Aflac
Group Hospital Indemnity

INSURANCE PLANS

Even a small trip to the hospital can have a major impact on your finances.

Here’s a way to help make your visit a little more affordable.
The plan that can help cover expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And though you may have major medical insurance, your plan may only pay a portion of what your entire stay entails.

That's how the Aflac group supplemental hospital indemnity insurance plan can help.

It provides financial assistance to enhance your current coverage. So you can avoid dipping into savings, or having to borrow to cover out-of-pocket-expenses health insurance was never intended to cover. Like transportation and meals for family members, help with child care or time away for work, for instance.

In addition to providing you with cash benefits (unless otherwise assigned) during a covered hospitalization, Aflac’s group supplemental hospital indemnity plan has been designed with much more in mind, such as:

- No deductibles.
- No networks, which means you can be treated at the hospital of your choice.
- No precertification.

Understanding the facts can help you decide if the Aflac group Supplemental Hospital Indemnity plan makes sense for you.

FACT NO. 1
$1,625
IS THE AVERAGE COST PER INPATIENT DAY IN U.S. HOSPITALS.¹

FACT NO. 2
42.2 MILLION
TRIPS TO HOSPITAL EMERGENCY ROOMS IN 2006 WERE DUE TO PERSONAL INJURIES.²

¹The average cost per inpatient day in U.S. hospitals is $1,625. State Health Facts, Kaiser Family Foundation, 2010.
For almost 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they’ve needed it most. Our group supplemental Hospital Indemnity plan is just another innovative way to help make sure you’re well protected under our wing.

But it doesn't stop there, having group supplemental Hospital Indemnity insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses.

The Aflac group supplemental hospital indemnity plan benefits:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit

Features:

- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable. That means you can take it with you if you change jobs or retire (with certain stipulations).
- Fast claims payment. Most claims are processed in about four days.

How it works

The Aflac group Supplemental Hospital Indemnity High Plan pays $1,800.

Amount payable was generated based on benefit amounts for: Hospital Admission ($1,500), and Hospital Confinement ($150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the plan for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer or call 1.800.433.3036 || aflacgroupinsurance.com
**Benefits Overview**

<table>
<thead>
<tr>
<th><strong>HOSPITAL CONFINEMENT</strong></th>
<th><strong>HIGH</strong></th>
<th><strong>LOW</strong></th>
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<tr>
<td>(up to 180 days per confinement)</td>
<td>$150 per day</td>
<td>$100 per day</td>
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<tr>
<td>This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a hospital within six months of the date of the Covered Accident. This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.</td>
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<tr>
<th><strong>HOSPITAL ADMISSION</strong></th>
<th><strong>HIGH</strong></th>
<th><strong>LOW</strong></th>
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<tr>
<td>The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident. We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again. Residents of Massachusetts are not eligible for Hospital Admission Benefit amounts in excess of $500.</td>
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<td>$1,500 per admission</td>
<td>$500 per admission</td>
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<tr>
<th><strong>SURGICAL AND ANESTHESIA BENEFIT</strong></th>
<th><strong>HIGH</strong></th>
<th><strong>LOW</strong></th>
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<tr>
<td>This benefit is paid when a Covered Person has surgery performed by a physician due to an Injury received in a Covered Accident or because of a Covered Sickness. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and anesthesia benefits are available subject to plan definitions and the surgical schedule. (The anesthesia benefit will be 25 percent of the surgical benefit performed.)</td>
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<td>Surgery up to $1,500; Anesthesia up to $375</td>
<td>Surgery up to $750; Anesthesia up to $188</td>
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<th><strong>WELLNESS</strong></th>
<th><strong>HIGH</strong></th>
<th><strong>LOW</strong></th>
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<td>We will pay the amount shown when an insured visits a doctor and he is neither injured nor sick. This benefit is payable once per calendar year per insured.</td>
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<td>$50 per visit</td>
<td>$50 per visit</td>
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**What you need, when you need it.**

Group supplemental hospital indemnity insurance pays cash benefits that you can use any way you see fit.
LIMITATIONS AND EXCLUSIONS

HOSPITAL INSURANCE

WHAT IS NOT COVERED, AND TERMS YOU NEED TO KNOW
LIMITATIONS AND EXCLUSIONS

We will not pay benefits for loss caused by Pre-Existing Conditions.

