

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Aflac Choice

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

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. THE POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS AND WILL NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

AFLAC CHOICE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000



Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.*
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



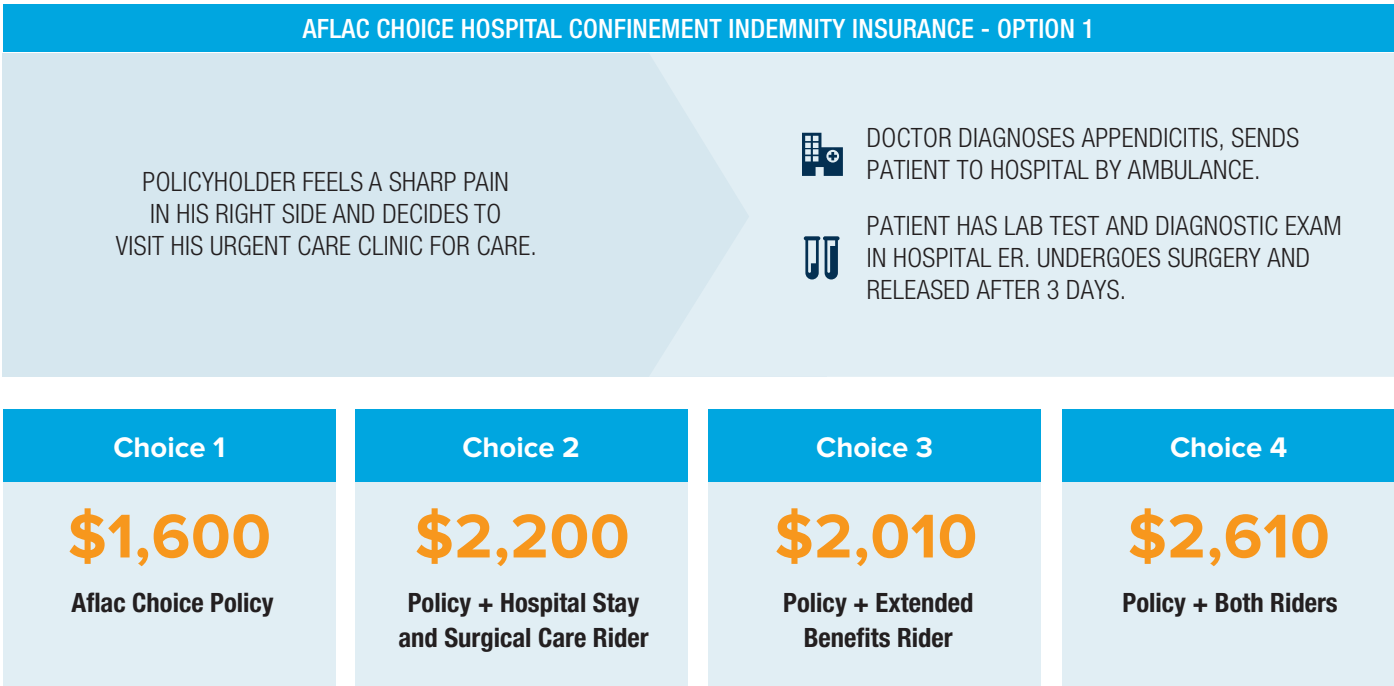
*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

