



# *Personal Sickness Indemnity Plan*

*Hospital Confinement Sickness Indemnity  
Limited Benefit Insurance*

## *Plan Benefits*

- Physician Visits
- Hospital Confinement
- Major Diagnostic Exams
- Surgical
- Plus ... more

**Aflac**™  
New York

# Personal Sickness Indemnity Plan

Policies NY-45100, NY-45200, and NY-45300

- Policy NY-45100 (Level 1)
- Policy NY-45200 (Level 2)
- Policy NY-45300 (Level 3)

## Physician Visits Benefit

**Aflac New York will pay the amount for the level chosen** when a covered person incurs a charge for a physician visit. Services must be under the supervision of a physician. This is a health maintenance benefit; the sickness of a covered person is not required for this benefit to be payable. No lifetime maximum.

	Level 1 NY-45100	Level 2 NY-45200	Level 3 NY-45300
Benefit Amount	\$15	\$20	\$25
Number of Visits per Year:			
Individual	3	4	4
Family*	6	8	8

Covered physician visits include, but are not limited to, eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals.

**The following benefits are payable for a covered sickness 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. All of the benefits listed below, except for the Hospital Confinement Benefit, are the same for Levels 1, 2, and 3 (Policies NY-45100, NY-45200, and NY-45300).**

## Hospital Confinement Benefit

**Aflac New York will pay the amount per day** for the level chosen when a covered person requires hospital confinement as an inpatient for a covered sickness and incurs a charge. Benefits are not payable for days beyond the 180th day in a period of confinement.\*\* No lifetime maximum.

	Level 1 NY-45100	Level 2 NY-45200	Level 3 NY-45300
Benefit Amount:			
Days 1–180	\$120	\$140	\$160

\* Family includes two-parent family, one-parent family, and named insured/spouse only.

\*\*A period of confinement is the time period of hospital confinement or hospital intensive care unit confinement that starts while the policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated sickness or the confinements are separated by 30 days or more.

## Major Diagnostic Exams

**Aflac New York will pay \$150** when a covered person requires one of the following exams for a covered sickness:

- CT scan
- MRI (magnetic resonance imaging)
- EEG (electroencephalogram)
- Thallium stress test
- Myelogram
- Angiogram
- Arteriogram

These exams must be performed in a hospital, doctor's office, or ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

## Surgical Benefit

**Aflac New York will pay \$100–\$2,000** when a covered person has surgery performed for a covered sickness in a hospital or ambulatory surgical center based upon the Schedule of Operations in the policy 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. We will pay the highest eligible benefit. Benefits are not payable for cosmetic or elective surgery that is not due to sickness. Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location. Surgery performed but not listed in the schedule will be paid according to the amount shown for the surgery most similar in severity and gravity. No lifetime maximum.

## Ambulance Benefit

**Aflac New York will pay \$100 for ground ambulance and \$1,000 for air ambulance** if, because of a covered sickness, a covered person requires transportation to or from a hospital. A licensed professional ambulance company must provide the ambulance service. This benefit is limited to two trips per calendar year, per covered person. No lifetime maximum.

**Aflac New York's Personal Sickness Indemnity Plan pays cash benefits directly to you, unless assigned, regardless of any other insurance you may have.**

#### **Guaranteed-Renewable**

The policy is guaranteed-renewable for your lifetime, subject to Aflac New York's right to change the applicable table of premium rates by class.

#### **Effective Date**

The effective date is the date shown in the Policy Schedule, not the date the application is signed.

#### **Family Coverage**

Family coverage includes the insured; spouse; and dependent, unmarried children under age 19 (or 23 if they are enrolled as full-time students). Newborns are automatically covered under the terms of the policy from the moment of birth. One-parent family coverage includes the insured and all of the insured's unmarried, dependent children under age 19 (or 23 if they are enrolled as full-time students). A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

#### **Pre-Existing Conditions**

A pre-existing condition is a sickness for which, within the 12-month period before the effective date of coverage, medical advice or treatment was recommended by a physician or received from a 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 six months or more after the effective date of coverage.

A sickness is an illness, disease, or disorder diagnosed or treated after the effective date of coverage and while coverage is in force.

#### **Limitations and Exclusions**

Other than the Physician Visits Benefit, we will not pay benefits for losses incurred as a result of an injury. We will not pay benefits for a covered person's giving birth within the first ten months of the effective date of the policy as a result of a normal pregnancy, including elective cesarean section (complications of pregnancy\* will be covered to the same extent as a sickness).

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

- receiving dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident, and except for dental care or treatment necessary due to congenital disease or anomaly;
- intentionally self-inflicting bodily injury or attempting suicide;
- participating in any illegal activity that is classified as a felony (the term felony is as defined by the law of the

jurisdiction in which the activity takes place); • being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto (If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend the policy during a period of active duty that does not exceed more than five years. When you notify us to suspend the policy, we will refund any premium paid for coverage after the date we receive the notice. We will reinstate the policy when your active duty ends without evidence of insurability when we receive (1) your written request to reinstate the policy and (2) the premium for the period from the date your active service ends to the next premium due date. The reinstated policy will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement. In this case, you must comply with the reinstatement provision.); • having treatment for a mental or nervous disorder or disease, including depression; alcoholism or drug addiction; sustaining or contracting any loss because of a covered person's 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 injury or cause of the loss occurred); • having cosmetic surgery, except that cosmetic surgery will not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect; • obtaining routine nursing or routine well-baby care for a newborn child (other than provided by the Physician Visits Benefit).

Hospital is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts or alcoholics; or a place for convalescent, custodial, educational, or rehabilitative care.

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

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

\*Complications of pregnancy will not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, pre-eclampsia, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy.

**Refer to the policy for complete details, limitations, and exclusions. This brochure is for illustration purposes only.**

## Aflac New York is ...

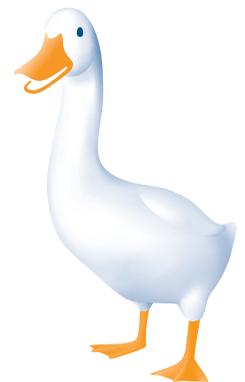
- Rated AA in insurer financial strength by Standard & Poor's (June 2006).
- Rated AA in insurer financial strength by Fitch, Inc. (June 2006).
- Rated A+ (Superior) by the June 2007 A.M. Best Company Report.

Service is a tradition at Aflac New York ... backed by fast, efficient claims service. Providing our best in customer service is the cornerstone of our success. We are as close as your telephone. Our toll-free line puts you in touch with us immediately.



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