AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

OPTION 1 (HSA-COMPATIBLE)

THIS 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

Policy Series A49000

Aflac will pay the following benefits, as applicable, for a covered sickness or injury that occurs while coverage is in force. *Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
HOSPITAL CONFINEMENT	$1,000	Aflac will pay $1,000 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 period of hospital confinement, per covered person. Confinements must be separated by a minimum of 90 days from the previous covered hospital confinement for this benefit to be payable. No lifetime maximum.
DAILY HOSPITAL CONFINEMENT	$50 per day	Aflac will pay $50 per day for days 2 through 31 of the period of hospital confinement, when a covered person requires hospital confinement for a covered sickness or injury and a room charge is incurred.* The maximum benefit period for any one period of hospital confinement is 31 days. No lifetime maximum.

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, limitations, and exclusions.

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 30 days after the effective date of coverage.

Benefits for a covered sickness for all persons added to the policy (excluding newborns) 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:

- Giving birth as a result of a normal pregnancy when conception occurs prior to the effective date of coverage (complications of pregnancy will be covered to the same extent as a sickness);
- Receiving routine nursing or routine well-baby care for a newborn child;
- Being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician;
- Committing or attempting to commit a felony or being engaged in an illegal occupation;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having dental care or treatment except as a result of injury;
- Having cosmetic surgery that is not medically necessary;
- Being involved in 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 (We will return the premium paid during such service, and upon termination of military service, you have the right to renew 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, 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.

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 complication of pregnancy. Hyperemesis gravidarum and pre-eclampsia not requiring hospital confinement and elective cesarean deliveries are not considered complications of pregnancy.

The term *hospital* does not include any institution or part thereof used as a rehabilitation facility; 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.

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

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.

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. Spouse includes a party to a civil union. Newborn children 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. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual 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 legally adopted children who are under age 26.

EFFECTIVE DATE: the date that your coverage begins. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the effective date shown in the Policy Schedule.

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

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, disease, bodily infirmity, or any other cause. 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 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.

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.

Underwritten by:
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