Aflac
Critical Care Protection

SUPPLEMENTAL INSURANCE
SPECIFIED DISEASE, SPECIFIED HEALTH EVENT – OPTION 3

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

SUPPLEMENTAL INSURANCE

SPECIFIED DISEASE, SPECIFIED HEALTH EVENT – OPTION 3

Policy A74300PA; Riders A74050PA and A74051PA

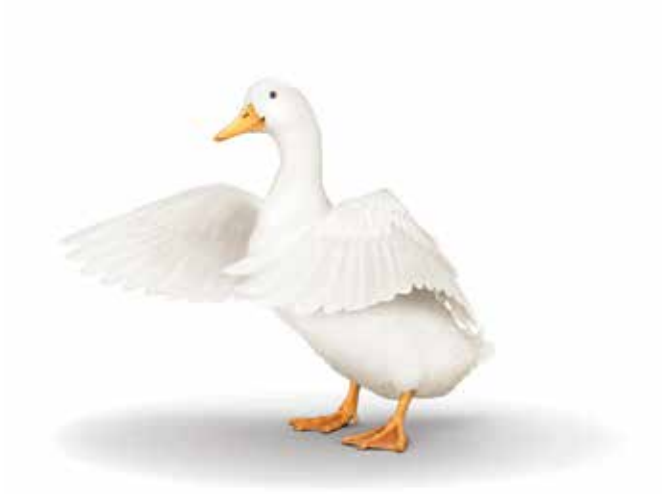
CCP^3

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.

Benefits are also paid for specific heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation, and pacemaker placement.

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

Specified Heart Surgery Benefits covered by the Critical Care Protection policy include:

Tier One:

- Heart Valve Surgery
- Surgical Treatment of Abdominal Aortic Aneurysm

Tier Two:

- Coronary Angioplasty
- Transmyocardial Revascularization (TMR)
- Atherectomy
- Coronary Stent Implantation
- Cardiac Catheterization
- Automatic Implantable Cardioverter Defibrillator (AICD) Placement
- Pacemaker Placement

How it works

AFLAC CRITICAL CARE PROTECTION INSURANCE

AFLAC CRITICAL CARE PROTECTION – OPTION 3 COVERAGE IS SELECTED.

POLICYHOLDER SUFFERS A HEART ATTACK AND IS TRANSPORTED TO THE HOSPITAL BY AMBULANCE.

POLICYHOLDER HAS HEART SURGERY TO IMPLANT A STENT AND IS HOSPITALIZED. AFTER LEAVING THE HOSPITAL, POLICYHOLDER RECEIVES PHYSICAL THERAPY.

SEVERAL MONTHS LATER, POLICYHOLDER HAS HEART VALVE SURGERY AND IS HOSPITALIZED.

AFLAC CRITICAL CARE PROTECTION – OPTION 3 PAYS TOTAL BENEFITS OF

$40,600

The above example is based on a scenario for Aflac Critical Care Protection – Option 3 that includes the following benefit conditions: Specified Health Event Benefit (heart attack) of $25,000, Ambulance Benefit (ground ambulance transportation) of $250, Specified Heart Surgery Benefit – Tier Two (Coronary Stent Implantation) of $2,000, Hospital Intensive Care Unit Benefit (4 days) of $3,200, Hospital Confinement Benefit (8 days) of $2,400, Specified Heart Surgery Benefit – Tier One (heart valve surgery) of $4,000, 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 3 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
SPECIFIED HEALTH EVENT BENEFIT: • NAMED INSURED/SPOUSE • DEPENDENT CHILDREN	$25,000; lifetime maximum $25,000 per covered person $30,000; lifetime maximum $30,000 per covered person Payment of the above is limited to one time, per covered person, per lifetime. After the amount above has been paid for a covered person's specified health event, Aflac will pay $12,500 if such covered person is later diagnosed as having had a subsequent specified health event. **This benefit is payable once per covered person, per calendar year. This benefit has no lifetime maximum.**
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime maximum
CONTINUING CARE BENEFIT	$125 each day when a covered person is charged while not confined in a hospital 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 specified heart surgery. 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 $1,500 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)
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
SPECIFIED HEART SURGERY BENEFITS	**Tier One:** $4,000 when a covered person undergoes one of the following: • Heart Valve Surgery • Surgical Treatment of Abdominal Aortic Aneurysm **Tier Two:** $2,000 when a covered person undergoes one of the following: • Coronary Angioplasty • Transmyocardial Revascularization (TMR) • Atherectomy • Coronary Stent Implantation • Cardiac Catheterization • Automatic Implantable Cardioverter Defibrillator (AICD) Placement • Pacemaker Placement The Tier One and Tier Two benefits are payable only one time per covered person, per lifetime. After the amount above has been paid for a tier one specified heart surgery, Aflac will pay $1,000 if such covered person has a subsequent tier one specified heart surgery. This benefit is payable once per covered person, per calendar year. This benefit has no lifetime maximum.

