

Plan 2

# Hospital Protection

*Hospital Confinement Indemnity Insurance ...*

*what you need, when you need it.*



## *Plan Benefits*

- Annual Hospitalization Confinement
- Daily Hospital Confinement
- Invasive Diagnostic Exams
- Plus ... more

# Hospital Protection

## Policy Series A46000

### Annual Hospitalization Confinement Benefit

Aflac will pay the amount listed below for the first five days of hospitalization when a covered person requires hospital confinement\* for a covered sickness or injury and a charge is incurred.

<i>Sickness</i>	<i>\$400 per day</i>
<i>Injury</i>	<i>\$500 per day</i>

Benefits for the Annual Hospitalization Confinement Benefit are limited to a total benefit payment of five days per calendar year, per policy. Confinements not separated by 30 days or more, or hospitalization that begins prior to the end of one calendar year and continues into the next calendar year, will be considered one confinement.

### 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. This benefit is payable in addition to the Annual Hospitalization Confinement Benefit. The maximum benefit period for any one period of hospital confinement is 365 days. No lifetime maximum.

\*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.

### Rehabilitation Unit Benefit

Aflac will pay *\$100 per day* for each day you are charged when a covered person is confined in a hospital and is transferred to a bed in a rehabilitation unit of a hospital for a covered sickness or injury. This benefit is limited to 15 days for each covered person per period of hospital confinement and is limited to a calendar year maximum of 30 days per covered person. No lifetime maximum.

### Invasive Diagnostic Exams Benefit

Aflac will pay *\$100* when a covered person requires one of the following exams and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laryngoscopy, sigmoidoscopy, esophagoscopy, or myringoscopy. These exams must be performed in a hospital or an ambulatory surgical center. Only one benefit is payable per 24-hour period, per covered person. When an invasive diagnostic exam and a surgical benefit are performed on the same day, only one benefit is payable per 24-hour period. The highest eligible benefit will be paid. No lifetime maximum.

### Surgical Benefit

Aflac will pay *\$50–\$1,000* when a surgical operation is performed, including a vaginal or cesarean delivery, on a covered person for a covered sickness or injury in a hospital or an ambulatory surgical center. If any operation for the treatment of the covered sickness or injury is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. No lifetime maximum.

Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location. Surgical Benefits are not payable for losses caused by or resulting from elective surgery that is not medically necessary within the first 12 months of the effective date of the policy unless the loss begins after 12 months from the effective date of the policy.

### Outpatient Surgical Room Charge Benefit

Aflac will pay the amount listed below when a covered person has a surgical operation or an invasive diagnostic exam performed on an outpatient basis in a hospital, including an ambulatory surgical center. This benefit is not payable on the same day as the Hospital Confinement Benefit. No lifetime maximum on the number of operations.

<i>Surgical operation or invasive diagnostic exam with general anesthesia</i>	<i>\$300</i>
<i>Surgical operation or invasive diagnostic exam without general anesthesia</i>	<i>\$100</i>

### Waiver of Premium Benefit

Aflac will waive from month to month, for the named insured only, any premium(s) falling due during the named insured's continued hospital confinement. This benefit will begin after the named insured has received Daily Hospital Confinement Benefits from the policy for 30 consecutive days. When Daily Hospital Confinement Benefits are no longer being paid, premium payments must be resumed. Once premium payments are resumed, any new confinements 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.

# Optional Initial Hospitalization Benefit Rider Summary Page

Rider A46050

*Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.*

**\$250 Initial Hospitalization Benefit**

**\$500 Initial Hospitalization Benefit**

Aflac will pay the Initial Hospitalization Benefit selected above when a covered person requires hospital confinement for a covered sickness or injury, for each period of hospital confinement. This benefit is limited to one payment per calendar year, per covered person.

## **Termination**

The rider will terminate if the policy to which it is attached terminates or if the premiums for the rider are not paid.

## **Effective Date**

The effective date of the rider is the effective date of the policy or the effective date of the rider as stated in the Policy Schedule, if later.

The rider to which this sales material pertains is written only in English; the rider prevails if interpretation of this material varies.

**Refer to the policy and rider for complete details, limitations, and exclusions.**

**American Family Life Assurance Company of Columbus (Aflac)**

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### **Guaranteed-Renewable**

The policy is guaranteed-renewable for your lifetime, 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 from the moment of birth. One-parent family coverage includes the insured and dependent, unmarried children to age 26. A dependent child must be under age 26 at the time of application to be eligible for coverage.

