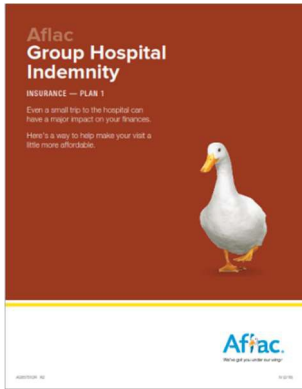


Included in this downloadable pdf file are two separate hospital plan options:

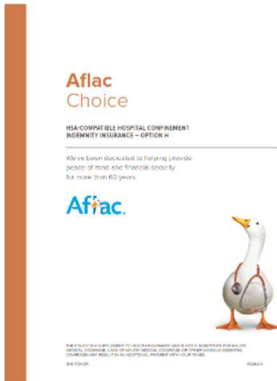


**Option 1:**

**Aflac Group Hospital Indemnity Plan #AG85751OR R2**

Please note, this plan is not compatible with an HSA.

Brochure details begin on page 2 through 11.



**Option 2:**

**Aflac Choice #B40175HOR**

HSA compatible.

Brochure details begin on page 12 through 23.

# CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina  
800.433.3036

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# Aflac Group Hospital Indemnity

## INSURANCE — PLAN 1

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



We've got you under our wing.®

# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE — PLAN 1

Policy Form CAI8500OR

# HI<sup>G</sup>

## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And though you may have major medical insurance, your plan may only pay a portion of your entire stay.

### That's how the Aflac group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. So you can avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

In addition to providing you with cash benefits (unless otherwise assigned) during a covered hospitalization, the Aflac group Hospital Indemnity plan has been designed with much more in mind, such as:

- **No deductibles.**
- **No networks, which means you can be treated at the hospital of your choice.**
- **No precertification.**



### Understanding the facts can help you decide if the Aflac group Supplemental Hospital Indemnity plan makes sense for you.

#### FACT NO. 1

# 52%

HOSPITAL CARE AND PHYSICIAN/CLINICAL SERVICES  
COMBINED ACCOUNT FOR OVER HALF OF THE NATION'S  
HEALTH EXPENDITURES.<sup>1</sup>

#### FACT NO. 2

# \$2,157

IS THE AVERAGE COST PER INPATIENT DAY FOR A  
HOSPITAL STAY.<sup>2</sup>

<sup>1</sup>National Center for Health Statistics. Health, United States, 2013: With Special Feature on Prescription Drugs. Hyattsville, MD. 2014.

<sup>2</sup>State Health Facts, Kaiser Family Foundation, 2015. <http://www.statehealthfacts.org>

## Here's why the Aflac group Hospital Indemnity plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac group Hospital Indemnity plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Having the Aflac group Hospital Indemnity plan means that you could have added financial resources to help with medical costs or ongoing living expenses.

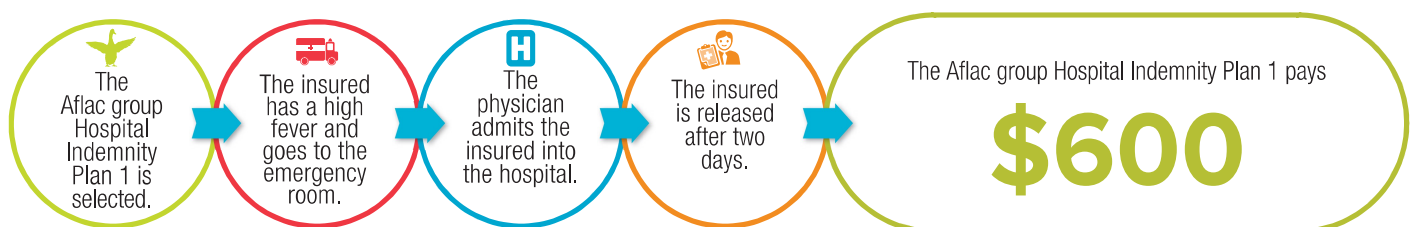
### The Aflac group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Hospital Emergency Room / Physician Benefit
- Out-of-Hospital Prescription Drug Benefit
- Well Baby Care Benefit (if dependent children coverage is selected)

### Features:

- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued. That means you can take it with you if you change jobs or retire (with certain stipulations).
- Fast claims payment. Most claims are processed in about four days.

