Aflac

Personal Recovery Plus

HOSPITAL INDEMNITY LIMITED BENEFIT INSURANCE – PLAN 2

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

Aflac®

We've got you under our wing.®

PERSONAL RECOVERY PLUS

HOSPITAL INDEMNITY LIMITED BENEFIT INSURANCE – PLAN 2

Policy Series A-70000

PRP²

Added Protection for You and Your Family

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 doctor and hospital bills, not out-of-pocket expenses. Nor does it pay cash benefits that can be used to help with 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 FACTS SAY YOU NEED THE PROTECTION OF THE AFLAC PERSONAL RECOVERY PLUS PLAN:

FACT NO. 1

ABOUT EVERY **34** SECONDS

SOMEONE SUFFERS A HEART ATTACK.[1]

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE SUFFERS A STROKE.[1]

[1]*Heart Disease and Stroke Statistics*, 2012 Update, American Heart Association.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Personal Recovery Plus is designed to provide you with cash benefits if you experience a catastrophic event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

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.

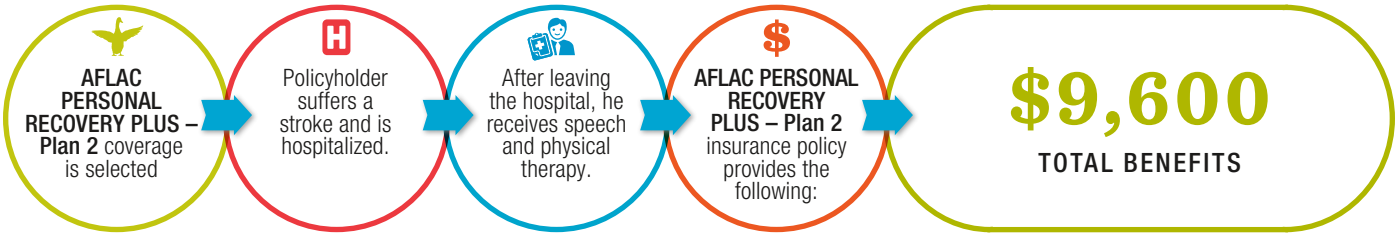
The Personal Recovery Plus insurance policy:

- Pays a lump-sum benefit upon diagnosis of having had a specified health event.
- Pays benefits for hospital confinement, continuing care, transportation, and lodging.
- Is guaranteed-renewable—as long as premiums are paid, the policy cannot be canceled.
- Has no deductibles, copayments, or network restrictions–you choose your own medical treatment provider.

Specified health events covered by the Personal Recovery Plus policy include:

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

HOW IT WORKS



The above example is based on a scenario for Aflac Personal Recovery Plus – Plan 2 that includes the following benefit conditions: Stroke (First-Occurrence Benefit) of $5,000, Hospital Confinement Benefit (5 days) of $1,500, Continuing Care Benefit (30 days) of $3,000, ground ambulance transportation (Ambulance Benefit) of $100.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Plan 2 Personal Recovery Plus Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST-OCCURRENCE BENEFIT	$5,000; lifetime max $5,000 per covered person
REOCCURRENCE BENEFIT	$2,500; no lifetime max
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime max
CONTINUING CARE BENEFIT	$100 each day for up to 75 days; no lifetime max
AMBULANCE BENEFIT	$100 ground or $1,000 air; no lifetime max
TRANSPORTATION BENEFIT	$.50 per mile; up to $1,500 per occurrence; no lifetime max
LODGING BENEFIT	$60 per day; limited to 15 days per occurrence; no lifetime max

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

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HOSPITAL INDEMNITY LIMITED BENEFIT INSURANCE POLICY

POLICY FORM SERIES A-70200

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both you and Aflac.

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

1. **Hospital Confinement Indemnity Coverage** is designed to provide coverage in the form of a fixed daily 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 daily indemnity for hospital confinement and any additional benefits described below.

2. **Benefits:** Subject to the Pre-existing Conditions provision and the Limitations and Exclusions provisions, we will pay the following benefits for a covered Specified Health Event that occurs while coverage is in force.

