Aflac

Critical Care and Recovery

SUPPLEMENTAL SPECIFIED HEALTH EVENT INSURANCE – PLAN 2

We've been dedicated to helping provide peace of mind and financial security for nearly 60 years.

Aflac®

We've got you under our wing.®

CRITICAL CARE AND RECOVERY

SUPPLEMENTAL SPECIFIED HEALTH EVENT INSURANCE – PLAN 2

Policy A71200PA

CCR²

Added Protection for You and Your Family

Like many people, you probably have insurance to cover burglaries, fires, auto accidents, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack or stroke—an event that knocked you off your feet or even changed your life forever?

You may think you're already protected by major medical insurance. Think again. Major medical coverage pays doctor and hospital bills, not out-of-pocket expenses. Nor does it pay cash benefits that can be used to help with expenses, such as car payments, the mortgage or rent, and utility bills—bills that would be difficult, if not impossible to pay if your income suddenly stopped due to illness or injury. Aflac's supplemental specified health event insurance policy complements your major medical coverage and helps provide the peace of mind that comes from knowing you and your family are protected.

THE FACTS SAY YOU NEED THE PROTECTION OF THE AFLAC CRITICAL CARE AND RECOVERY PLAN:

FACT NO. 1

ABOUT EVERY **34** SECONDS

SOMEONE SUFFERS A HEART ATTACK.[1]

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE SUFFERS A STROKE.[1]

[1]*Heart Disease and Stroke Statistics*, 2012 Update, American Heart Association.

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 you choose otherwise. Aflac Critical Care and Recovery is designed to provide you with cash benefits if you experience a catastrophic event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

An illness or injury can happen to anyone, anytime—and when it does, everyday expenses may suddenly seem insurmountable. Fortunately, Aflac's supplemental specified health event insurance policy can help with those everyday expenses, so all you have to focus on is getting well.

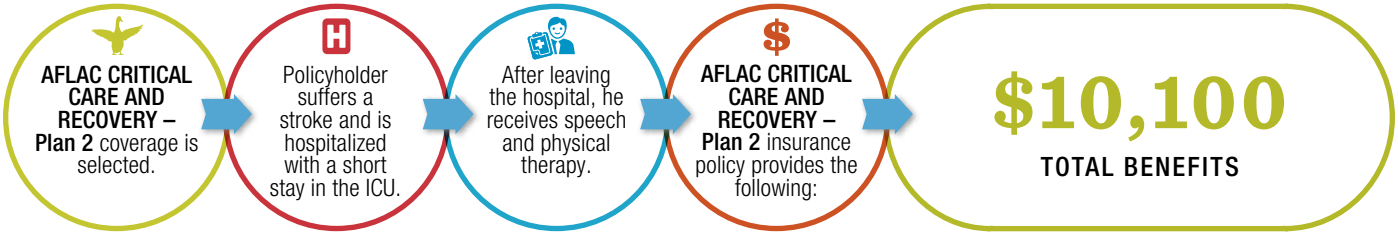
The Critical Care and Recovery insurance policy:

- Pays a lump-sum benefit upon diagnosis of having had a primary specified health event, which increases for dependent children.
- Pays benefits for hospital confinement, continuing care, transportation, and lodging.
- Is guaranteed-renewable for your lifetime with some benefits reduced at age 70.
- Has no deductibles, copayments, or network restrictions–you choose your own medical treatment provider.

Primary specified health events covered by the Critical Care and Recovery policy include:

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

HOW IT WORKS – (POLICY A71200PA)



The above example is based on a scenario for Aflac Critical Care and Recovery – Plan 2 that includes the following benefit conditions: Stroke (First-Occurrence Benefit) of $2,500, Hospital Intensive Care Unit Benefit (3 days) of $2,100, Hospital Confinement Benefit (5 days) of $1,500, Continuing Care Benefit (30 days) of $3,750, ground ambulance transportation (Ambulance Benefit) of $250.

The policy has limitations and exclusions that may affect benefits payable. 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 benefit details, definitions, limitations, and exclusions.