### How it works



Amount payable was generated based on benefit amounts for: Hospital Emergency Room Benefit (\$50), Hospital Admission (\$250), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Form CAI8500OR

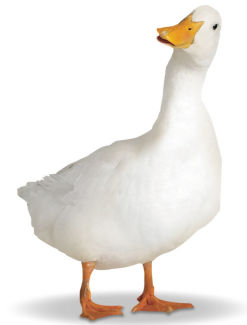


## HOSPITAL ADMISSION BENEFIT

\$250 per admission Employee / Spouse / Child

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again.



### For a complete list of limitations and exclusions please refer to the brochure.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.

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 Form CAI8500OR.

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that you may not receive any of the benefits in the plan. As a result, please check the coverage in all health insurance policies you already have or may have before you buy this insurance to verify the absence of any assignments or liens.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.



## Benefits Overview

### PLAN 1

#### HOSPITAL CONFINEMENT BENEFIT (up to 180 days per confinement)

This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within six months of the date of the covered accident.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.

**\$150**  
per day

#### HOSPITAL INTENSIVE CARE BENEFIT (30-day maximum for any one period of confinement)

This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within six months of the date of the covered accident.

We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness. If we pay benefits for confinement in a hospital intensive care unit and a covered person becomes confined to a hospital intensive care unit again within six months because of the same or a related condition, we will treat this confinement as the same period of confinement.

**\$150**  
per day

#### SURGICAL AND ANESTHESIA BENEFITS

These benefits are paid when a covered person has surgery performed by a physician due to an injury received in a covered accident or because of a covered sickness. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and Anesthesia Benefits are available subject to plan definitions and the Surgical Schedule. (The Anesthesia Benefit will be 25 percent of the Surgical Benefit paid.)

Surgery up to  
**\$1,500**;  
Anesthesia up to  
**\$375**

#### OUT-OF-HOSPITAL PRESCRIPTION DRUG BENEFIT

We will pay an indemnity benefit, based on the plan definitions, for each prescription filled for a covered person. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the patient. This benefit is subject to the Out-of-Hospital Prescription Drug Benefit maximum.

This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines, or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home, or similar institution; (d) immunization agents, biological sera, blood, or blood plasma; or (e) contraceptive materials, devices, or medications or infertility medication, except where required by law.

**\$10** with a 5-prescription  
maximum per year  
per covered person

#### HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MEDICAL FEES BENEFIT)

If a covered person is injured in a covered accident or has treatment as the result of a covered sickness, we will pay the benefit as shown for a maximum benefit of \$50 based on the following:

\$50 – Physician (per visit) / X-ray (per visit)

\$25 – Laboratory fees (per visit) / Injections/medications (per visit)

Not to exceed a maximum of \$50 per visit.

Up to a maximum of  
**\$50** per visit  
Maximum **\$250**  
per covered person  
per calendar year  
Maximum **\$1,000** per family  
per calendar year

#### WELL BABY CARE BENEFIT

We will pay the Well Baby Care Benefit amount associated with each benefit plan option when an insured baby receives well baby care (four visits per calendar year, per insured baby). For this plan, a baby is a dependent child 12 months of age or younger. This benefit is payable only if coverage is issued with the Dependent Children Benefit Rider.

**\$25**  
per visit

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# HOSPITAL INDEMNITY INSURANCE

LIMITATIONS AND EXCLUSIONS

TERMS YOU NEED TO KNOW

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## LIMITATIONS AND EXCLUSIONS

If the coverage outlined in this summary will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

### EXCLUSIONS

**We will not pay benefits for loss caused by pre-existing conditions.**

**We will not pay benefits for loss contributed to, caused by, or resulting from:**

- War – Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by the certificate when you are in such service.
- Suicide – Committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries – Injuring or attempting to injure yourself intentionally.
- Traveling – Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, or Jamaica.
- Racing – Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Aviation – Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Intoxication – Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
- Illegal Acts – Participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – Participating in any organized sport: professional or semiprofessional.
- Custodial Care. This is care meant simply to help people who cannot take care of themselves.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Services performed by a relative.
- A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
- Elective abortion.
- Treatment, services, or supplies received outside the United States and its possessions or Canada.
- Dental services or treatment.
- Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
- Mental or emotional disorders without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.
- Injury or sickness covered by workers' compensation.
- Routine physical exams and rest cures.

### PRE-EXISTING CONDITION LIMITATION

**Pre-Existing Condition** means, within the 12-month period prior to the effective date of the certificate, those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the effective date of the certificate, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from the effective date of a certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a pre-existing condition if conception was before the effective date of coverage.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

If a certificate is issued as a replacement for a certificate previously issued under the plan, then the Pre-existing Condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

### TERMS YOU NEED TO KNOW

**You and Your** – Refers to an employee as defined in the plan.

**Spouse** – Means your legal Spouse who is between the ages of 18 and 64. Spouse also means either the person to whom you are legally married; or the person of either gender in a legally-recognized domestic partnership with you.