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.

SUPPLEMENTAL INSURANCE POLICY
SPECIFIED DISEASE, SPECIFIED HEALTH EVENT
Outline of Coverage for Policy Form A74300PA

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) Supplemental Specified Disease, Specified Health Event Insurance Policy is designed to provide, to persons insured, limited or supplemental coverage. The policy 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.

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.

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 Progressive Benefit will continue to build, regardless of claims paid, until the policy anniversary date following the 65th birthday of a Covered Person. This benefit will cease to build on the anniversary date following the Named Insured or the covered Spouse's 65th birthday. However, regardless of age of the Named Insured or covered Spouse on the Effective Date of coverage, this benefit will accrue for a period of at least five years. Any amount accrued at the time this benefit ceases to build for a Covered Person will continue to be added to the

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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 includes benefit accrual reducing from two dollars to one dollar on the policy anniversary date following the 70th birthday of any Covered Person whose coverage began at age 66 or older).** The benefit paid will be one-half of the amount described above 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. 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.

BENEFITS FOR SPECIFIED HEALTH EVENTS AND/OR SPECIFIED HEART SURGERIES:

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

Named Insured/Spouse
$25,000 (Lifetime maximum $25,000 per Covered Person)

Dependent Children
$30,000 (Lifetime maximum $30,000 per Covered Person)

Payment of the amount shown above for the Specified Health Event Benefit is limited to one time, per Covered Person, per lifetime.

After the amount shown above under the Specified Health Event Benefit has been paid for a Covered Person's Specified Health Event, Aflac will pay $12,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

This benefit is payable once per Covered Person, per Calendar Year. This benefit has no lifetime maximum.

E. SPECIFIED HEART SURGERY BENEFITS: Aflac will pay the amount shown below when a Covered Person undergoes one of the following:

1. TIER ONE $4,000:

a. Heart Valve Surgery
b. Surgical Treatment of Abdominal Aortic Aneurysm

The Tier One benefit is payable only once per Covered Person, per lifetime.

After the amount shown above under the Tier One benefit has been paid for a Covered Person's Tier One Specified Heart Surgery, Aflac will pay $1,000 if such Covered Person has a subsequent Tier One Specified Heart Surgery.

This benefit is payable once per Covered Person, per Calendar Year. This benefit has no lifetime maximum.

2. TIER TWO $2,000:

a. Coronary Angioplasty
b. Transmyocardial Revascularization (TMR)
c. Atherectomy
d. Coronary Stent Implantation
e. Cardiac Catheterization
f. Automatic Implantable Cardioverter Defibrillator (AICD) Placement
g. Pacemaker Placement

The Tier Two benefit is payable only once per Covered Person, per lifetime.

F. 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 Specified Heart Surgery, Aflac will pay $300 per day for each day a Covered Person is charged as an inpatient. **Confinements must occur within 500 days of the most recent covered Specified Health Event or Specified Heart Surgery. No lifetime maximum.**

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

G. CONTINUING CARE BENEFIT: If, as the result of a covered Specified Health Event or Specified Heart Surgery, a Covered Person receives any of the following treatments from a licensed Physician and while not confined in a Hospital, 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

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This benefit is payable for only one covered Specified Health Event or Specified Heart Surgery 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 Specified Heart Surgery. Daily maximum for this benefit is $125 regardless of the number of treatments received.

No lifetime maximum.

OTHER BENEFITS:

H. 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. 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.

I. 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. No lifetime maximum.

J. 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.

K. WAIVER OF PREMIUM BENEFIT: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation (if you are not employed: are completely unable to perform the material and substantial duties of any job for which you are or reasonably become qualified for by reason of education, training, or experience) 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 (if applicable) and a Physician's statement of your inability to perform said duties or 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.