Plan 2 Critical Care and Recovery Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST-OCCURRENCE BENEFIT:	
• NAMED INSURED/SPOUSE	$2,500; lifetime max $2,500 per covered person
• DEPENDENT CHILDREN	$5,000; lifetime max $5,000 per covered person
OCCURRENCE BENEFIT	$2,500; no lifetime max
SECONDARY SPECIFIED HEALTH EVENT BENEFIT	$250; no lifetime max
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime max
HOSPITAL INTENSIVE CARE UNIT BENEFIT:	
• CONFINEMENT IN A HOSPITAL INTENSIVE CARE UNIT	SICKNESS: Days 1-7: .....$700 per day Days 8-15: .....$1,200 per day Days 16-30: .....$350 per day INJURY: Days 1-7: .....$800 per day Days 8-15: .....$1,300 per day Days 16-30: .....$350 per day Limited to 15 days per period of confinement; no lifetime max
• CONFINEMENT IN A STEP-DOWN INTENSIVE CARE UNIT	SICKNESS/INJURY: Days 1-15: .....$350 per day Limited to 15 days per period of confinement; no lifetime max
MAJOR HUMAN ORGAN TRANSPLANT BENEFIT	$25,000; limited to one procedure per 180-day period; no lifetime max
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP DOWN INTENSIVE CARE UNIT CONFINEMENT	A $2 indemnity benefit will accumulate for the named insured/spouse for each month the policy remains in force
CONTINUING CARE BENEFIT	$125 each day for up to 60 days; no lifetime max
AMBULANCE BENEFIT	$250 ground or $2,000 air; no lifetime max
TRANSPORTATION BENEFIT	$.50 per mile; up to $1,500 per occurrence; no lifetime max
LODGING BENEFIT	Up to $75 per day; limited to 15 days per occurrence; no lifetime max

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

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 SPECIFIED HEALTH EVENT INSURANCE POLICY

OUTLINE OF COVERAGE FOR POLICY FORM A71200PA

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* 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 Health Event Insurance Coverage:** Is designed to provide, to persons insured, limited or supplemental coverage. This policy is designed to supplement your existing accident and Sickness coverage only when certain losses occur as a result of Specified Health Events. Primary Specified Health Events are: 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 occurring after the Effective Date of coverage. Secondary Specified Health Events are: Coronary Angioplasty, with or without stents, occurring after the Effective Date of coverage. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by the provisions in Part (5).

3. **Benefits:** Subject to the Pre-existing Conditions provision, if applicable, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits for a covered Specified Health Event that occurs while coverage is in force.

IMPORTANT: BENEFITS A, B, and J REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE POLICY ANNIVERSARY DATE FOLLOWING THE 70TH BIRTHDAY OF A COVERED PERSON.

Subject to Part 2, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits to a covered person, as applicable:

BENEFITS FOR HOSPITAL 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 or a Step-Down Intensive Care Unit for a covered Sickness or Injury:

1. **Confinement in a Hospital Intensive Care Unit:**

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

2. **Confinement in a Step-Down Intensive Care Unit Benefit:**

Sickness	Injury	Days
$350 per day	$350 per day	1–15

IMPORTANT: Benefits A1 and A2 are each limited to 15 days per Period of Confinement. Benefit A2 is also payable for confinement in a Hospital Intensive Care Unit after exhaustion of benefits payable under A1 above. No lifetime maximum.

IMPORTANT: Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

B. PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT: Two dollars 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 the Hospital Intensive Care Unit Benefit A1 and A2 for each day of Hospital Intensive Care Unit confinement for which benefits under A1 or A2 are payable. 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 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 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 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, provided the spouse has not yet attained age 65.

BENEFITS FOR PRIMARY SPECIFIED HEALTH EVENTS:

Subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy provisions, Benefits F through H 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.

C. FIRST-OCCURRENCE BENEFIT: Aflac will pay the following benefit amount for each covered person when he or she is first diagnosed as having had a Primary Specified Health Event:

Named Insured/Spouse
$2,500 (Lifetime maximum $2,500 per covered person)

Dependent Children
$5,000 (Lifetime maximum $5,000 per covered person)

This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy.

