

Peace of Mind *and*
Cash Benefits



PERSONAL RECOVERY PLUS
HOSPITAL INDEMNITY LIMITED BENEFIT INSURANCE

PRP²



We've got you under our wing.®

The Need

Like many people, you probably have insurance to cover burglaries, fires, auto accidents, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event such as a Heart Attack or Stroke—an event that knocked you off your feet, or even changed your life forever?

You may think you're already protected by major medical insurance. Think again. Major medical coverage pays doctors and hospital bills, not out-of-pocket expenses such as car payments, the mortgage or rent, and utility bills—bills that would be difficult, if not impossible, to pay if your income suddenly stopped due to illness or injury. Aflac's Personal Recovery Plus insurance policy complements your major medical coverage and helps provide the peace of mind that comes from knowing you and your family are protected.



THE PERSONAL RECOVERY PLUS POLICY:

- Pays a First-Occurrence Benefit as well as Hospital Confinement and Continuing Care Benefits
- No lifetime maximum¹
- Completely portable
- Guaranteed-Renewable for life

CONSIDER THESE FACTS:

- About every 34 seconds, someone suffers a Heart Attack.²
- About every 40 seconds, someone suffers a Stroke.²

An illness or injury can happen to anyone, anytime—and, when it does, everyday expenses may suddenly seem insurmountable. Fortunately, Aflac's Personal Recovery Plus insurance policy can help with those everyday expenses, so all you have to focus on is getting well.

¹ Excluding the First-Occurrence Benefit.

² *Heart Disease and Stroke Statistics*, 2011 Update, American Heart Association.

Aflac herein means American Family Life Assurance Company of Columbus.



PEACE of MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

Specified Health Events covered by the Personal Recovery Plus policy:

- Sudden Cardiac Arrest
- End-Stage Renal Failure
- Major Third-Degree Burns
- Major Human Organ Transplant
- Coronary Artery Bypass Surgery
- Coma
- Stroke
- Paralysis
- Heart Attack

FIRST-OCCURRENCE BENEFIT: *Aflac will pay \$5,000* for each covered person under the policy when he or she is first diagnosed as having had a Specified Health Event. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy. Lifetime maximum is \$5,000 per covered person.

REOCCURRENCE BENEFIT: *Aflac will pay an additional \$2,500* to a covered person if benefits have been paid under the First-Occurrence Benefit for a covered person and if he or she is later diagnosed as having had a subsequent Specified Health Event that occurs more than 180 days after the First-Occurrence Benefit last became payable. This benefit will again become payable for a Specified Health Event when it occurs more than 180 days after this benefit last became payable. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFITS:* *Aflac will pay \$300 per day* for each day a covered person requires hospital confinement for 14 or more hours for the treatment of a covered Specified Health Event and is charged as an inpatient. Confinement for treatment of the covered Specified Health Event must occur within 500 days following the occurrence of the most recent covered Specified Health Event. This benefit is payable for only one covered Specified Health Event at a time per covered person. This benefit includes confinement in a U.S.

government hospital, and such treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. No lifetime maximum.

The Continuing Care Benefit, Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

CONTINUING CARE BENEFIT:* *Aflac will pay \$100* each day a covered person is charged for receiving any of the following treatments from a licensed practitioner, as the result of a covered Specified Health Event:

1. Dialysis
2. Extended Care
3. Speech Therapy
4. Hospice Care
5. Physician Visits
6. Physical Therapy
7. Respiratory Therapy
8. Home Health Care
9. Rehabilitation Therapy
10. Nursing Home Care
11. Occupational Therapy
12. Dietary Therapy/Consultation

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$100 regardless of the number of treatments received. No lifetime maximum.

AMBULANCE BENEFIT: *Aflac will pay \$100* if a covered person requires ground ambulance transportation to or from a hospital due to a covered Specified Health Event. If air ambulance transportation is required due to

*If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

a covered Specified Health Event, *Aflac will pay \$1,000*. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

TRANSPORTATION BENEFIT: *Aflac will pay 50 cents per mile* for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a covered person for the round-trip distance between the hospital or medical facility and the residence of the covered person, if a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered Specified Health Event. Reimbursement will be made only for the method of transportation actually taken. Benefit amounts payable are limited to \$1,500 per occurrence of a covered Specified Health Event. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child. Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the residence of the covered person. No lifetime maximum.

