Aflac Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE

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. THE POLICY IS NOT INTENDED TO PROVIDE COMPREHENSIVE HEALTH CARE COVERAGE AND **DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS**, EVEN IF IT DOES INCLUDE SERVICES THAT ARE NOT AVAILABLE IN THE INSURED'S OTHER HEALTH PLANS.

A74175MA RC(3/22)

AFLAC CRITICAL CARE PROTECTION

SPECIFIED HEALTH EVENT INSURANCE

Policy Series A74000

CCP[1]

Critical care for you. Added financial protection for your family.

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

All benefits are paid directly to you, unless otherwise assigned, and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments, or utility bills. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. 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 overwhelming. Fortunately, Aflac's Critical Care Protection can help with those everyday expenses, so all you have to focus on is getting well.

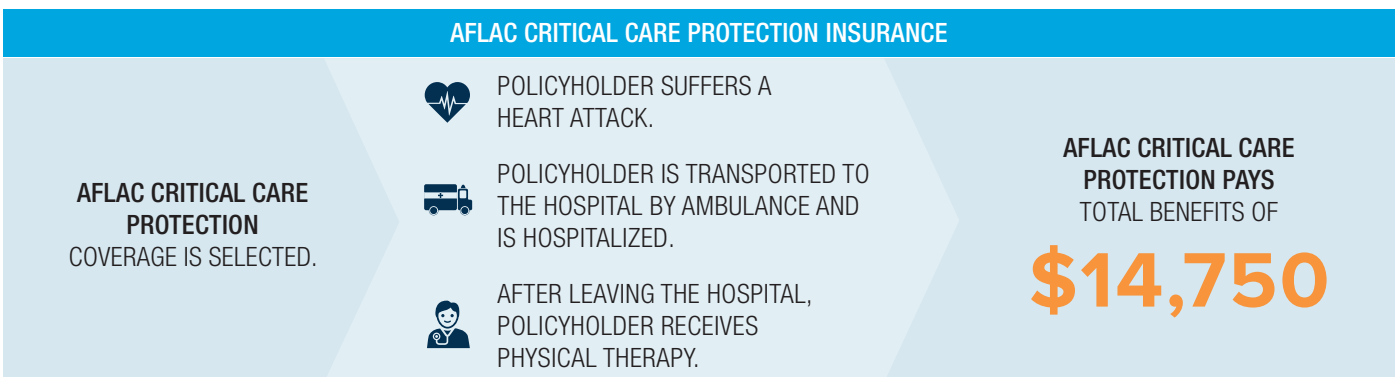
Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays $8,500 upon diagnosis of having had a specified health event, which increases to $10,000 for dependent children
- Pays $300 per day for covered hospital stays
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care, and many more
- Transportation and lodging benefits payable for travel to receive treatment
- Guaranteed-renewable–as long as premiums are paid, the policy cannot be canceled

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Complications of Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Complications Arising From a Major Human Organ Transplant
- End-Stage Renal Failure

How it works



The above example is based on a scenario for Aflac Critical Care Protection that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of $8,500, Ambulance Benefit (ground ambulance transportation) of $250, Hospital Confinement Benefit (5 days) of $1,500, and Continuing Care Benefit (30 days) of $4,500.

Benefits and/or premiums may vary based on state and option level selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. 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 complete benefit details, definitions, limitations and exclusions.

Aflac Critical Care Protection Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST–OCCURRENCE BENEFIT: • NAMED INSURED/SPOUSE • DEPENDENT CHILDREN	 $8,500; lifetime maximum $8,500 per covered person $10,000; lifetime maximum $10,000 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	$4,000; subsequent occurrence limitations apply; no lifetime maximum
COMPLICATIONS OF CORONARY ANGIOPLASTY BENEFIT	$1,000; payable only once per covered person, per lifetime
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime maximum
AMBULANCE BENEFIT	$250 ground or $2,000 air; no lifetime maximum
CONTINUING CARE BENEFIT	$150 each day when a covered person is charged for any of the following treatments: • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care Treatment is limited to 100 days for continuing care received within 180 days following the occurrence of the most recent covered loss. No lifetime maximum
TRANSPORTATION BENEFIT	$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss. Limited to $1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	$75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

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

LIMITED BENEFIT

AFLAC CRITICAL CARE PROTECTION

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)

SPECIFIED HEALTH EVENT INSURANCE – OUTLINE OF COVERAGE
Policy Form Number A74100MA

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide that is furnished by Aflac.