### **Effective Date**

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

### **Pre-Existing Conditions**

A pre-existing condition is an illness, disease, or disorder for which, within the 12-month period before the effective date of coverage, 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 six months after the effective date of coverage. A sickness is an illness, disease, or disorder, independent of injury, diagnosed or treated more than 30 days after the effective date of coverage and while coverage is in force.

### **Limitations and Exclusions**

Any illness, disease, or disorder diagnosed by a physician or medically treated during the 12 months prior to the effective date of the policy will not be covered, unless the loss begins more than six months after the effective date of the policy. Benefits are not payable for any illness, disease, or disorder that is diagnosed by a physician or medically treated before coverage has been in force 30 days from the effective date shown in the Policy Schedule, unless the loss begins more than six months after the effective date of the policy. Benefits for a covered sickness for all persons added to the policy are subject to a 30-day waiting period.

The policy does not cover losses caused by or resulting from intentionally self-inflicting bodily injury or attempting suicide; 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); being exposed to war or any act of war, declared or undeclared, or actively

servicing in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve; having treatment for a mental or nervous disorder or disease; alcoholism or drug dependency; any loss sustained or contracted due to a covered person's 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); 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 the policy; pregnancy or childbirth within the first ten months of the effective date of the policy (complications of pregnancy will be covered to the same extent as a sickness); routine nursing or well-baby care for a newborn child; being hospitalized before the effective date of coverage; or donating an organ within the first 12 months of the effective date of the policy.

If the period of hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated sickness or injury, or the confinements are separated by 30 days or more during which the covered person is not confined in any institution or facility.

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

Hospital confinement does not include confinement in any institution or part thereof used as an emergency room; a rehabilitation unit; 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. Benefits for confinement in a rehabilitation unit are payable under the Rehabilitation Unit Benefit.

Complications of pregnancy do not include premature delivery without incidence, 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 complication of pregnancy. Cesarean deliveries are not considered complications of pregnancy.

**This is a brief summary of coverage. Refer to the policy for complete details, limitations, and exclusions.**

# Aflac is ...

- A Fortune 500 company with nearly \$60 billion in assets, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (June 2006), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2006), and AA in insurer financial strength by Fitch, Inc. (June 2006).\*
- Named by Fortune magazine to its list of America's Most Admired Companies for the seventh consecutive year in March 2007.
- A premier provider of insurance policies with premiums payroll deducted for more than 370,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual list of America's 400 Best Big Companies for the seventh year in January 2007.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the ninth consecutive year in January 2007.

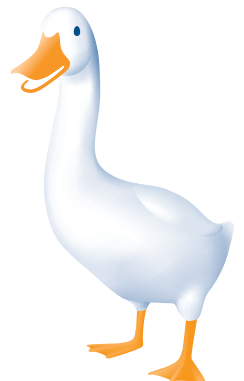
*\*Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.*



1.800.99.AFLAC (1.800.992.3522)

En español:  
1.800.SI.AFLAC (1.800.742.3522)

Visit our Web site at [aflac.com](http://aflac.com).



Your local Aflac insurance agent/producer

# HOSPITAL PROTECTION

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE

This insert page is to be used with Policy Series A46000, Plans 2 and 3 only. This page must accompany the Hospital Confinement Indemnity brochures, Plans 2 and 3 only.

### Surgical Benefit

**Aflac will pay** you according to the benefits in the Schedule of Operations when a surgical operation is performed on a covered person for a covered sickness or injury in a hospital or an ambulatory surgical center. Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location.

Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. Surgical Benefits are not payable for losses caused by or resulting from elective surgery that is not medically necessary within the first 12 months of the effective date of the policy unless the loss begins after 12 months from the effective date of the policy.

