Aflac Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 2

We've been dedicated to helping provide peace of mind and financial security for more than 65 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.

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AFLAC CRITICAL CARE PROTECTION

SPECIFIED HEALTH EVENT INSURANCE – OPTION 2

Policy Series A74000

CCP²

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

Serious health events are often unexpected — and when they happen, everyday expenses may suddenly seem overwhelming. Aflac Critical Care Protection insurance helps provide financial protection should 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.

Health care costs continue to rise, and major medical insurance was not designed to cover everything. From out-of-pocket medical costs to the inability to work while in recovery, your finances may be strained. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.



Aflac herein means American Family Life Assurance Company of Columbus.

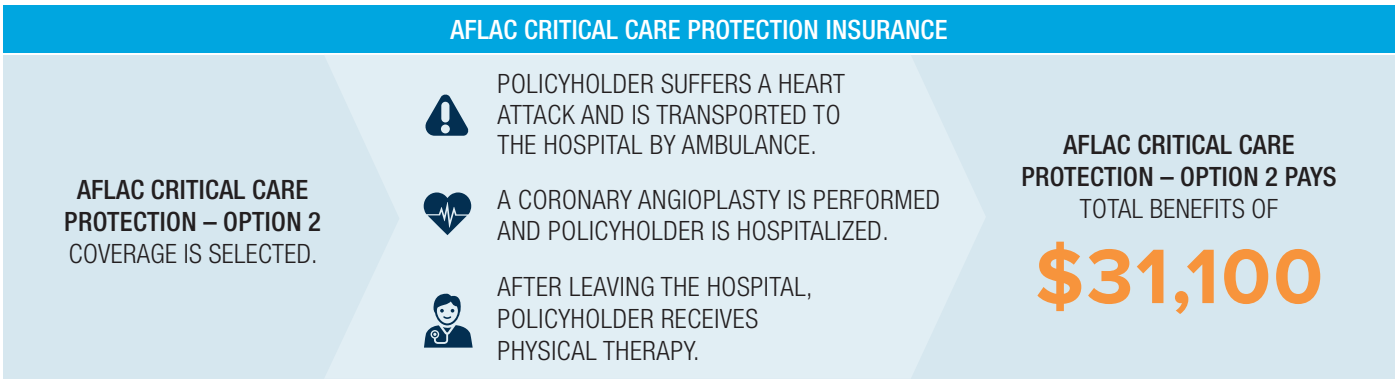
Understand the difference Aflac can make in your financial security.

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 stroke. This means that you can focus on recovery and not be so concerned about finances.

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

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

How it works



The above example is based on a scenario for Aflac Critical Care Protection – Option 2 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of $22,500, Ambulance Benefit (ground ambulance transportation) of $250, Coronary Angioplasty Benefit of $1,000, Hospital Intensive Care Unit Benefit (3 days) of $2,400, Hospital Confinement Benefit (4 days) of $1,200, and Continuing Care Benefit (30 days) of $3,750.

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 – Option 2 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST–OCCURRENCE BENEFIT: • NAMED INSURED/SPOUSE • DEPENDENT CHILDREN	 $22,500; lifetime maximum $22,500 per covered person $27,500; lifetime maximum $27,500 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	$11,250; subsequent occurrence limitations apply; no lifetime maximum
CORONARY ANGIOPLASTY BENEFIT	$1,000; payable only once per covered person, per lifetime
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime maximum
CONTINUING CARE BENEFIT	$125 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 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or coronary angioplasty. No lifetime maximum
AMBULANCE BENEFIT	$250 ground or $2,000 air; no lifetime maximum
TRANSPORTATION BENEFIT	$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss. Limited to $3,000 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to $75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met
HOSPITAL INTENSIVE CARE UNIT BENEFIT	Days 1–7: $800 per day Days 8–15: $1,300 per day Limited to 15 days per period of confinement; no lifetime maximum
STEP-DOWN INTENSIVE CARE UNIT BENEFIT	$500 per day; limited to 15 days per period of confinement; no lifetime maximum
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT	An indemnity of $2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date

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)

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

SPECIFIED HEALTH EVENT INSURANCE
Supplemental Health Insurance Coverage
Outline of Coverage for Policy Form Series A74200

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 your 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) Specified Health Event Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Specified Health Events or other conditions as specified. Specified Health Events are: Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest. Coverage is provided for the benefits outlined in **(3) Benefits.** The benefits described in **(3) Benefits** may be limited by **(5) Exceptions, Reductions, and Limitations of the Policy.**

(3) Benefits:

IMPORTANT: BENEFITS FOR INTENSIVE CARE UNIT CONFINEMENTS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE POLICY ANNIVERSARY DATE FOLLOWING THE 70TH BIRTHDAY OF A COVERED PERSON.