(1) The coverage outlined here is that of an **individual, limited benefit,** policy of insurance**.**

Caution: The issuance of the specified health event insurance policy is based on your answers to the questions on your application being correct and complete. Statements made in the application are deemed representations and not warranties. A copy of your application is attached to your policy. Write to us within 30 days of the date you receive the policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims. We also may void your policy (subject to the terms in the Time Limit on Certain Defenses section). You may contact us at 1932 Wynnton Road, Columbus, Georgia 31999.

(2) SUMMARY OF POLICY FEATURES:

The policy:

1. is not a Medicare Supplement policy.
2. is guaranteed-renewable for your lifetime.
3. is not subject to automatic premium increases as you get older.
4. may be subject to across the board premium increases for all policyholders in your class.
5. does not offer an option to purchase inflation protection.
6. does not offer an option to purchase nonforfeiture protection.
7. does contain special age limitations for purchase.
8. does not cover services due to Pre-existing Conditions (existing health problems) for a period of six months from policy issue.
9. does not have a waiting period before benefits are payable by policy.
10. does not offer a waiver of premium.

(3) THE PURPOSE OF AN OUTLINE OF COVERAGE. An outline of coverage provides just a very brief description of the features of the coverage that are important. You should compare this outline of coverage to the outlines of coverage for other policies that are available to you. This is not a contract of insurance. It is just a summary of the coverage. Only the individual policy contains the actual contractual provisions. This means that your policy sets forth in detail the rights and the obligations of both you and Aflac. That is why if you buy this or any other coverage, it is important for you to READ YOUR POLICY CAREFULLY!

(4) THE TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.

a) RENEWABILITY: THE POLICY IS GUARANTEED-RENEWABLE. This means that you have the right to continue the coverage as long as you pay your premiums on time. This is subject to the terms of your policy. We can not change any of the terms of your policy on our own. This is except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

b) We may discontinue or terminate the policy if you have committed fraud. We also may terminate it if you have intentionally misrepresented material fact that relates to the policy. This includes claims for policy benefits.

c) The policy does not provide a privilege for conversion without evidence of insurability. This is except in the case of 1) dissolution of marriage, 2) death, or 3) termination of dependency. Please see the Right of Conversion section of the policy for details.

d) We may change the established premium rate only if it is first approved by the Massachusetts Commissioner of Insurance. It must be changed on all policies of the same form number and class that are in force in your state. While the policy is in force, no change will be made in your class because of 1) the age, 2) the sex, or 3) the physical condition of any covered person. If a change is made to the established premium rate, we will notify you in writing at your last known address at least 30 days before the change is to become effective.

(5) THE TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.

a) It is important to us for you to be satisfied with the policy and for it to meet your insurance needs. If you are not satisfied, you may return it to us within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all of the premiums that have been paid. Your policy will be void from its Effective Date. If you do return the policy, please note in writing: "This policy is returned for cancellation and refund of premium."

b) The policy does not contain a provision providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy.

(6) THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide that is available from Aflac. Neither Aflac nor its associates (duly licensed agents) represent Medicare, the federal government, or any state government.

(7) THE BENEFITS PROVIDED BY THE POLICY:

While coverage is in force, we will pay the following benefits, as applicable, when certain losses occur as a result of Specified Health Events or other conditions as specified. A Specified Health Event is one of the following critical illnesses: Heart Attack, Stroke, End-Stage Renal Failure, Complications arising from a Major Human Organ Transplant, Third-Degree Burns, Coma, Paralysis, Complications of Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest. Benefits are subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions. 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. FIRST-OCCURRENCE BENEFIT: We will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event (as defined in the policy).

Named Insured/Spouse
$8,500 (Lifetime maximum $8,500 per Covered Person)

Dependent Children
$10,000 (Lifetime maximum $10,000 per Covered Person)

This benefit is payable only once per Covered Person, per lifetime.

B. SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT: If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, we will pay $4,000 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event (as defined in the policy).

For the Subsequent Specified Health Event Benefit to be payable, the subsequent Specified Health Event must occur 180 days or more after the occurrence of any previously paid Specified Health Event for such Covered Person. No lifetime maximum.

C. COMPLICATIONS OF CORONARY ANGIOPLASTY BENEFIT: We will pay $1,000 when a Covered Person has a Coronary Angioplasty, with or without stents, and later experiences complications.

This benefit is payable only once per Covered Person, per lifetime.

D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac 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 Loss that occur within 500 days following the occurrence of the most recent covered Loss. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Loss at a time per Covered Person. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

This benefit is not payable on the same day as the Continuing Care Benefit. The highest eligible benefit will be paid.

E. AMBULANCE BENEFIT: If, due to a covered Loss, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay $250. If air ambulance transportation is required due to a covered Loss, we will pay $2,000. 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 Loss. **This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. There is no lifetime maximum for this benefit.**

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

F. CONTINUING CARE BENEFIT: If, as the result of a covered Loss, a Covered Person receives any of the following, Aflac will pay $150 each day a Covered Person is charged. The care must be provided by a licensed Physician or a person (other than a member of your immediate family) licensed, certified, or otherwise duly qualified to provide said care:

1. rehabilitation therapy
2. physical therapy
3. speech therapy
4. occupational therapy
5. respiratory therapy
6. dietary therapy/consultation
7. home health care
8. dialysis
9. hospice care
10. extended care
11. Physician visits
12. nursing home care

Treatment is limited to 100 days for continuing care received within 180 days following the occurrence of the most recent covered Loss. Daily maximum for this benefit is $150 regardless of the number of treatments received.

This benefit is not payable on the same day as the Hospital Confinement Benefit. The highest eligible benefit will be paid. No lifetime maximum.

G. **TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. 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. The benefit amount payable is limited to $1,500 per occurrence of a covered Loss. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON. There is no lifetime maximum for this benefit.**

H. **LODGING BENEFIT:** We will pay $75 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives special medical treatment for a covered Loss at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. There is no lifetime maximum for this benefit.

I. **CONTINUATION OF COVERAGE BENEFIT:** 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:

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 has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
5. You re-establish premium payments through:
   a. your new employer's payroll deduction process, or
   b. 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 or any other method agreed to by Aflac and the employer.

Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (A74050MA) Applied for ❑ Yes ❑ No

The First-Occurrence Benefit, as defined in the policy, will be increased by $550 on each rider anniversary date while the rider remains 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. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the policy, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of benefits.)

SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (A74051MA) Applied for ❑ Yes ❑ No

SPECIFIED HEALTH EVENT RECOVERY: We will consider a Covered Person to be in Specified Health Event Recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event OR, he or she is unable to perform the duties of his or her regular occupation due to a covered Specified Health Event. A "Specified Health Event" includes Heart Attack, Stroke, End-Stage Renal Failure, Complications arising from a Major Human Organ Transplant, Third-Degree Burns, Coma, Paralysis, Complications of Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest. A Specified Health Event must occur on or after the Effective Date of coverage under the rider. (If the rider is Individual coverage, there will be no further premium billed for the rider after the payment of lifetime maximum benefits.)

SPECIFIED HEALTH EVENT RECOVERY BENEFIT: We will pay $550 per month while a Covered Person remains in Specified Health Event Recovery upon our receiving written proof of Loss from that person's Physician.

This benefit is limited to a lifetime maximum of six months per Covered Person.

(8) THE LIMITATIONS AND EXCLUSIONS OF THE POLICY (not a daily hospital expense plan):

A. We will not pay benefits for any Loss that is caused by a Pre-existing Condition unless it begins more than six months after the Effective Date of coverage.

B. We will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.

C. We will not pay benefits if coverage that is provided by the policy violates any U.S. economic or trade sanctions. If the coverage does violate such sanctions, the coverage will be null and void.

D. For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Specified Health Event per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

E. We will not pay benefits if fraud is committed in making a claim under the coverage. This includes any prior claim under any other Aflac coverage if benefits were received that were not lawfully due and that falsely caused payment to be made.

