Aflac Choice

HSA-COMPATIBLE SUPPLEMENTAL HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION H

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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.
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.

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

- You choose the hospital admission benefit amount that’s right for you based on your specific needs. It also works well with our other products.

- We pay cash directly to you (unless you tell us otherwise)—not the doctor or hospital.
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

**POLICYHOLDER FEELS A SHARP PAIN IN HIS RIGHT SIDE.**
Decides to visit the hospital emergency room.

**DOCTOR DIAGNOSES APPENDICITIS,**
sends patient to surgery.

**PATIENT UNDERGOES SURGERY.** Released after 3 days in hospital.

$1,800
Aflac Choice Policy

The above example is based on the policyholder selecting the Aflac Choice Option H policy which includes a Hospital Admission Benefit of $1,500 and a Daily Hospital Confinement Benefit of $300 (hospitalized for 3 days).

Benefits may vary by state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions.

Coverage Options

**Choose the Policy that Fits Your Needs**

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL ADMISSION</td>
<td>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.</td>
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<tr>
<td>DAILY HOSPITAL CONFINEMENT</td>
<td>Pays $100 per day, per covered person, for up to 365 days.</td>
</tr>
<tr>
<td>HOSPITAL INTENSIVE CARE UNIT</td>
<td>Pays $50 per day, per covered person, for up to 31 days.</td>
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<tr>
<td>CONFINEMENT</td>
<td></td>
</tr>
<tr>
<td>WAIVER OF PREMIUM</td>
<td>Yes</td>
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</tbody>
</table>

Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.
AFLAC CHOICE
COVERAGE
(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) **Supplemental Hospital Confinement Indemnity Policy** is designed to provide, to persons insured, limited or supplemental 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) **Benefits:** Aflac 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 ADMISSION BENEFIT:** Aflac 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. No lifetime maximum.

   B. **DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac 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 Admission Benefit. The maximum benefit period for any one Period of Hospital Confinement is 31 days. No lifetime maximum.

   C. **HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay $50 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 Admission Benefit and the Daily Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 31 days. No lifetime maximum.

   D. **WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac 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.

(4) **Exceptions, Reductions, and Limitations of the Policy**

   A. Aflac will not pay benefits for care or treatment that is caused by a Pre-existing Condition, unless the loss occurs 12 months or more after the Effective Date of coverage, or if the loss is within 12 months after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

   B. Aflac will not pay benefits for care or treatment received prior to the Effective Date of coverage.

   C. Aflac will not pay benefits for any illness, disease, or condition of a Covered Person that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss occurs 12 months or more after the Effective Date of coverage.

   D. Benefits for a covered Sickness for all persons added to the policy (including newborns) are subject to a 30-day waiting period. Aflac will waive the waiting period for newborns conceived on or after the Effective Date of the policy.
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 well-baby care for a newborn child;

3. Using any narcotic (unless administered by a Physician and taken according to the Physician’s instructions);

4. Committing, or attempting to commit, an illegal activity that is defined as a felony (“felony” is as defined by the law of the jurisdiction in which the activity takes place); or engaging in any illegal occupation;

5. 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 cause of the loss occurred);

6. Intentionally self-inflicting a bodily injury, or committing suicide;

7. Having dental treatment, except as a result of Injury;

8. Having cosmetic surgery, except when necessitated by covered Sickness or Injury;

9. Having elective surgery, except when necessitated by covered Sickness or Injury, within the first 12 months of the Effective Date of coverage;

10. Enemy action or act of war, whether declared or undeclared, or actively serving as a member in any of the armed forces of any nation, or units auxiliary thereto, including the National Guard or Reserve;

11. Actively participating in a riot, insurrection, or terrorist activity; or

12. 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, which made itself known while coverage is in force.

A “Pre-existing Condition” is an illness, disease, infection, disorder, or condition for which, within the 12-month period before the Effective Date of coverage, medical advice or treatment was recommended or received from a Physician. Care or treatment of a Pre-existing Condition will not be covered unless the loss occurs 12 months or more after the Effective Date of coverage or, if the loss is within 12 months after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid. The policy does not cover losses caused by or resulting from donating an organ within the first 12 months of the Effective Date of the policy.

(5) Renewability: The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, subject to the Time Limit on Certain Defenses provision. Aflac may change the established premium rate, but only if the rate is changed for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

REQUIRE 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 of any covered person 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 mental 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.

**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, medically necessary 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:** An accidental bodily injury sustained by a covered person which is the direct result and independent cause of the loss. 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, or condition of a covered person, medically evaluated, diagnosed or treated by a physician more than 30 days after the effective date of coverage and while coverage is in force.
ADDITIONAL INFORMATION

The term hospital does not include a hospice unit, including any bed designated as a hospice bed or a swing bed; a convalescent home; a convalescent, rest, or nursing facility; facilities used primarily for the aged, drug or alcohol rehabilitation and those primarily affording custodial or educational care; or a rehabilitation facility that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association, or the Commission on Accreditation of Rehabilitation Facilities.

Hospital confinement does not include confinement in any institution or part thereof used as 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.

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.

A physician 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: multiple gestation pregnancy, false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy. 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.
One Day Pay™ available for most properly-documented, individual Hospital claims submitted online through Aflac SmartClaim® by 3 p.m. ET. Aflac SmartClaim® not available on all products. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2016.

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