AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

PREFERRED

This brochure is for a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

OPTION 1 BENEFITS	
HOSPITAL CONFINEMENT	$1,000 PER COVERED PERSON
REHABILITATION FACILITY	$100 PER DAY
HOSPITAL EMERGENCY ROOM	$100 UP TO 2 TIMES PER YEAR, PER POLICY
HOSPITAL SHORT-STAY	$100 UP TO 2 TIMES PER YEAR, PER POLICY
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 2 BENEFITS *ALL BENEFITS OF OPTION 1 PLUS THE FOLLOWING*	
PHYSICIAN VISIT	$25 PER VISIT
MEDICAL DIAGNOSTIC & IMAGING	$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	$100 – GROUND, $1,000 – AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON

OPTION 3 BENEFITS *ALL BENEFITS OF OPTIONS 1 & 2 PLUS THE FOLLOWING*	
SURGICAL	$50–$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
INVASIVE DIAGNOSTIC EXAMS	$100 ONE EXAM PER COVERED PERSON, PER 24-HOUR PERIOD

OPTION 4 BENEFITS *ALL BENEFITS OF OPTIONS 1, 2, & 3 PLUS THE FOLLOWING*	
DAILY HOSPITAL CONFINEMENT	$100 PER DAY UP TO 365 DAYS IN ADDITION TO THE HOSPITAL CONFINEMENT BENEFIT
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	$100 PER DAY UP TO 30 DAYS IN ADDITION TO HOSPITAL CONFINEMENT & DAILY HOSPITAL CONFINEMENT BENEFITS

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac will pay the following benefits, as applicable, for a covered sickness or injury that occurs while coverage is in force. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
OPTION 1 **HOSPITAL CONFINEMENT**	$1,000	Aflac will pay a Hospital Confinement Benefit of $1,000 when a covered person requires hospital confinement for 23 or more hours for a covered sickness or injury and a charge is incurred. This benefit is payable once per period of hospital confinement, per covered person. Confinements must be separated by a minimum of 90 days from the previous covered hospital confinement for this benefit to be payable. No lifetime maximum.
REHABILITATION FACILITY	$100 per day	Aflac will pay $100 per day when a covered person is confined in a hospital and is transferred to a bed in a rehabilitation facility for a covered sickness or injury and a charge is incurred. This benefit is limited to 15 days per period of hospital confinement and is limited to a calendar year maximum of 30 days per covered person. No lifetime maximum.
HOSPITAL EMERGENCY ROOM	$100	Aflac will pay $100 when a covered person receives treatment for a covered sickness or injury in a hospital emergency room, including triage, and a charge is incurred. This benefit is payable twice per calendar year, per policy. The Hospital Emergency Room Benefit and the Hospital Short-Stay Benefit are not payable on the same day. No lifetime maximum.
HOSPITAL SHORT-STAY	$100	Aflac will pay $100 when a covered person receives treatment for a covered sickness or injury in a hospital, including an observation room or an ambulatory surgical center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a hospital emergency room. This benefit is payable twice per calendar year, per policy. The Hospital Short-Stay Benefit and the Hospital Emergency Room Benefit are not payable on the same day. No lifetime maximum.
WAIVER OF PREMIUM	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.	
CONTINUATION OF COVERAGE	Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions: • The policy was in force for at least six months. • We received premiums for at least six consecutive months. • Your premiums were paid through payroll deduction, and you left your employer for any reason. • You or your employer notified us in writing within 30 days of the date your premium payments ceased because of leaving employment. • You re-establish premium payments with 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.	
OPTION 2 *All benefits of Option 1 plus the following* **PHYSICIAN VISIT**	$25	Aflac will pay $25 when a covered person incurs a charge for a physician visit. Services must be under the supervision of a physician. If the type of coverage for the policy is individual, the benefit is limited to three visits per calendar year, per policy. If the type of coverage is named insured/spouse only, one-parent family, or two-parent family, the benefit is limited to a total of six visits per calendar year, per policy. The sickness or injury of a covered person is not required for this benefit to be payable. Covered physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or to the Limitations and Exclusions. No lifetime maximum.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
MEDICAL DIAGNOSTIC AND IMAGING	$150	Aflac will pay $150 per calendar year when a covered person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a hospital, a medical diagnostic imaging center, a physician's office, or an ambulatory surgical center. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.
AMBULANCE	$100 – ground ambulance $1,000 – air ambulance	Aflac will pay the amount shown at left if, due to a covered sickness or injury, a covered person requires ground ambulance transportation or air ambulance transportation to or from a hospital due to a covered sickness or injury and a charge is incurred. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per calendar year, per covered person. No lifetime maximum.
OPTION 3 *All benefits of Options 1 & 2 plus the following* **SURGICAL**	$50–$1,000 (based on the Schedule of Operations listed in the policy)	Aflac will pay according to the benefits listed in the Schedule of Operations in the policy when, due to a covered sickness or injury, a covered person has a surgical operation, including a vaginal or cesarean delivery, performed in a hospital or an ambulatory surgical center and a charge is incurred. If any operation for the treatment of the covered sickness or injury is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum. IMPORTANT: Surgical Benefits are not payable for surgery performed in a physician's or dentist's office, a clinic, or other such location.
INVASIVE DIAGNOSTIC EXAMS	$100	Aflac will pay $100 when a covered person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a hospital or an ambulatory surgical center. This benefit is limited to one exam per covered person, per 24-hour period. The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.
OPTION 4 *All benefits of Options 1, 2, & 3 plus the following* **DAILY HOSPITAL CONFINEMENT**	$100 per day	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 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.
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	$100 per day	Aflac will pay $100 per day when a covered person incurs a 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. Confinements must be separated by a minimum of 90 days from the previous covered period of hospital intensive care unit confinement for this benefit to be payable. The maximum benefit period for any one period of hospital intensive care unit confinement is 30 days. No lifetime maximum.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