How it works



Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:	
HOSPITAL CONFINEMENT	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.	
REHABILITATION UNIT	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.	
HOSPITAL EMERGENCY ROOM	Pays \$100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.	
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.	
WAIVER OF PREMIUM	Yes	
CONTINUATION OF COVERAGE	Yes	
OPTIONAL RIDERS:	DESCRIPTION:	
EXTENDED BENEFITS RIDER	Physician Visit Benefit: Pays \$25 for visits (including telemedicine) to a physician, psychologist or urgent care center when benefits have been paid under the hospital confinement benefit. This benefit is limited to continuing care following discharge from the hospital.	
	Individual Coverage: Limited to 3 visits per calendar year, per policy.	Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.
	<p>Laboratory Test and X-Ray Benefit: Pays \$35 when a covered person requires a laboratory test or x-ray while confined in a hospital and a charge is incurred; limited to 2 payments per covered person, per calendar year.</p> <p>Medical Diagnostic and Imaging Exams Benefit: Pays \$150 for one covered exam when a covered person requires an exam while confined in a hospital and a charge is incurred, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p>Ambulance Benefit: Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>	
HOSPITAL STAY AND SURGICAL CARE RIDER	Initial Assistance Benefit: Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission.	
	Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.	
	Invasive Diagnostic Exams Benefit: Pays \$100 for one covered exam, per covered person, per 24-hour period.	
	Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per day, per covered person, for up to 30 days.	
	Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days.	
	Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.	
AFLAC PLUS RIDER	Ask your Aflac agent about the Aflac Plus Rider	

Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.

AFLAC CHOICE COVERAGE

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)

HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form B40100MA

THE POLICY IS AN INDIVIDUAL POLICY OF INSURANCE.
THE POLICY PROVIDES LIMITED BENEFITS.

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.

Caution: The issuance of the hospital confinement indemnity insurance policy is based on your answers to the questions on your application. A copy of your application is attached to your policy. If your answers are not correct or are not true as of the date that you signed the application, we have the right to deny benefits or void your policy, subject to the Time Limit on Certain Defenses provision in the policy. If, for any reason, any of your answers are not correct or complete, contact Aflac Worldwide Headquarters at 1932 Wynnton Road, Columbus, Georgia 31999.

(1) Read Your Policy Carefully: This Outline of Coverage provides a very brief description of some of the important features of the 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) Hospital Confinement Indemnity Coverage: The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.

(3) 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 age limitations for purchase.
8. does not cover services due to Pre-existing Conditions (existing health problems) for a period of twelve months from policy issue.
9. does not have a waiting period before benefits are payable by policy.
10. does offer a waiver of premium.

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

1. **RENEWABILITY:** THE POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME. You are guaranteed the

right to renew the policy for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, 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.

2. The policy does not provide a conversion privilege without proof of insurability, other than in the case of dissolution of marriage, death or termination of dependency. Please see the Right of Conversion section of the policy for details.
3. We may change the established premium (subject to the approval of the Massachusetts Commissioner of Insurance) only if the rate is changed for all policies of this class. While the policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. “Class” means all policies of this form number and premium classification in the state where the policy was issued that are then in force. If the established premium rate changes, we will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

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

1. It is important to us that you are satisfied with the policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid (less any benefits paid), and your policy will be void from its Effective Date. If you return the policy, please note in writing: “The policy is returned for cancellation and refund of premium.”
2. 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) **Benefits:** We will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. 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. HOSPITAL CONFINEMENT BENEFIT: We will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a room charge is incurred. This benefit is payable once per Calendar Year, per Covered Person. There is no lifetime maximum.

B. REHABILITATION UNIT BENEFIT: We will pay \$100 per day when a Covered Person is confined in a Hospital and is transferred to a room in a Rehabilitation Unit for treatment of a covered Sickness or Injury and a charge is incurred each day for such treatment. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. There is no lifetime maximum.

C. HOSPITAL EMERGENCY ROOM BENEFIT: We will pay \$100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred for such treatment. This benefit is payable twice per Calendar Year, per Covered Person. There is no lifetime maximum.

The Hospital Emergency Room Benefit and the Hospital Short-Stay Benefit are not payable on the same day.

D. HOSPITAL SHORT-STAY BENEFIT: We will pay \$100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred for such treatment. This benefit is not payable for treatment received in a Hospital Emergency Room or Urgent Care Center. This benefit is payable twice per Calendar Year, per policy. There is no lifetime maximum.

The Hospital Short-Stay Benefit and the Hospital Emergency Room Benefit are not payable on the same day.