We will not pay benefits for loss contributed to, caused by, or resulting from:

- War – Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when the insured is in such service. This exclusion does not include acts of terrorism.

- Suicide – committing or attempting to commit suicide, while sane or insane.

- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.

- Traveling – traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.

- Racing – Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

- Aviation – operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.

- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.

- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.

- Sports – participating in any organized sport: professional or semiprofessional.

- Custodial Care. This is care meant simply to help people who cannot take care of themselves.

- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.

- Services performed by a relative.

- Services related to sex change, sterilization, in vitro fertilization, or reversal of a vasectomy or tubal ligation.

- A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.

- Elective abortion.

- Treatment, services, or supplies received outside the United States and its possessions or Canada.

- Dental services or treatment.

- Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.

- Mental or emotional disorders without demonstrable organic disease.

- Alcoholism, drug addiction, or chemical dependency.

- Injury or sickness covered by workers’ compensation.

- Routine physical exams and rest cures.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means within the 12-month period prior to the Effective Date of the certificate those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a Pre-Existing Condition for 12 months after the Effective Date of the certificate, or for 12 months from the date medical care, treatment, or supplies were received for the Pre-Existing Condition, whichever is less.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

Pregnancy will not be covered if conception was before the Effective Date of the Insured Person’s Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person’s Effective Date of coverage.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

If a certificate is issued as a replacement for a certificate previously issued under the Plan, then the Pre-Existing Condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining period of Pre-Existing Condition limitation of the prior certificate would continue to apply to the prior level of benefits.

TERMS YOU NEED TO KNOW

You and Your – Refer to an employee as defined in the Plan.

Class I

All full-time and part-time benefit-eligible Employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- was previously insured under Class I; and
- is no longer employed by the Policyholder.

The Employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate.

Only Dependents covered under Class I coverage are eligible for continued coverage under Class II.

Class II insureds cannot continue coverage through the employer’s payroll deduction process. They must remit premiums directly to the Company.

Spouse – means your legal spouse who is between that ages of 18 and 64.

Dependent Children – Means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26.

Your natural children will be covered from the moment of live birth provided the birth was after the Effective Date of the Dependent Children Benefit Rider. No notice or additional premium is required if the Dependent Children Benefit Rider is already in force. Newborn children are not covered from the time of birth unless Dependent Children Benefit Rider coverage is already in force and effective prior to birth.

Coverage on Dependent Children will terminate on the child’s 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s)
for support, the above age of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such 26th birthday.

**Covered Person** – If the certificate is issued as: Individual coverage, the Covered Person means you; Employee/Spouse coverage, Covered Person means you and your legal spouse; Single Parent Family coverage, Covered Person means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage; Family coverage, Covered Person means you and your spouse and covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

**Injury or Injuries** – An accidental bodily injury or injuries caused solely by or as the result of a Covered Accident.

**Covered Accident** – An accident, which occurs on or after a Covered Person’s Effective Date, while the certificate is in force, and which is not specifically excluded.

**Sickness** – An illness, infection, disease or any other abnormal condition, which is not caused solely by or as the result of an Injury.

**Covered Sickness** – An illness, infection, disease, or any other abnormal physical condition which is not caused solely by or as the result of any Injury which occurs while the certificate is in force; and was not treated or for which a Covered Person did not receive advice within 12 months before the Effective Date of his/her coverage; and is not excluded by name or specific description in the certificate.

**Doctor or Physician** – A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

**A hospital is not** a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

**A hospital intensive care unit is not any of the following step-down units:** a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the certificate.

**Effective Date** – The date as shown in the Certificate Schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its Effective Date, automatically replaces any certificate or certificates previously issued to you under the plan.

**Individual Termination** – Your insurance will terminate on the earliest of the date the plan is terminated; on the 31st day after the premium due date if the required premium has not been paid; on the date you cease to meet the definition of an employee as defined in the plan; on the premium due date which falls on or first follows your 70th birthday; or on the date you are no longer a member of an eligible class.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of the date the Plan is terminated; the date the Spouse or Dependent Child ceases to be a dependent; or the premium due date following the date we receive written request to terminate coverage for an insured’s Spouse and/or all Dependent Children.