   A. **FIRST-OCCURRENCE BENEFIT:** We will pay $5,000 for each covered person under this 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 this policy. Lifetime maximum is $5,000 per covered person.

   B. **REOCCURRENCE BENEFIT:** If benefits have been paid to a covered person under A above, we will pay $2,500 if such covered person is later diagnosed as having had a subsequent Specified Health Event.

   For Benefit B to be payable, the Specified Health Event must occur more than 180 days after the date Benefit A last became payable. Benefit B will again become payable for a Specified Health Event when it occurs more than 180 days after the date Benefit B last became payable. No lifetime maximum.

   C. **HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):** When a covered person requires Hospital Confinement for 14 or more hours for the treatment of a covered Specified Health Event, we will pay $300 per day for each day a covered person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

   Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per covered person. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

   Benefits are not payable on the same day as the Continuing Care Benefit (D). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid.

   Benefits D through G 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. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

   D. **CONTINUING CARE BENEFIT:** If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed practitioner, we will pay $100 each day a covered person is charged:

   a) rehabilitation therapy
   b) physical therapy
   c) speech therapy
   d) occupational therapy
   e) respiratory therapy
   f) dietary therapy/consultation
   g) home health care
   h) dialysis
   i) hospice care
   j) extended care
   k) physician visits
   l) nursing home care

   Treatment is limited to 75 days for continuing care commencing 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.

   Form A92396

   Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

   E. **AMBULANCE BENEFIT:** If, due to a covered Specified Health Event, a covered person requires ground ambulance transportation to or from a Hospital, we will pay $100. If air ambulance transportation is required due to a covered Specified Health Event, we 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.

   F. **TRANSPORTATION BENEFIT:** If a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered Specified Health Event, we 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. 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, we 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.

G. 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.

H. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a Specified Health Event (as defined in Part 1, Item O of your policy), are completely unable to do all of the usual and customary duties of your occupation 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 and a physician's statement of your inability to perform said duties, and may each month thereafter require a physician's statement that total inability continues.

Not Employed: If you, due to a Specified Health Event (as defined in Part 1, Item O of your policy), 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 a physician's statement of your inability to perform said activities, and may each month thereafter require a physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will start again and 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.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

I. CONTINUATION OF COVERAGE BENEFIT: We 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 through direct payment to Aflac.

You will again become eligible to receive this benefit after (1) You re-establish your premium payments through payroll deduction for a period of at least six months, and (2) 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.

3. Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT:
(Series A-70250) Applied for ☐ Yes ☐ No

This benefit can be purchased in units of $100 each up to a maximum of five units or $500. Number of units purchased: _____. The First-Occurrence Benefit, under Part 2A, will be increased by $100 for each unit purchased on each rider anniversary date while this rider is in force (the amount of the monthly increase will be determined on a pro rata basis). This benefit will be paid under the same terms as the First-Occurrence Benefit.

4. Exceptions, Reductions and Limitations of This Policy (This is not a daily hospital expense plan.):

This policy does not cover losses caused by or resulting from a Pre-existing Condition or from:

A. a Specified Health Event occurring prior to or being hospitalized prior to the Effective Date as shown in the Policy Schedule;

B. intentionally self-inflicting bodily Injury or attempting suicide; or

C. 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.

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 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.

5. **Renewability:** This policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

RETAIN FOR YOUR RECORDS.

THIS DISCLOSURE 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

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 excluding procedures such as, but not limited to, balloon angioplasty, laser relief, stents, or other nonsurgical procedures. This surgery requires placement of patient on a cardiac-pulmonary bypass machine.

COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Newborn children are automatically insured from the moment of birth. If individual coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac within 60 days of the birth of your child, 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 by reason of developmental disability or physical handicap 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. A dependent child (including persons incapable of self-sustaining employment by reason of developmental disability or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

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.

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 that is 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.

ADDITIONAL INFORMATION

A 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 rehabilatory care, or facilities for the aged, drug addicts, or alcoholics.

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

We've got you under our wing.®

aflac.com || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:
American Family Life Assurance Company of Columbus
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