

***Aflac Specified Health Event Protection Plan
Specified Health Event Insurance
Plan 2 – Policy A71200GA***

Effective Date: October 1, 2009

Aflac insurance policies are subject to health underwriting.

The Specified Health Event Protection policy provides hospital intensive care coverage for sickness and injury, and provides specified health event coverage for critical illness. Some benefits are payable for both hospital intensive care and specified health events, and some benefits apply only to specified health events. Some benefits reduce at age 70. Read each benefit carefully.

BENEFITS FOR HOSPITAL INTENSIVE CARE UNIT CONFINEMENTS

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 or a step-down intensive care unit for a covered sickness or injury:

Confinement in a Hospital Intensive Care Unit:

	Sickness	Injury
Days 1–7	\$ 700 per day	\$ 800 per day
Days 8–15	\$1,200 per day	\$1,300 per day

This benefit is limited to 15 days per period of confinement. No lifetime maximum.

Confinement in a Step-Down Intensive Care Unit:

Aflac will pay benefits for confinement in a step-down intensive care unit after exhaustion of benefits paid for confinement in a hospital intensive care unit or for Days 1–15 of a step-down intensive care unit confinement. This benefit is limited to 15 days per period of confinement. No lifetime maximum.

	Sickness	Injury
Days 1–15 (Step-Down Intensive Care Unit)	\$350 per day	\$350 per day
or		
Days 16–30 (Hospital Intensive Care Unit)	\$350 per day	\$350 per day

Benefits payable for confinement in a hospital intensive care unit or for confinement in a step-down intensive care unit are not payable on the same day. If a covered person is charged for both on the same day, only the highest eligible benefit will be paid. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. Benefits reduce by one-half for losses incurred on or after the policy anniversary date following the 70th birthday of a covered person.

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Hospital intensive care units include cardiac intensive care units and infant (neonatal) intensive care units. Hospital intensive care units do not provide benefits for 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.

Step-down intensive care units do not provide benefits for telemetry or surgical recovery rooms; observation units located in emergency rooms or outpatient surgery units; postanesthesia care units; beds, wards, or private or semiprivate rooms with or without telemetry monitoring equipment; or emergency rooms, labor rooms, or delivery rooms.

Progressive Benefit for Hospital Intensive Care Unit/Step-Down Intensive Care Unit Confinement

A \$2 indemnity will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date. This accumulated indemnity, if any, will be paid in addition to any benefits paid under the Hospital Intensive Care Unit Benefit. This progressive benefit will cease to build on 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 intensive care unit confinements commencing prior to the policy anniversary date following the 70th birthday of a 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 the policy. The named insured and covered spouse, if any, are the only persons eligible for this benefit. 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 Primary Specified Health Events

Primary specified health events covered by the Specified Health Event Protection policy include:

- Coma
- Stroke
- Paralysis
- Heart Attack
- End-Stage Renal Failure
- Major Third-Degree Burns
- Persistent Vegetative State
- Coronary Artery Bypass Surgery
- Major Human Organ Transplant

First-Occurrence Benefit

Aflac will pay \$5,000 for the named insured and spouse or \$7,500 for each dependent child covered under the policy when he or she is first diagnosed as having had a primary specified health event. This benefit is paid only once for each covered person and will be paid in addition to any other benefit in the policy. This benefit is intended to pay for accident and sickness expenses relating to covered primary specified health events. Lifetime maximum is \$5,000 per named insured and spouse, and \$7,500 per dependent child.

Reoccurrence Benefit

Aflac will pay \$2,500 if benefits have been paid to a covered person under the First-Occurrence Benefit and if such covered person is later diagnosed as having had a subsequent primary specified health event.

For the Reoccurrence Benefit to be payable, the primary specified health event must occur more than 180 days after the date the First-Occurrence Benefit or the Reoccurrence Benefit becomes payable. No lifetime maximum.