**Domestic Partnership** – Means a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable, and at least one of whom is a resident of Oregon.

**Dependent Children** – Means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, or any of the preceding of your spouse or domestic partner, who are under age 26.

Your natural children will be covered from the moment of live birth. No notice or additional premium is required if the Dependent Children Benefit Rider is already in force. Newborn children are not covered from the time of birth unless Dependent Children Benefit Rider coverage is already in force and effective prior to birth.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, the above age of 26 will not apply if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support. Proof of such incapacity and dependency must be furnished to the company within 31 days following such 26th birthday.

**Covered Person** – If the certificate is issued as: individual coverage, the Covered Person means you; for employee/Spouse coverage, Covered Person means you and your legal Spouse; for single parent family coverage, Covered Person means you and your covered Dependent Children as defined in the applicable rider, who have been accepted for coverage; for family coverage, Covered Person means you and your Spouse and covered Dependent Children, as defined in the applicable rider, who have been accepted for coverage.

**Injury or Injuries** – An accidental bodily Injury or Injuries caused solely by or as the result of a Covered Accident.

**Covered Accident** – An accident, which occurs on or after a Covered Person's Effective Date, while the certificate is in force, and which is not specifically excluded.

**Sickness** – An illness, infection, disease, or any other abnormal condition, which is not caused solely by or the result of an Injury.

**Covered Sickness** – An illness, infection, disease, or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force; and was not treated or for which a Covered Person did not receive advice within 12 months before the Effective Date of coverage; and is not excluded by name or specific description in the certificate.

**Doctor or Physician** – A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

**A Hospital is not** a nursing home; an extended-care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

**A Hospital Intensive Care Unit is not any of the following step-down units:** a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a *Hospital Intensive Care Unit* as defined in the certificate.

**Effective Date** – The date as shown in the certificate schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its effective date, automatically replaces any certificate or certificates previously issued to you under the plan.

**Individual 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 no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

**Continuation of Coverage** – Your coverage may be continued with certain stipulations. See certificate for details.

**Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.**

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

**We've got you  
under our wing.<sup>®</sup>**

**[aflacgroupinsurance.com](http://aflacgroupinsurance.com) || 1.800.433.3036**

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Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.

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 Form CAI8500OR.



**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS**  
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999  
A Stock Company

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



# Aflac Choice

## HSA-COMPATIBLE HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION H

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We've been dedicated to helping provide  
peace of mind and financial security  
for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

# AFLAC CHOICE

## HSA-COMPATIBLE HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION H

Policy B4010HOR



### Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage.

#### Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

#### Why Aflac Choice may be the right policy for you

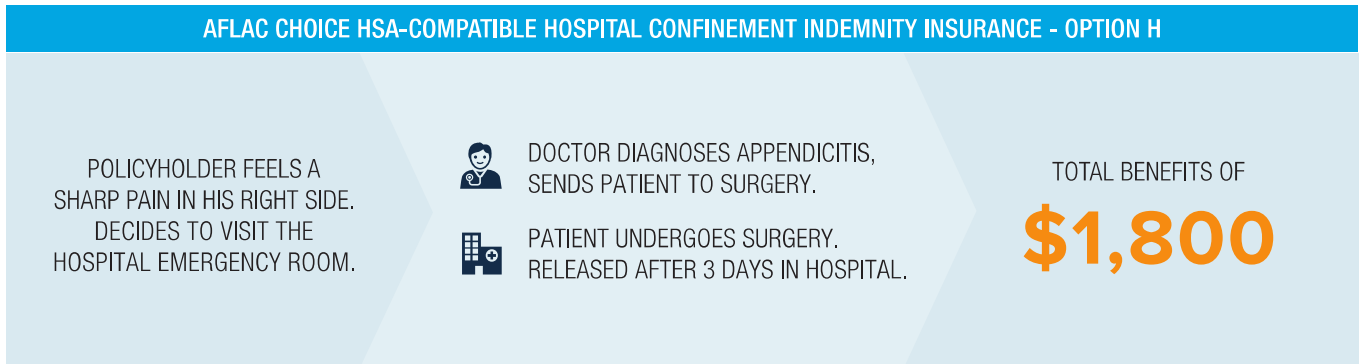
- You choose the hospital confinement benefit amount that's right for you based on your specific needs. It also works well with our other products.
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

**How it works**



The above example is based on the policyholder selecting the Aflac Choice Option H policy which includes a Hospital Confinement Benefit of \$1,500 and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days).