D. OCCURRENCE BENEFIT: Aflac will pay $2,500 (two thousand five hundred dollars) for each covered person if he or she is diagnosed as having had a Primary Specified Health Event.

Occurrence Benefits are payable for only one covered Primary Specified Health Event at a time during any six month period, per covered person. No lifetime maximum.

E. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a covered person requires Hospital Confinement for the treatment of a covered Primary Specified Health Event, Aflac will pay $300 (three hundred dollars) per day for each day a covered person is charged as an inpatient. **Confinements must occur within 500 days of the most recent covered Primary Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Primary Specified Health Event at a time per covered person. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

F. CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a covered person receives any of the following treatments from a licensed Physician and while not confined in a Hospital, Aflac will pay $125 (one hundred twenty-five dollars) 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

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 (one hundred twenty-five dollars) regardless of the number of treatments received.

No lifetime maximum.

G. TRANSPORTATION BENEFIT: If a covered person requires special medical treatment that has been prescribed by the local attending Physician for a covered Primary Specified Health Event, Aflac will pay 50 cents (fifty 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 (one thousand five hundred dollars) 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.

H. LODGING BENEFIT: Aflac will pay the charges incurred up to $75 (seventy-five dollars) 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.

BENEFIT FOR SECONDARY SPECIFIED HEALTH EVENTS:

Subject to the Pre-existing Conditions provision, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits to a covered person, as applicable:

I. SECONDARY SPECIFIED HEALTH EVENT BENEFIT: Aflac will pay $250 (two hundred fifty dollars) 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:

Subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits to a covered person, as applicable:

J. MAJOR HUMAN ORGAN TRANSPLANT BENEFIT: Aflac will pay $25,000 (twenty-five thousand dollars) 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: kidney, liver, heart, lung, or pancreas. Transplant procedures involving more than one major organ will be considered to be 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.** No lifetime maximum.

K. AMBULANCE BENEFIT: If, due to a covered Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or 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 $250 (two hundred fifty dollars). If air ambulance transportation is required due to a covered Primary Specified Health Event for a covered Sickness or Injury, or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit, we will pay $2,000 (two thousand dollars). 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.

L. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a Primary Specified Health Event (as defined in Part 1, Item T of the policy), are completely unable to do all of the usual and customary duties of your occupation 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 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.

Not Employed: If you, due to a Primary Specified Health Event (as defined in Part 1, Item T of the policy), 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 a Physician's statement of your inability to perform said 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.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

M. 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 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 Aflac for you by your employer through a payroll deduction process.

4. Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (Form A71050) Applied for: ☐ Yes ☐ No

The First-Occurrence Building Benefit as defined in the policy, will be increased by $500 (five hundred dollars) on each rider anniversary date while this 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 First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of this rider following the covered person's 65th birthday or at the time of a Primary Specified Health Event, subject to Part 2 of the policy, for that covered person, whichever occurs first. However, regardless of the age of the covered person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless a Primary Specified Health Event is diagnosed prior to the fifth year of coverage. (If this is Individual coverage, no further premium will be billed for this rider after the payment of benefits.)

PRIMARY SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Form A71051PA) Applied for: ☐ Yes ☐ No

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 Primary Specified Health Event OR if he or she is unable to engage in the duties of his or her regular occupation due to a covered Primary Specified Health Event. "Primary Specified Health Event" includes 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 occurring after the Effective Date of this rider.

Aflac will pay $500 per month while a covered person remains in Primary Specified Health Event Recovery upon receipt of written proof of loss from that person's Physician.

For Periods of Primary Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per covered person.

PRE-EXISTING CONDITIONS: Benefits for a Primary Specified Health Event that is caused by a Pre-existing Condition will not be covered unless the Primary Specified Health Event occurs more than 30 days after the Effective Date of the rider. Any reoccurrence of a Primary Specified Health Event occurring more than 30 days after the Effective Date will be covered.

LIMITATIONS AND EXCLUSIONS FOR RIDER FORM A71051PA ONLY:

A. Benefits for a Primary Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Primary Specified Health Event occurs more than 30 days after the Effective Date. Benefits are payable for only one covered Primary Specified Health Event at a time per covered person.

