

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

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

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

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – ESSENTIALS

We've been dedicated to helping provide peace of mind and financial security for more than 65 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.

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – ESSENTIALS

Policy Series A49000



What you need, when you need it

Like most Americans, you may feel that financial well-being isn't much of a reality these days. With inflation and health care costs on the rise, consumers of all incomes are struggling to make ends meet. And since health insurance was never really designed to cover all the costs of medical care, an unplanned visit to the hospital could leave you with unexpected medical bills, only adding to financial struggles.

Even if it's planned, a trip to the hospital can result in unexpected medical bills. And while we can't take all the uncertainty out of your stay, Aflac can help ease the financial strain that may result. With the Aflac Hospital Advantage policy, benefits are paid directly to you, unless specified otherwise, to help with those out-of-pocket hospital expenses that may not be fully covered by your major medical plan, such as:

- Transportation and ambulance costs
- Emergency room and doctors' visits
- Medical diagnostics and imaging
- Rehabilitation facilities



Understand the difference Aflac makes in caring for your vision.

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.

Benefits overview

BENEFIT:	DESCRIPTION:
OPTION 1:	
HOSPITAL CONFINEMENT BENEFIT	\$500 per hospital confinement (confinements must be 23 or more hours and separated by a minimum of 90 days from the previous covered hospital confinement), per covered person; no lifetime max
REHABILITATION FACILITY BENEFIT	\$50 per day; limited to 15 days per period of hospital confinement and max of 30 days per calendar year, per covered person; no lifetime max
HOSPITAL EMERGENCY ROOM BENEFIT	\$50 twice per year, per covered person; no lifetime max
HOSPITAL SHORT-STAY BENEFIT	\$50 per stay (less than 23 hours), payable twice per year, per covered person; no lifetime max
WAIVER OF PREMIUM BENEFIT	Yes
CONTINUATION OF COVERAGE BENEFIT	Yes
OPTION 2 - All benefits of Option 1 plus the following:	
PHYSICIAN VISIT BENEFIT	\$25 per visit; limited to three visits per year for individual policy or six times per year for named insured/spouse only, one-parent family, or two-parent family policies; no lifetime max
MEDICAL DIAGNOSTIC & IMAGING BENEFIT	\$150 once per year, per covered person; no lifetime max
AMBULANCE BENEFIT	\$100 ground or \$1,000 air; limited to two trips per year, per covered person; no lifetime max
OPTION 3 - All benefits of Options 1 and 2 plus the following:	
SURGICAL BENEFIT	\$50–\$1,000 once per 24-hour period; no lifetime max on number of operations
INVASIVE DIAGNOSTIC EXAMS BENEFIT	\$100 once per 24-hour period, per covered person; no lifetime max
OPTION 4 - All benefits of Options 1, 2 & 3 plus the following:	
DAILY HOSPITAL CONFINEMENT BENEFIT	\$100 per day; up to 365 days; payable in addition to the Hospital Confinement Benefit; no lifetime max
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$100 per day; confinements must be separated by a minimum of 90 days from the previous covered hospital intensive care unit confinement; maximum benefit period for any one period of hospital intensive care unit confinement is 30 days; no lifetime max

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions. For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

AFLAC HOSPITAL ADVANTAGE COVERAGE

WHAT IS NOT COVERED LIMITATIONS AND EXCLUSIONS

Aflac will not pay benefits for care or treatment that is: (1) caused by a pre-existing condition, unless it begins more than 12 months after the effective date of coverage, or (2) received prior to the effective date of coverage.

Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the effective date of coverage.

Benefits for a covered sickness for all persons added to the policy (excluding newborns and newly adopted children) are subject to a 30-day waiting period.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

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

- Being pregnant or giving birth within the first ten months of the effective date of coverage (complications of pregnancy will be covered as a sickness);
- Receiving routine nursing or routine well-baby care for a newborn child (other than provided by the Physician Visit Benefit);
- Having treatment for alcoholism, or drug addiction;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (felony is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having dental treatment except as a result of injury or having cosmetic surgery that is not medically necessary;
- Having elective surgery that is not medically necessary within the first 12 months of the effective date of coverage;
- 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;
- Donating an organ within the first 12 months of the effective date of coverage;
- 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, depression, stress, or post-partum depression. The policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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. This includes the relationship created by a domestic partnership. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/spouse only and if payment of an additional premium is required to provide coverage for a newborn child, you must notify Aflac in writing within 60 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. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of developmental disability 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 adopted children who are under age 26.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule or on any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

GUARANTEED-RENEWABLE: the right to renew the policy by payment of the premium due on or before the renewal date. The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

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. The term hospital confinement does not include emergency rooms.

INJURY: a bodily injury caused directly by an accident, independent of sickness, bodily infirmity, or any other cause, occurring on or after the effective date of coverage and while coverage is in force. 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 bed in a hospital. Confinements must begin while coverage under the policy is in force. Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous period of hospital confinement. 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 bed in a hospital intensive care unit. Confinements must begin while coverage under the policy is in force. Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous period of hospital intensive care unit confinement. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

PRE-EXISTING CONDITION LIMITATIONS: a pre-existing condition is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the effective date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage.

SICKNESS: an illness, disease, infection, or disorder, independent of injury, 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

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

Complications of pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy.

The term hospital shall not include convalescent homes; convalescent, rest or nursing facilities; or facilities primarily affording custodial, educational, or rehabilitative care; or facilities for the aged, drug addicts, or alcoholics.

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

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

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

The term rehabilitation facility does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.



aflac.com || 1.800.99.AFLAC (1.800.992.3522)

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