While coverage is in force, Aflac will pay the following benefits, as applicable, 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.

BENEFITS FOR INTENSIVE CARE UNIT CONFINEMENTS:

A. HOSPITAL INTENSIVE CARE UNIT BENEFIT: Aflac will pay the following benefits when a Covered Person incurs a charge for confinement in a Hospital Intensive Care Unit for a covered Sickness or Injury:

Days 1 – 7:	Days 8 – 15:
Sickness/Injury	Sickness/Injury
$800 per day	$1,300 per day

This benefit is limited to 15 days per Period of Confinement.

The Hospital Intensive Care Unit Benefit is not payable on the same day as the Step-Down Intensive Care Unit Benefit. If a Covered Person is charged for both on the same day, only the highest eligible benefit will be paid. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

B. STEP-DOWN INTENSIVE CARE UNIT BENEFIT: Aflac will pay $500 per day when a Covered Person incurs a charge for confinement in a Step-Down Intensive Care Unit for a covered Sickness or Injury.

This benefit is limited to 15 days per Period of Confinement and is also payable for confinement in a Hospital Intensive Care Unit after exhaustion of benefits payable under the Hospital Intensive Care Unit Benefit.

The Step-Down Intensive Care Unit Benefit is not payable on the same day as the Hospital Intensive Care Unit Benefit. If a Covered Person is charged for both on the same day, only the highest eligible benefit will be paid. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

C. PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT: An indemnity of two dollars will accumulate for the Named Insured and the covered Spouse for each calendar month coverage remains in force after the Effective Date. This accumulated indemnity, if any, will be paid in addition to the Hospital Intensive Care Unit Benefit and Step-Down Intensive Care Unit Benefit for each day of a Period of Confinement for which benefits are payable. This

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Progressive Benefit will continue to build, regardless of claims paid, until the policy anniversary date following the 65th birthday of a Covered Person. Any amount accrued at the time this benefit ceases to build for a Covered Person will continue to be added to the benefit amount for all Hospital Intensive Care Unit/Step-Down Hospital Intensive Care Unit confinements commencing prior to the policy anniversary date following the 70th birthday of the Covered Person. **THIS ACCUMULATED BENEFIT REDUCES AT AGE 70.** This accumulated benefit will be reduced by one-half for Hospital Intensive Care Unit/Step-Down Intensive Care Unit confinements commencing on or after the policy anniversary date following the 70th birthday of a Covered Person. **This benefit is not applicable and will not accrue to any Covered Person who has attained age 65 prior to the Effective Date of coverage.** The Named Insured and covered Spouse, if any, are the only persons eligible for this benefit if One-Parent Family or Two-Parent Family coverage is in force. Dependent Children do not qualify for this benefit. When a Spouse is added to an existing policy, this benefit will begin to accrue from the endorsement date adding such Spouse, provided the Spouse has not yet attained age 65.

BENEFITS FOR SPECIFIED HEALTH EVENTS AND/OR CORONARY ANGIOPLASTY:

D. FIRST-OCCURRENCE BENEFIT: Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event:

Named Insured/Spouse
$22,500 (Lifetime maximum $22,500 per Covered Person)

Dependent Children
$27,500 (Lifetime maximum $27,500 per Covered Person)

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

E. SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT: If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay $11,250 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

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.

F. CORONARY ANGIOPLASTY BENEFIT: Aflac will pay $1,000 when a Covered Person has a Coronary Angioplasty, with or without stents.

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

G. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Specified Health Event or Coronary Angioplasty, 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 Specified Health Event or Coronary Angioplasty that occur within 500 days following the occurrence of the most recent covered Specified Health Event or Coronary Angioplasty. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Specified Health Event or Coronary Angioplasty 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.

H. CONTINUING CARE BENEFIT: If, as the result of a covered Specified Health Event or Coronary Angioplasty, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay $125 each day a Covered Person is charged:

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

This benefit is payable for only one covered Specified Health Event or Coronary Angioplasty at a time per Covered Person and is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event or Coronary Angioplasty. Daily maximum for this benefit is $125 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.

OTHER BENEFITS:

I. 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

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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. No lifetime maximum.

The 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.

J. 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 $3,000 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. No lifetime maximum.