F. The policy does not cover Losses or confinements caused by or resulting from:

1. 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);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or willingly taking any kind of poison or inhaling any kind of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether you are charged or not ("felony" will be defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in a detention facility or a penal institution;
4. Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event;
5. Intentionally self-inflicting a bodily Injury or committing or attempting to commit suicide, while sane or insane;
6. Having elective surgery within the first 12 months of the Effective Date of coverage; or
7. 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. (When you notify us that you have joined an armed service, we will suspend your coverage and we will return the pro-rata premium. If you are in the service for less than five years, you may renew your policy on the date your service ends. To renew your policy, we have to receive your written application as well as your premium within 60 days of your discharge. We will renew your policy on the same basis as before it was suspended.)

PRE-EXISTING CONDITION LIMITATIONS

A "Pre-existing Condition" is an illness, disease, infection, disorder, or Injury for which, within the six month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical 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. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than six months after the Effective Date of coverage.

(9) THE RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of care services are likely to go up over time, you should think about if and how the benefits of this plan may be adjusted.

a) The benefit level will not increase over time.

b) There are no automatic benefit adjustment provisions.

c) You are not guaranteed the option to buy additional benefits.

d) There are no additional benefits available for purchase.

e) There will be no additional premium charge imposed as there are no additional benefits available for purchase.

(10) THE PREMIUM:

a) Total Annual Premium: _____

	Annual:
Policy:	$_____
Rider A74050MA:	$_____
Rider A74051MA:	$_____

(11) COMPLAINTS: If you have a complaint, you may call us at 1-800-992-3522 or your associate (duly licensed agent). If you are not satisfied, you may call the Massachusetts Division of Insurance at (617) 521-7777 or write to them at 1000 Washington Street, Suite 810, Boston, Massachusetts 02118-6200.

RETAIN THIS FORM FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS JUST A BRIEF SUMMARY OF THE COVERAGE THAT IS PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE THE GOVERNING PROVISIONS OF THE CONTRACT.

TERMS YOU NEED TO KNOW

COMA: a continuous state of profound unconsciousness lasting for a period of seven or more consecutive days and 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. The term coma does not include any medically induced coma. The coma must begin on or after the effective date of coverage and while coverage is in force for benefits to be payable.

CORONARY ANGIOPLASTY: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). This procedure may be performed with or without stents.

CORONARY ARTERY BYPASS GRAFT SURGERY (CABG): open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

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. Newborn children are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. Upon notification, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. One-parent family or two-parent family coverage will include any other dependent child, regardless of age, who is not capable of self-sustaining employment by reason of mental retardation 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 not capable of self-sustaining employment by reason of mental retardation 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 or any attached endorsements or riders. The effective date **is not** the date you signed the application for coverage.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature.

HEART ATTACK: a myocardial infarction. 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, cardiac arrest, or any other dysfunction of the cardiovascular system. The heart attack must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. Sudden cardiac arrest is not a heart attack.

HOSPITAL: a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term hospital also includes ambulatory surgical centers. The term hospital does not include any institution or part thereof used as an emergency room; a rehabilitation unit; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; 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.

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

LOSS: a specified health event or complications of a coronary angioplasty occurring on or after the effective date of coverage and while coverage is in force.

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 human organs: kidney, liver, heart, lung, or pancreas. **This does not include transplants involving mechanical or nonhuman organs.**

PARALYSIS: the complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a spinal cord injury. The paralysis must be confirmed by the attending physician. The spinal cord injury causing the paralysis must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable.

PHYSICIAN: a person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a physician by the state where treatment is received to treat the type of condition for which a claim is made.

SPECIFIED HEALTH EVENT: heart attack, stroke, end-stage renal failure, complications arising from a major human organ transplant, third-degree burns, coma, paralysis, complications of coronary artery bypass graft surgery (CABG), or sudden cardiac arrest.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. 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 (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

SUDDEN CARDIAC ARREST: a 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.

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. This does not include skin abrasions caused by falling on and scraping skin on asphalt, concrete, or any other surface.

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

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999