations mean the insured/spouse/partner (*Owner*) named on the *Declaration Page*.

33. **“Your Pet”** means the dog or cat named on the *Declaration Page*.



SECTION 8.

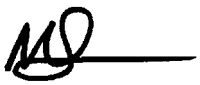
Contact *Us*

Any written notice to *Us* may be delivered to:

Aflac Pet Insurance
American Pet Insurance Company
6100 - 4th Ave S.
Seattle, WA 98108-3234

Email: MyPetCare@Trupanion.com
Phone: 877.252.2473

We are here to help *You* budget for veterinary expenses in case *Your Pet* becomes sick or hurt, and therefore agree to provide *Your Pet* the financial protection afforded by this coverage:



Margi Tooth
President, American Pet Insurance Company



Asher Bearman
Secretary, American Pet Insurance Company





Aflac Pet Insurance

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APIC-AFLAC0003-AO_ML30 (V3 2023-10)