E. WAIVER OF PREMIUM BENEFIT: Upon written notice, we will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued

Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

If you die and your Spouse becomes the new Named Insured, premiums will start again at the appropriate rate and will 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.

F. CONTINUATION OF COVERAGE BENEFIT: We 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 notifies us in writing within 30 days of the date your premium payments cease because of 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 us for you by your employer through a payroll deduction process or any other method agreed to by us and the employer.

(7) **Optional Benefits:**

EXTENDED BENEFITS RIDER: (FORM B40050MA)

Applied for ☐ Yes ☐ No

We will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. 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. PHYSICIAN VISIT BENEFIT: If benefits have been paid to a Covered Person under the Hospital Confinement Benefit in the policy, we will pay \$25 when a Covered Person

incurs a charge for a visit (including a Telemedicine Visit) to a Physician, Psychologist, or Urgent Care Center. Services must be under the supervision of a Physician or Psychologist. This benefit is limited to continuing care following discharge from the Hospital. If the Type of Coverage for the policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy. There is no lifetime maximum.

- B. LABORATORY TEST AND X-RAY BENEFIT:** We will pay \$35 when a Covered Person requires a laboratory test or an X-ray while confined in a Hospital and a charge is incurred. This benefit is limited to two payments per Covered Person, per Calendar Year. **The Laboratory Test and X-Ray Benefit is not payable for exams listed in the Medical Diagnostic and Imaging Exams Benefit.** There is no lifetime maximum.
- C. MEDICAL DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** We will pay \$150 when a Covered Person requires one of the following exams while confined in a Hospital and a charge is incurred: computerized tomography (CT or CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), Sleep Study, thallium stress test, myelogram, angiogram, or arteriogram. This benefit is limited to two payments per Calendar Year, per Covered Person. There is no lifetime maximum.
- D. AMBULANCE BENEFIT:** We will pay \$200 if, due to a covered Sickness or Injury, a Covered Person requires, and incurs a charge for, ground ambulance transportation to or from a Hospital. If a Covered Person requires, and incurs a charge for, air ambulance transportation to or from a Hospital due to a covered Sickness or Injury, we will pay \$2,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. There is no lifetime maximum.

HOSPITAL STAY AND SURGICAL CARE RIDER: (FORM B40051MA) Applied for ☐ Yes ☐ No

We will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. 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. INITIAL ASSISTANCE BENEFIT:** We will pay \$100 when a Covered Person requires a Hospital Admission. This benefit is payable once per Calendar Year, per rider. There is no lifetime maximum. This benefit is not subject to the

Pre-existing Condition Limitations or the Limitations and Exclusions section of the policy. **Payment of this benefit is based solely on a Covered Person's Hospital Admission, as defined in the rider. Any additional benefits that may be due as a result of a Hospital Admission remain subject to the terms of the policy, including any limitations and/or exclusions.**

- B. SURGERY BENEFIT:** We will pay according to the benefits in the Schedule of Operations in the rider when, due to a covered Sickness or Injury, a Covered Person has a surgical procedure, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred for such surgical procedure. If any surgical procedure for the treatment of the covered Sickness or Injury is performed other than those listed, we will pay an amount comparable to the amount shown in the Schedule of Operations for the surgical procedure most nearly similar in severity and gravity. **The Surgery Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgery Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. There is no lifetime maximum.**

IMPORTANT: The Surgery Benefit is not payable for surgical procedures performed in a Physician's or dentist's office, a clinic, or other such location.

- C. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** We will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. There is no lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgery Benefit are not payable on the same day. The highest eligible benefit will be paid.

- D. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** We will pay \$500 per day when a Covered Person incurs a room charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. There is no lifetime maximum.

E. DAILY HOSPITAL CONFINEMENT BENEFIT: We will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a room charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. There is no lifetime maximum.

F. SECOND SURGICAL OPINION BENEFIT: We will pay \$50 when a charge is incurred for a second surgical opinion by a Physician concerning surgery for a covered Sickness or Injury. This benefit is payable once per Calendar Year, per Covered Person. There is no lifetime maximum.