Hospital Confinement Benefit*

Aflac will pay \$300 per day for each day a covered person is charged as an inpatient and requires hospital confinement for the treatment of a covered primary specified health event. This benefit is limited to confinements for the treatment of a covered primary specified health event that occurs within 500 days following the occurrence of the most recent covered primary specified health event. This benefit is payable for only one covered primary specified health event at a time per covered person. This benefit includes confinement in a U.S. government hospital, and such treatment or confinement does not require a charge for benefits to be payable. No lifetime maximum.

Continuing Care Benefit*

Aflac will pay \$125 each day a covered person is charged for receiving any of the following treatments from a licensed physician as the result of a covered primary specified health event:

- Dialysis
- Hospice Care
- Extended Care
- Physician Visits
- Speech Therapy
- Physical Therapy
- Home Health Care
- Nursing Home Care
- Respiratory Therapy
- Occupational Therapy
- Rehabilitation Therapy
- Dietary Therapy/Consultation

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered primary specified health event. Daily maximum for this benefit is \$125 regardless of the number of treatments received. No lifetime maximum.

*If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

Transportation Benefit

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, if a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered primary specified health event. 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, Aflac 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 primary specified health event. Transportation benefits are not payable beyond the 180th day following the occurrence of a covered primary specified health event. 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.

Lodging Benefit

Aflac will pay the charges incurred up to \$75 per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered primary specified health event 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 primary specified health event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered primary specified health event. No lifetime maximum.

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

BENEFIT FOR SECONDARY SPECIFIED HEALTH EVENTS

Secondary Specified Health Event Benefit

Aflac will pay \$250 for each covered person under the policy when he or she has a coronary angioplasty, with or without stents. This benefit is limited to one coronary angioplasty per 30-day period. No lifetime maximum.

MISCELLANEOUS BENEFITS

Major Human Organ Transplant Benefit

Aflac will pay \$25,000 as a result of a major human organ transplant procedure when a covered person is confined in a hospital and receives one or more of the following human organs:

- Lung
- Heart
- Liver
- Pancreas
- Kidney

Transplant procedures involving more than one major organ will be considered one organ transplant procedure. This benefit is not payable for transplants involving mechanical or nonhuman organs and is limited to one procedure per 180-day period. Benefits reduce by one-half for losses incurred on or after the policy anniversary date following the 70th birthday of a covered person. No lifetime maximum.

Ambulance Benefit

Aflac will pay \$250 if, due to a covered primary specified health event or confinement in a hospital intensive care unit or a step-down intensive care unit for a covered sickness or injury, a covered person requires ground ambulance transportation to or from a hospital. Aflac will pay \$2,000 if air ambulance transportation is required due to a covered primary specified health event for a covered sickness or injury, or for confinement in a hospital intensive care unit or a step-down intensive care unit. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a primary specified health event or confinement in a hospital intensive care unit or step-down intensive care unit for a covered sickness or injury. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered primary specified health event. No lifetime maximum.

Waiver of Premium Benefit

If you, due to a primary 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 three or more of the activities of daily living (ADLs) without the assistance of another person] for a period of 90 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, and may each month thereafter require a physician's statement that total inability continues.

Continuation of Coverage Benefit

Aflac will waive all monthly premiums due for the policy and riders for 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; (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 your premium payments through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months and 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.

Definitions

The following specified health events must occur after the effective date of coverage for benefits to be payable:

Primary Specified Health Event: heart attack, stroke, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, major third-degree burns, persistent vegetative state, coma, or paralysis.

Coma: a continuous state of profound unconsciousness, diagnosed or treated after the effective date of the policy, lasting for a period of seven or more consecutive days and characterized by the absence of (1) spontaneous eye movement, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance.

Coronary Artery Bypass Surgery: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, excluding procedures such as but not limited to coronary angioplasty, laser relief, or other nonsurgical procedures. This does not include valve replacement surgery.

End-Stage Renal Failure: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

Heart Attack: a myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the effective date of the policy. 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* will not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

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. It does not include transplants involving mechanical or nonhuman organs.

Major 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.

Paralysis: spinal cord injuries resulting in complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days. The paralysis must be confirmed by your attending physician.

Persistent Vegetative State: a state of severe mental impairment in which only involuntary bodily functions are present 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, will 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.

Secondary Specified Health Event: coronary angioplasty, with or without stents, occurring after the effective date of coverage.

