

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



TREATMENT BENEFITS

BENEFIT AMOUNT

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| <p>OUTPATIENT DOCTOR'S OFFICE VISIT (maximum of 6 visits per calendar year for each insured) We will pay the amount shown for each day that an insured visits a doctor's office.</p> | \$25 |
| <p>TELEMEDICINE SERVICES (maximum of 6 per calendar year for each insured) We will pay the benefit amount shown for each day that, because of a covered accidental injury or covered sickness, an insured seeks medical advice from a doctor via telemedicine services. The telemedicine services must be provided in lieu of an outpatient doctor's office visit.</p> | \$15 |
| <p>MAJOR DIAGNOSTIC EXAMS (once per covered sickness or accident per calendar year) We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams:</p> <ul style="list-style-type: none"> · Computerized Tomography (CT/CAT scan) · Magnetic Resonance Imaging (MRI) · Electroencephalography (EEG) | \$150 |
| <p>OUT OF HOSPITAL PRESCRIPTION DRUG (maximum of \$100 per calendar year for each insured) We will pay the amount shown for each day an insured has a prescription filled. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the insured.</p> <p>This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; (d) immunization agents, biological sera, blood or blood plasma; or (e) contraceptive materials, devices or medications or infertility medication, except where required by law.</p> | \$20 |
| <p>HOSPITAL EMERGENCY ROOM VISIT (maximum of 5 visits per calendar year for each insured) We will pay the amount shown for each day that an insured visits a hospital emergency room due to a covered accidental injury or for treatment due to a covered sickness.</p> | \$100 |
| <p>EMERGENCY ROOM OBSERVATION (1 visit for each covered sickness or accident per calendar year, maximum of 5 total visits per calendar year for each insured) We will pay the amount shown for each period of observation that, because of a covered accidental injury or covered sickness, an insured:</p> <ul style="list-style-type: none"> · Receives treatment in a hospital emergency room, and · Is held in a hospital for observation without being admitted as an inpatient. | \$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours |
| <p>REHABILITATION FACILITY per day (maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured) We will pay the amount shown for each day that, due to a covered accidental injury or a covered sickness, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid.</p> | \$75 |



Residents of Massachusetts are not eligible for these benefits.

TERMS YOU NEED TO KNOW

Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

Observation Unit means a unit in which observation services are given through hospital outpatient services to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the emergency department or another area of the hospital.

For a complete list of limitations and exclusions please refer to the brochure.

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Continental American Insurance Company • Columbia, South Carolina