(4) Optional Benefits:

SUPPLEMENTAL SPECIFIED DISEASE, SPECIFIED HEALTH EVENT BUILDING BENEFIT RIDER: (Form A74050PA)
Applied for ❑ Yes ❑ No

The Specified Health Event 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 Specified Health Event 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

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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.)

SUPPLEMENTAL SPECIFIED DISEASE, SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Form A74051PA)
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 transitional care units, emergency rooms, psychiatric units, extended-care facilities, skilled nursing facilities, 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 30 days after the Effective Date of coverage or, if the Loss is within 30 days after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

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. For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is in force.

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

1. Being under the influence of any narcotic (unless administered on the advice of a Physician);
2. Committing, or attempting to commit, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or engaging in any illegal occupation;
3. 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;
4. Intentionally self-inflicting a bodily Injury or committing suicide;
5. Having elective surgery, except when necessitated by a covered Sickness or Injury, within the first 6 months of the Effective Date of coverage; or
6. Enemy action or act of war, whether declared or undeclared, or actively serving as a member in any of the armed forces of any nation or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, or disorder for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, or treatment was recommended or received from a Physician. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 30 days after the Effective Date of coverage or, if the Loss is within 30 days after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

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(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

ATHERECTOMY: the opening of blocked coronary arteries or vein grafts by use of a device on the end of a catheter to cut or shave away atherosclerotic plaque.

AUTOMATIC IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (AICD) PLACEMENT: the initial surgical implantation of the AICD. An AICD is a small battery-powered device that is placed under the skin to detect abnormal heart rhythm and restore a normal heartbeat by delivering a brief low-energy or high-energy electrical shock to the heart.

CARDIAC CATHETERIZATION: the insertion of a thin flexible tube through a major blood vessel and threaded to the heart for diagnostic or interventional purposes.

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.

CORONARY STENT IMPLANTATION: the permanent placement of a small wire mesh tube or coil implanted in a narrowed part of a coronary artery to act as a scaffold to keep the artery open and decrease the chance of it narrowing again.

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 of any covered person 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.

HEART VALVE SURGERY: a cardiac surgical procedure in which a patient's mitral or aortic heart valve is repaired or replaced by a different valve, including human, nonhuman, or mechanical valves.

HOSPITAL: an institution operated pursuant to the law and licensed or approved as a hospital by the responsible state agency. It must be primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made. Nursing services must be provided on a 24-hour basis by or under the supervision of registered graduate professional nurses (R.N.s). The term hospital does not include a hospice unit, including any bed designated as a hospice bed or a swing bed; a convalescent home; a convalescent rest or nursing facility; facilities used primarily for the aged, drug, or alcohol rehabilitation and those primarily affording custodial or educational care, or a rehabilitation facility that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association, or the Commission on Accreditation of Rehabilitation Facilities.

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 confinement does not include confinement in any institution or part thereof used as an emergency room, a psychiatric unit, an extended-care facility, a skilled nursing facility, or care or treatment for persons suffering from mental disease or disorders.

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:** transitional care units, emergency rooms, psychiatric units, extended-care facilities, skilled nursing facilities, 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, specified heart surgery, 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.**

PACEMAKER PLACEMENT: the initial surgical implantation of a pacemaker. A pacemaker is a small battery-powered device placed under the skin that sends low-energy electrical impulses to the heart muscle to maintain a suitable heart rate or to stimulate the lower chambers of the heart.

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 180 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.

SPECIFIED HEART SURGERY: any of the following procedures:

- **TIER ONE:** heart valve surgery or surgical treatment of abdominal aortic aneurysm.
- **TIER TWO:** coronary angioplasty, atherectomy, coronary stent implantation, cardiac catheterization, Automatic Implantable Cardioverter Defibrillator (AICD) Placement, pacemaker placement, or Transmyocardial Revascularization (TMR).

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:** transitional care units; psychiatric units; extended-care facilities; skilled nursing facilities; 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; labor or delivery rooms; hospital intensive care units; or other facilities that do not meet the standards for a step-down intensive care unit.

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.

SURGICAL TREATMENT OF ABDOMINAL AORTIC ANEURYSM: a surgical procedure to prevent aneurysm rupture consisting of opening the abdomen, finding the aorta, and removing (excising) the aneurysm.

TRANSMYOCARDIAL REVASCULARIZATION (TMR): a surgical procedure in which a laser is used to create small channels in the heart muscle, improving blood flow in the heart.

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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