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

A. We will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.

B. We will not pay benefits for any illness, disease, infection, disorder, or condition that first manifests itself before the Effective Date, unless the loss begins more than 12 months after the Effective Date of coverage.

C. We 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.

D. We will not pay benefits whenever fraud is committed in making a claim under the coverage. If you have received benefits that were not contractually due under the coverage, then we reserve the right to offset any benefits payable under the coverage up to the amount of benefits you received that were not contractually due.

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

1. Giving birth within the first ten months of the Effective Date of coverage; or pregnancy in existence prior to the Effective Date of coverage, including any resulting Complications of Pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the Effective Date of coverage, Complications of Pregnancy are covered to the same extent as a Sickness;
2. Receiving routine nursing or routine well-baby care for a newborn child;
3. 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 type of poison or inhaling any type of gas or fumes;

4. 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 detained in any detention facility or penal institution;
5. 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);
6. Intentionally self-inflicting a bodily injury, or trying to commit suicide, while sane or insane;
7. Having dental treatment, except as a result of Injury;
8. Having cosmetic surgery;
9. Having elective surgery within the first 12 months of the Effective Date of coverage;
10. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or any of their auxiliary units. This includes 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.);
11. Actively participating in a riot, insurrection, or terrorist activity;
12. Donating an organ within the first 12 months of the Effective Date of coverage; or
13. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, bereavement, situational depression, depression, stress, or post-partum depression. The policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, medical testing, 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. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 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.

1. The benefit level will not increase over time.
2. There are no automatic benefit adjustment provisions.
3. You are not guaranteed the option to buy additional benefits.
4. There are no additional benefits available for purchase.

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

(10) THE PREMIUM:

1. Total Annual Premium: _____
Annual:
Policy B40100MA: \$ _____
Rider B40050MA: \$ _____
Rider B40051MA: \$ _____

- (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 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.**

TERMS YOU NEED TO KNOW

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 insured for 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 30 days, you must notify Aflac in writing within 31 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will 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 disabled 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. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

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.

HOSPITAL CONFINEMENT: A stay of a covered person confined to a bed in a hospital for 23 or more hours for which a room charge is made. The hospital confinement must be on the advice of a

physician and the result of a covered sickness or injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

INJURY: A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity or any other cause. An injury must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. See the Limitations and Exclusions section for injuries not covered by the policy.

PERIOD OF HOSPITAL CONFINEMENT: The number of days a covered person is assigned to and incurs a charge for a room in a hospital. Confinements must begin while coverage under the policy is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT: The number of days a covered person is assigned to and incurs a charge for a room in a hospital intensive care unit. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

SICKNESS: An illness, disease, infection, disorder or condition not caused by an injury that first manifests itself after the effective date of coverage and while coverage is in force.

ADDITIONAL INFORMATION

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

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 or a swing bed; 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. Benefits for confinement in a rehabilitation unit are payable under the Rehabilitation Unit Benefit.

The term 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.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation unit does not include a hospice unit, including: any bed designated as a hospice or a swing bed; 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 or treatment for persons suffering from mental disease or disorders, care for the aged or care for persons addicted to drugs or alcohol.

The term urgent care center does not include hospital emergency rooms.

Admissions into the emergency room of a hospital, admissions for same day surgical procedures or admissions for observation are not considered a hospital admission.

A physician or psychologist is not you or a member of your immediate family.

The policy does not cover losses caused by or resulting from giving birth within the first ten months of the effective date of coverage; or pregnancy in existence prior to the effective date of coverage, including any resulting complications of pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the effective date of coverage, complications of pregnancy are covered to the same extent as a sickness. Complications of pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy. For pregnancy beginning on or after the effective date of coverage, complications of pregnancy are covered to the same extent as a sickness, subject to the Limitations and Exclusions.





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