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.

Aflac will not pay benefits for any illness, disease, infection, disorder, or bodily infirmity 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.

Benefits for a covered sickness for all persons added to the policy (including newborns) are subject to a 30-day waiting period. Aflac will waive the waiting period for newborns added after the policy has been in force for ten full months.

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 will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

The policy does not cover losses caused by or resulting from:

- Being pregnant or giving birth within the first ten months of the effective date of coverage (complications of pregnancy will be covered to the same extent as a sickness);
- Receiving routine nursing or routine well-baby care for a newborn child (other than provided by the Physician Visit Benefit);
- Voluntarily using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a physician and taken according to the physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
- Participating in, or attempting to participate in, a felony, whether charged or not (*felony* is as defined by the law of the jurisdiction in which the activity takes place); being engaged in an illegal occupation, or being incarcerated in any detention facility or penal institution;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a physician and taken according to the physician's instructions (the term *intoxicated* refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having dental treatment except as a result of injury or having cosmetic surgery that is not medically necessary;
- Having elective surgery that is not medically necessary within the first 12 months of the effective date of coverage;
- 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;
- Donating an organ within the first 12 months of the effective date of coverage;
- 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, 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.

An ambulatory surgical center does not include a physician's or dentist's office, a clinic, or other such location.

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.

The term *hospital* does not include any institution 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. Benefits for confinement in a rehabilitation facility are payable under the Rehabilitation Facility Benefit.

The term *hospital emergency room* does not include urgent care centers.

Benefits are not payable for confinement in a hospital intensive care unit under the Hospital Intensive Care Unit Confinement Benefit for confinement in 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 does not include you or a member of your immediate family.

The term *rehabilitation facility* does not include 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.

PRE-EXISTING CONDITION LIMITATIONS: A *pre-existing condition* is an illness, disease, infection, disorder, bodily infirmity, or injury for which, within the 12-month period before the effective date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended by or received from a legally qualified physician, 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.

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 to whom you are legally married and who is listed on your application. This includes the relationship created by a civil union. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, 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. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment and is dependent on his or her parent or other care provider for lifetime care and supervision, and who became so incapacitated 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.

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

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 lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

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. The term *hospital confinement* does not include emergency rooms.

INJURY: a bodily injury caused directly by an accident, independent of sickness, occurring on or after the effective date of coverage and while coverage is in force. 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 bed in a hospital. Confinements must begin while coverage under the policy is in force. Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous period of hospital confinement. 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 bed in a hospital intensive care unit. Confinements must begin while coverage under the policy is in force. Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous period of hospital intensive care unit confinement. 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 bodily infirmity, independent of 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.

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