If any operation for the treatment of the covered sickness or injury is performed other than those listed, Aflac will pay you an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. **No lifetime maximum.**

### SCHEDULE OF OPERATIONS

#### BONE

Bone marrow biopsy or aspiration .....	\$100
Removal of knee cartilage .....	150
Total knee replacement.....	500
Total hip replacement.....	750

#### BRAIN

Burr holes not followed by surgery .....	300
Ventriculoperitoneal shunt .....	500
Exploratory craniotomy.....	700
Excision of brain tumor.....	1,000
Hemispherectomy.....	1,000

#### BREAST

Incisional biopsy.....	100
Needle biopsy.....	100
Breast reduction.....	300
Lumpectomy .....	200
Stereotactic biopsy .....	100
Axillary node dissection.....	150
Partial mastectomy .....	300
Breast reconstruction.....	500
Mastectomy	
Simple.....	300
Radical.....	600

#### DIGESTIVE

Exploratory laparotomy .....	\$300
Appendectomy .....	200
Colostomy.....	200
ERCP .....	200
Vagotomy .....	300
Partial colectomy .....	400
Colectomy.....	600
Colectomy with ileostomy.....	600
Cholecystectomy .....	600
Esophagectomy.....	750
Gastrectomy	
Partial.....	500
Total.....	1,000

#### EAR/NOSE

Tympanotomy.....	100
Adenoidectomy.....	150
Myringoplasty.....	150
Mastoidectomy	
Simple.....	150
Radical.....	300
Tonsillectomy with or without adenoids.....	150

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**EYE**

Cataract.....	\$200
Enucleation.....	500
Corneal transplant.....	750

**GYNECOLOGIC**

Dilation & curettage (D&C).....	100
Vaginal delivery .....	200
Cesarean delivery .....	200
Vaginal hysterectomy	
Partial .....	400
Total .....	750
Abdominal hysterectomy	
with or without tubes	
and ovaries .....	750
Vulvectomy	
Partial .....	200
Radical.....	300

**HEART**

Insertion of pacemaker .....	200
Angioplasty	
One vessel.....	500
Two vessels .....	750
Coronary artery with graft.....	1,000
Replacement of aortic	
or mitral valve.....	1,000

**LARYNX**

Tracheostomy .....	100
Laryngectomy .....	500
Laryngectomy with radical	
neck dissection.....	1,000

**LIVER**

Needle biopsy .....	100
Wedge biopsy .....	150
Resection of liver.....	750

**LUNGS**

Needle biopsy .....	200
Thoracotomy .....	400
Pneumonectomy .....	750
Wedge resection of lung.....	500
Lobectomy .....	750

**LYMPHATIC**

Biopsy lymph node.....	100
Splenectomy .....	300
Lymphadenectomy (bilateral) .....	500

**MISCELLANEOUS**

Foot surgery .....	\$150
Repair of hernia .....	250
Carpal tunnel release	
(one hand or two) .....	100
Fractures	
Open reduction .....	250
Mandibulectomy .....	400
Organ transplant .....	1,000
Vasectomy .....	150

**PANCREAS**

Jejunostomy .....	200
Pancreatectomy.....	500
Whipple procedure .....	1,000

**SKIN**

Biopsy .....	50
Excision of lesion of skin	
Without flap or graft.....	100
With flap or graft.....	300

**SPINE**

Discectomy .....	500
Fusions.....	750
Laminectomy .....	500

**THYROID**

Biopsy .....	150
Thyroidectomy	
One lobe .....	200
Two lobes.....	500

**URINARY**

Biopsy prostate .....	100
Hydrocele.....	100
Cystotomy.....	200
Orchiectomy	
(unilateral, bilateral) .....	200
Biopsy of kidney.....	400
TUR bladder .....	300
TUR prostate.....	300
Prostatectomy, radical .....	750
Cystectomy (bladder)	
Partial.....	500
Complete .....	750
Nephrectomy .....	750

**Refer to the policy for complete details, limitations, and exclusions.**

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (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.**

**HOSPITAL CONFINEMENT INDEMNITY INSURANCE**  
**Outline of Coverage for Policy Form Series A46200**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare furnished by Aflac.**

- I. 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.**
- II. HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed daily 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 daily indemnity for Hospital Confinement and any additional benefits described below.
- III. BENEFITS:** We will pay the following benefits, as applicable, while coverage is in force. 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. ANNUAL HOSPITALIZATION CONFINEMENT BENEFIT:** Aflac will pay the amount listed below for the first five days of hospitalization when a covered person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred.

Sickness	\$400 per day
Injury	\$500 per day

**IMPORTANT: Benefits for the Annual Hospitalization Confinement Benefit are limited to a total benefit payment of five days per Calendar Year, per policy.** Confinements not separated by 30 days or more, or hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.