LODGING BENEFIT: *Aflac will pay \$60 per day* when a charge is incurred for lodging in one motel/hotel room for you or any one adult family member when a covered person receives special medical treatment for a covered Specified Health Event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

WAIVER OF PREMIUM BENEFIT: If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more of the activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac

will require an employer's statement (if applicable) and a physician's statement of your inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL without assistance.

CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions: (1) Your policy has been in force for at least six months; (2) We have received premiums for at least six consecutive months; (3) Your premiums have been paid through payroll deduction and you leave your employer for any reason; (4) You or your employer notifies us in writing within 30 days of the date your premium payments cease due to your leaving employment; and (5) You re-establish premium payments through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months and we receive premiums for at least six consecutive months. *Payroll deduction* means your premium is remitted to Aflac for you by your employer through a payroll deduction process.

TERMS YOU NEED TO KNOW

Coma: a continuous state of profound unconsciousness, diagnosed or treated after the Effective Date of the policy, lasting for a period of seven or more consecutive days, characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance.

Coronary Artery Bypass Surgery: open-heart surgery, performed after the Effective Date of the policy to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but that excludes procedures such as but not limited to balloon angioplasty, laser relief, stents, or other nonsurgical procedures. This surgery requires placement of the patient on a cardiac pulmonary bypass machine.

End-Stage Renal Failure: irreversible failure of the function of both kidneys requiring a covered person to undergo regular hemodialysis or peritoneal dialysis at least weekly.

Heart Attack: a myocardial infarction, coronary thrombosis, or coronary occlusion diagnosed or treated after the Effective Date of the policy. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together

with blood enzyme findings. The definition of *Heart Attack* shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

Major Human Organ Transplant: a surgery in which a covered person receives, as a result of a surgical transplant, one or more of the following organs: kidney, liver, heart, heart-lung, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

Major Third-Degree Burns: an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis, and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals.

Paralysis: spinal cord injuries occurring after the Effective Date of coverage resulting in complete and total loss of use of two or more limbs (paraplegia or quadriplegia) for a continuous period of at least 30 days. The Paralysis must be confirmed by your attending physician.

Specified Health Event: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Coma, Paralysis, or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

Stroke: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the Effective Date of the policy. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. *Stroke* does not mean head injury, transient ischemic attack, or cerebrovascular insufficiency.

Sudden Cardiac Arrest: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, Sudden Cardiac Arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the policy. Sudden Cardiac Arrest is not a Heart Attack.

GUARANTEED-RENEWABLE: the right to renew the policy by payment of the premium due on or before the renewal date. The policy is Guaranteed-Renewable for your life, subject to Aflac's right to change the applicable table of premium rates by class upon any renewal date.

FAMILY COVERAGE: includes the insured, spouse, and dependent children to age 26. Newborn children are automatically insured as any other family member. One-parent family coverage includes the insured and dependent children to age 26.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

The policy does not cover losses caused by or resulting from a Pre-Existing Condition or from:

- A Specified Health Event occurring prior to or being hospitalized prior to the Effective Date shown in the Policy Schedule;
- Intentionally self-inflicting bodily injury or attempting suicide;
- War or any act of war, declared or undeclared, or serving in the armed forces.

Benefits are payable for only one covered Specified Health Event at a time per covered person.

Hospital shall not include any institution, or part thereof, used as a convalescent home; a rest or nursing facility; or a facility primarily affording custodial, educational, or rehabilitatory care, or facilities for the aged, drug addicts, or alcoholics.

A physician does not include a member of your immediate family.

PRE-EXISTING CONDITIONS: A *Pre-Existing Condition* is a sickness or injury for which, within the six-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended by or received from a physician. Benefits for a Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective Date will be covered.

**We've got you
under our wing.®**

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