**Benefits overview** Choose the Policy that Fits Your Needs

BENEFIT:	DESCRIPTION:
HOSPITAL CONFINEMENT	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.
DAILY HOSPITAL CONFINEMENT	Pays \$100 per day, per covered person, for up to 365 days.
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	Pays \$50 per day, per covered person, for up to 30 days.
WAIVER OF PREMIUM	Yes

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the outline of coverage and policy for benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.



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# AFLAC CHOICE COVERAGE

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**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999  
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

**The policy described in this Outline of Coverage provides supplemental coverage  
and will be issued only to supplement insurance already in force.**

**LIMITED BENEFIT, HOSPITAL CONFINEMENT INDEMNITY INSURANCE**  
**Outline of Coverage for Policy Form Series B4010H**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” furnished by Aflac.**

**(1) Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

**(2) Hospital Confinement Indemnity Coverage:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.

**(3) Benefits:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[\_\_\_\_\_] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a room charge is incurred. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.

**B. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a room charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of

Hospital Confinement is 365 days. No lifetime maximum.

**C. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$50 per day when a Covered Person incurs a room charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.

**D. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

If you die and your Spouse becomes the new Named Insured, premiums will start again at the appropriate rate and will be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

**(4) Exceptions, Reductions, and Limitations of the Policy (policy is not a daily hospital expense plan):**

**A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.

- B. Aflac will not pay benefits for any illness, disease, infection, disorder, or condition that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C. Benefits for a covered Sickness for all persons added to the policy (excluding newborns) are subject to a 30-day waiting period.
- D. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void. Aflac cannot insure or make payments to individuals that are known to engage in illegal activity per Office of Foreign Assets Control (OFAC) regulation.
- E. Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage. If you have received benefits that were not contractually due under the coverage, then Aflac reserves the right to offset any benefits payable under the coverage up to the amount of benefits you received that were not contractually due.
- F. **The policy does not cover losses caused by or resulting from:**
  1. Giving birth within the first ten months of the Effective Date of coverage; or pregnancy in existence prior to the Effective Date of coverage, including any resulting Complications of Pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the Effective Date of coverage, Complications of Pregnancy are covered to the same extent as a Sickness;
  2. Receiving routine nursing or routine well-baby care for a newborn child;
  3. Voluntarily taking any type of poison or inhaling any type of gas or fumes;
  4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being detained in any detention facility or penal institution;
  5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
  6. Having dental treatment, except as a result of Injury;
  7. Having cosmetic surgery that is not Medically Necessary;
  8. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
  9. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
  10. Actively participating in a riot, insurrection, or terrorist activity;
  11. Donating an organ within the first 12 months of the Effective Date of coverage; or
  12. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, bereavement, situational depression, depression, stress, or post-partum depression. The policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy in existence before your Effective Date of coverage is a Pre-existing Condition.

- (5) **Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or

have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed

for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

**RETAIN FOR YOUR RECORDS.  
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**COVERED PERSON:** Any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse is defined as the person with whom you have entered into a legal or domestic partnership and who is listed on your application. Newborn children are automatically insured for 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 30 days, you must notify Aflac in writing within 31 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental or physical disability and who became so disabled prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital for 23 or more hours for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary and the result of a covered sickness or injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity or any other cause. An injury must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. See the Limitations and Exclusions section for injuries not covered by the policy.

**PERIOD OF HOSPITAL CONFINEMENT:** The number of days a covered person is assigned to and incurs a charge for a room in a hospital. Confinements must begin while coverage under the policy is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** The number of days a covered person is assigned to and incurs a charge for a room in a hospital intensive care unit. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**SICKNESS:** An illness, disease, infection, disorder or condition not caused by an injury, medically evaluated, diagnosed or treated by a physician more than 30 days after the effective date of coverage and while coverage is in force.

## ADDITIONAL INFORMATION

The term hospital does not include any institution or part thereof used as an emergency room; a rehabilitation facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

The term hospital intensive care unit does not include units such as telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a hospital intensive care unit.

A physician is not you or a member of your immediate family.

**The policy does not cover losses caused by or resulting from giving birth within the first ten months of the effective date of coverage; or pregnancy in existence prior to the effective date of coverage, including any resulting complications of pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the effective date of coverage, complications of pregnancy are covered to the same extent as a sickness.** Complications of pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy. For pregnancy beginning on or after the effective date of coverage, complications of pregnancy are covered to the same extent as a sickness, subject to the Limitations and Exclusions.



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