- B. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 (one hundred dollars) per day for the Period of Hospital Confinement when a covered person requires Hospital Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Annual Hospitalization Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- C. REHABILITATION UNIT BENEFIT:** Aflac will pay \$100 (one hundred dollars) per day for each day you are charged when a covered person is confined in a Hospital and is transferred to a bed in a Rehabilitation Unit of a Hospital for a covered Sickness or Injury. This benefit is limited to 15 days for each covered person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per covered person. No lifetime maximum.
- D. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$100 (one hundred dollars) when a covered person requires one of the following exams and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laryngoscopy, sigmoidoscopy, esophagoscopy, or myringoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. Only one benefit is payable per 24-hour period, per covered person. When an invasive diagnostic exam and a surgical benefit are performed on the same day, only one benefit is payable per 24-hour period. The highest eligible benefit will be paid. No lifetime maximum.

**E. SURGICAL BENEFIT:** Aflac will pay you according to the benefits in the Schedule of Operations, listed in your policy, when a surgical operation is performed, including a vaginal or cesarean delivery, on a covered person for a covered Sickness or Injury in a Hospital or an Ambulatory Surgical Center. If any operation for the treatment of the covered Sickness or Injury is performed other than those listed in your policy, Aflac will pay you an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. No lifetime maximum.

**IMPORTANT: Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location. Surgical Benefits are not payable for losses caused by or resulting from elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of this policy unless the loss begins after 12 months from the Effective Date of this policy.**

**F. OUTPATIENT SURGICAL ROOM CHARGE BENEFIT:** Aflac will pay the amount listed below when a covered person has a surgical operation or an invasive diagnostic exam performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is not payable on the same day as the Hospital Confinement Benefit. No lifetime maximum on number of operations.

Surgical operation or invasive diagnostic exam with general anesthesia	\$300
Surgical operation or invasive diagnostic exam without general anesthesia	\$100

**G. WAIVER OF PREMIUM BENEFIT:** Aflac will waive from month to month, for the Named Insured only, any premium(s) falling due during the Named Insured's continued Hospital Confinement. This benefit will begin after the Named Insured has received Daily Hospital Confinement Benefits for 30 consecutive days from this policy. When Daily Hospital Confinement Benefits are no longer being paid, premium payments must be resumed. Once premium payments are resumed any new confinements 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.

**IV. OPTIONAL BENEFITS:**

**Initial Hospitalization Benefit Rider (Rider Series A46050) Applied For  Yes  No**

When a covered person requires Hospital Confinement for a covered Sickness or Injury, Aflac will pay the Initial Hospitalization Benefit shown in the Policy Schedule for each Period of Hospital Confinement. This benefit is limited to one payment per Calendar Year, per covered person.

**V. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS POLICY (This is not a daily hospital expense plan.):**

**A.** Any illness, disease, or disorder diagnosed by a Physician or medically treated during the 12 months prior to the Effective Date of this policy will not be covered, unless the loss begins more than six months after the Effective Date of this policy.

**B.** Benefits are not payable for any illness, disease, or disorder that is diagnosed by a Physician or medically treated before coverage has been in force 30 days from the Effective Date as shown in the Policy Schedule, unless the loss begins more than six months after the Effective Date of this policy.

**C.** Benefits for a covered Sickness for all persons added to this policy are subject to a 30-day waiting period.

**D. This policy does not cover losses caused by or resulting from:**

1. Intentionally self-inflicting bodily injury or attempting suicide.

2. 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).
3. 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.
4. Having treatment for a mental or nervous disorder or disease; alcoholism or drug dependency; any loss sustained or contracted due to a covered person's 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).
5. Having cosmetic surgery that is not Medically Necessary.
6. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of this policy.
7. Pregnancy or childbirth within the first ten months of the Effective Date of this policy. Complications of Pregnancy will be covered to the same extent as a Sickness.
8. Routine nursing or well-baby care for a newborn child.
9. Being hospitalized before the Effective Date of coverage.
10. Donating an organ within the first 12 months of the Effective Date of this policy.

A "Pre-existing Condition" is an illness, disease, or disorder for which, within the 12-month period before the Effective Date of coverage, 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 six months after the Effective Date of coverage.

**SICKNESS:** an illness, disease, or disorder, independent of Injury, diagnosed or treated more than 30 days after the Effective Date of coverage and while coverage is in force. **Benefits are not payable for any illness, disease, or disorder that is diagnosed by a Physician or medically treated before coverage has been in force 30 days from the Effective Date as shown in the Policy Schedule, unless the loss begins more than six months after the Effective Date of this policy.**

**VI. RENEWABILITY:** This policy is guaranteed-renewable for your lifetime by the payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if they are 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.**