Stroke: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the effective date of the policy. 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 confirmed by neuroimaging studies. *Stroke* does not mean head injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

Guaranteed-Renewable

The policy is guaranteed-renewable for your lifetime, with some benefits reduced at age 70, subject to Aflac's right to change premiums by class upon any renewal date.

Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children to age 26. Newborn children are automatically insured as any other family member. One-parent family coverage includes the insured and dependent, unmarried children to age 26.

Effective Date

The effective date is the date shown in the Policy Schedule, not the date you signed the application for coverage. The payroll rate may be retained after one month's premium payment on payroll deduction.

Pre-Existing Conditions

A *pre-existing condition* is an illness, disease, disorder, or injury for which, within the six-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended by or received from a physician. Benefits for a primary or secondary specified health event that is caused by a pre-existing condition will not be covered if the primary or secondary specified health event occurs during the first 30 days after the effective date. Any reoccurrence of a primary or secondary specified health event occurring more than 30 days after the effective date will be covered. The pre-existing condition DOES NOT apply to hospital intensive care benefits.

**Refer to the policy for complete details, limitations, and exclusions.
This information is for illustration purposes only.**

Limitations and Exclusions

Benefits payable under the Hospital Intensive Care Unit Benefit, Progressive Benefit for Hospital Intensive Care Unit/Step-Down Intensive Care Unit Confinement, and the Major Human Organ Transplant Benefit of the policy will be reduced by one-half for losses that begin on or after the policy anniversary date following the 70th birthday of a covered person.

Children born within ten months of the effective date of the policy will not be covered for any losses or confinements payable under the Hospital Intensive Care Unit Benefit, Progressive Benefit for Hospital Intensive Care Unit/Step-Down Intensive Care Unit Confinement, or the Major Human Organ Transplant Benefit that occur or begin during the first 28 days of life.

Benefits are not payable under the Hospital Intensive Care Unit Benefit or the Progressive Benefit for Hospital Intensive Care Unit/Step-Down Intensive Care Unit Confinement for confinement in 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, or other facilities that do not meet the standards for a hospital intensive care unit or step-down intensive care unit.

Benefits are not payable for losses or confinements that begin or occur before the policy effective date or after termination of the policy.

Benefits for a primary or secondary specified health event that is caused by a pre-existing condition will not be covered if the primary or secondary specified health event occurs during the first 30 days after the effective date. Benefits are payable for only one covered primary or secondary specified health event at a time per covered person.

The policy does not cover losses or confinements caused by or resulting from a covered person's:

- Participating in any sport or sporting activity for wage, compensation, or profit;
- Intentionally self-inflicting bodily injury or attempting suicide;
- 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;
- Participating in or attempting to participate in any illegal activity that is classified as a felony, whether charged or not (the term *felony* is as defined by the law of the jurisdiction in which the activity takes place);
- Having treatment for a mental or nervous disorder or disease;
- Sustaining or contracting any loss due, directly or indirectly, to 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 injury or cause of the loss occurred).

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.

A *physician* does not include a member of your immediate family.

Please ask your Aflac agent about the riders available with this coverage at an additional cost. The riders are:

- Optional Primary Specified Health Event Recovery Benefit Rider
- Optional First-Occurrence Building Benefit Rider

American Family Life Assurance Company of Columbus (Aflac)

SPECIFIED HEALTH EVENT PROTECTION
Specified Health Event Insurance – Plan 2

14-Day Biweekly Premium Rates

	Ages	Plan 2
Individual	18–35	\$ 7.56
	36–45	\$10.80
	46–55	\$14.70
	56–64	\$18.96
Named Insured/Spouse Only	18–35	\$14.58
	36–45	\$18.96
	46–55	\$25.50
	56–64	\$35.52
One-Parent Family	18–35	\$12.96
	36–45	\$15.24
	46–55	\$19.62
	56–64	\$25.80
Two-Parent Family	18–35	\$16.56
	36–45	\$21.00
	46–55	\$28.08
	56–64	\$38.58

The rates do not imply coverage.
Refer to the policy for complete details, limitations, and exclusions.

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