B. This rider does not cover losses or confinements caused by or resulting from:

1. Any loss sustained or contracted due, directly or indirectly, to a covered person's being intoxicated or under the influence of any narcotic unless

administered on the advice of a Physician (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).

2. Participating in any sport or sporting activity for wage, compensation, or profit.
3. Suicide or intentionally self-inflicting bodily Injury.
4. Enemy action or act of war whether declared or undeclared, or while a member of the armed forces of any nation.

5. Exceptions, Reductions and Limitations of the Policy (This is not a daily hospital expense plan.):

A. Benefits payable under Part 5, A, B, and J 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.

B. Benefits are not payable under Part 5, A1 and B of the policy, **Hospital Intensive Care Unit,** 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, 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. Benefits are not payable under Part 5, A2 and B of the policy, **Step-Down Intensive Care Unit,** for confinement in units such as 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 semi-private rooms with or without telemetry monitoring equipment; emergency rooms, or labor or delivery rooms, or other facilities that do not meet the standards for a Step-Down Intensive Care Unit.

C. Benefits are not payable for losses or confinements that begin or occur before the policy Effective Date or after termination of the policy.

D. Benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Primary or Secondary Specified Health Event occurs more than 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.

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

1. Participating in any sport or sporting activity for wage, compensation, or profit.

   This exclusion does not apply to Part 5, Benefits A, B, or J of the policy.
2. Suicide or intentionally self-inflicting bodily Injury.
3. Enemy action or act of war whether declared or undeclared, or while a member of the armed forces of any nation.
4. Committing or attempting to commit any illegal activity that is classified as a felony (the term "felony" is as defined by the law of the jurisdiction in which the activity takes place), or engaging in any illegal occupation.
5. Having treatment for a mental or nervous disorder or disease.
6. Any loss sustained or contracted due, directly or indirectly, to a covered person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician (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).

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,

or treatment was recommended 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 unless the Primary or Secondary Specified Health Event occurs more than 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 any Hospital Intensive Care benefits under the policy.

6. **Renewability:** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. 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.

TERMS YOU NEED TO KNOW

COMA: a continuous state of profound unconsciousness, diagnosed or treated by a physician after the effective date of the policy, characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must be diagnosed as a total rating of 8 or less on the Glasgow Coma Scale. The condition must require intubation for respiratory assistance.

CORONARY ANGIOPLASTY: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). A coronary angioplasty may be performed to treat persistent chest pain (angina) blockage of one or more coronary arteries, or residual obstruction in a coronary artery during or after a heart attack. These procedures may be performed with or without stents.

CORONARY ARTERY BYPASS SURGERY: open-heart surgery, performed after the effective date of the policy, 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, laser relief, or other nonsurgical procedures. This does not include valve replacement surgery.

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 insured from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, 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 mental retardation or physical handicap) 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. 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, 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 shall 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 occurring after the effective date of coverage resulting in permanent, complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia). 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, 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.

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 occurring after the effective date of coverage.

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 prolonged loss of function involving the motion or sensation of a part of the body. 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), or cerebrovascular insufficiency.

ADDITIONAL INFORMATION

A hospital does not include a hospice unit, including any bed designated as a hospice bed; a swing bed; a convalescent home; a convalescent, rest, or nursing facility; or facilities used primarily for the aged, drug or alcohol rehabilitation and those primarily affording custodial or educational care.

Hospital confinement does not include confinement in any institution or part thereof used as a transitional care unit; 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.

Benefits are not payable for confinement in a hospital intensive care unit under the Hospital Intensive Care Unit Benefit and the Progressive Benefit for Hospital Intensive Care Unit/Step-Down Intensive Care Unit Confinement for confinements 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, 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.

Benefits are not payable for confinement in a step-down intensive care unit under the Hospital Intensive Care Unit Benefit and the Progressive Benefit for Hospital Intensive Care Unit/Step-Down Intensive Care Unit Confinement for confinements in units such as 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; observation units located in emergency rooms or outpatient surgery units; postanesthesia care units; beds, wards, or private or semi-private rooms 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.

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

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