In the state of Hawaii, travel to Oahu from any other Hawaiian Island shall satisfy the 50-mile radius requirement.

K. LODGING BENEFIT: Aflac will pay the charges incurred up to $75 per day 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. No lifetime maximum.

L. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 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 covered Specified Health Event, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance for a period of 180 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, civil union partner or Reciprocal Beneficiary 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.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

M. 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

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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.

(4) Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (Series A74050) Applied for ❑ Yes ❑ No

The First-Occurrence Benefit, as defined in the policy, will be increased by $500 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: (Series A74051) Applied for ❑ Yes ❑ No

SPECIFIED HEALTH EVENT RECOVERY: A Covered Person will be considered 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 engage in the duties of his or her regular occupation due to a covered Specified Health Event. "Specified Health Event" includes Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage under the rider. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of lifetime maximum benefits.)

SPECIFIED HEALTH EVENT RECOVERY BENEFIT: Aflac will pay $500 per month while a Covered Person remains in Specified Health Event Recovery upon receipt of written proof of Loss from that person's Physician.
Lifetime maximum of six months per Covered Person.

(5) Exceptions, Reductions, and Limitations of the Policy (not a daily hospital expense plan):

A. The Benefits for Intensive Care Unit Confinements will be reduced by one-half for confinements that begin on or after the policy anniversary date following the 70th birthday of a Covered Person.

B. The Benefits for Intensive Care Unit Confinements are not payable for confinement in units such as telemetry or surgical recovery rooms, postanesthesia care units, private monitored rooms, observation units located in emergency room or outpatient surgery units, or other facilities that do not meet the standards for a Hospital Intensive Care Unit or Step-Down Intensive Care Unit. The Hospital Intensive Care Unit Benefit is not payable for confinement in progressive care units or intermediate care units.

C. Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage.

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

E. Aflac will not pay benefits for any newborn's Loss or confinement that occurs or begins during the first 28 days following birth when conception occurred prior to the Effective Date of coverage.

F. 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.

G. 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.

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

I. 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

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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 voluntarily 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 charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or 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 suicide, while sane or insane;
6. Having elective surgery that is not Medically Necessary 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.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, disorder, 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 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 12 months after the Effective Date of coverage.

(6) 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, with some benefits reduced beginning at age 70, 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. 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 OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

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TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

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. This includes a civil union and reciprocal beneficiary relationship. 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 continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability, 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 intellectual or physical disability) 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 and medically necessary. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

HOSPITAL INTENSIVE CARE UNIT: specifically designated facility of the hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The hospital intensive care unit must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the hospital intensive care unit on a full-time basis. These units must be listed as hospital intensive care units in the current edition of the American Hospital Association Guide

or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Hospital intensive care unit, (2) Cardiac intensive care unit, and (3) Infant (neonatal) intensive care unit. **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.

LOSS: a specified health event, coronary angioplasty, or confinement in a hospital intensive care unit or step-down intensive care unit occurring or beginning 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: 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.

PERIOD OF CONFINEMENT: the number of days a covered person is assigned to and incurs a charge for a bed in a hospital intensive care unit or a step-down intensive care unit. Confinements must begin on or after the effective date of coverage and while coverage is in force. **Covered confinements not separated by 30 days or more from a previously covered confinement are considered a continuation of the previous period of confinement.**

PERSISTENT VEGETATIVE STATE: a state of severe mental impairment in which only involuntary bodily functions are present for a continuous period of at least 30 days and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a persistent vegetative state is as follows: two physicians, one of whom must be the attending physician, who, after personally examining the covered person, shall certify in writing, based upon conditions found during the course of their examination, that:

1. The covered person's cognitive function has been substantially impaired; and
2. There exists no reasonable expectation that the covered person will regain significant cognitive function.

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, major human organ transplant, third-degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery (CABG), or sudden cardiac arrest.

STEP-DOWN INTENSIVE CARE UNIT: specifically designated facility of the hospital that provides a level of medical care below the highest level of acute medical care available at the hospital, but above the level of medical care in a regular private or semiprivate room or ward. The facility must also be separate and apart from other hospital areas, permanently equipped with telemetry equipment, and under constant and continual observation by specially trained nursing staff assigned exclusively to that area. **A step-down intensive care unit does not include:** telemetry or surgical recovery rooms; observation units located in emergency rooms or outpatient surgery units; postanesthesia care units; beds, wards, or private or semiprivate room with or without telemetry monitoring equipment; emergency rooms; or labor or delivery rooms.

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: 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.



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