Aflac
Group Hospital Indemnity Advantage Plus

INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here’s a way to help make your visit a little more affordable.
The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That’s how the Aflac Group Hospital Indemnity Advantage Plus plan can help.

It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity Advantage Plus plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit

Benefits Overview

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Admission Benefit</strong> (once per covered sickness or accident per calendar year for each insured)</td>
<td>$500 per admission</td>
</tr>
<tr>
<td>Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Confinement</strong> (maximum of 31 days per confinement for each covered sickness or accident for each insured)</td>
<td>$100 per day</td>
</tr>
<tr>
<td>Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Intensive Care Benefit</strong> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</td>
<td>$100 per day</td>
</tr>
<tr>
<td>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</td>
<td></td>
</tr>
</tbody>
</table>
### TREATMENT BENEFITS

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT DOCTOR’S OFFICE VISIT</strong> (maximum of 6 visits per calendar year for each insured)</td>
<td>$30 per visit.</td>
</tr>
<tr>
<td><strong>TELEMEDICINE SERVICES</strong> (maximum of 6 per calendar year for each insured)</td>
<td>$20 per visit.</td>
</tr>
<tr>
<td><strong>CHIROPRACTOR VISIT</strong> (maximum of 4 per calendar year for each insured)</td>
<td>$10 per visit.</td>
</tr>
<tr>
<td><strong>MAJOR DIAGNOSTIC EXAMS</strong> (once per covered sickness or accident per calendar year)</td>
<td>$100 per exam.</td>
</tr>
<tr>
<td><strong>OUT OF HOSPITAL PRESCRIPTION DRUG</strong> (maximum of $100 per calendar year for each insured)</td>
<td>$20 per prescription.</td>
</tr>
<tr>
<td><strong>HOSPITAL EMERGENCY ROOM VISIT</strong> (maximum of 5 visits per calendar year for each insured)</td>
<td>$100 per visit.</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM OBSERVATION</strong> (1 visit for each covered sickness or accident per calendar year, maximum of 5 total visits per calendar year for each insured)</td>
<td>$25 per observation (minimum 4 hours).</td>
</tr>
<tr>
<td><strong>REHABILITATION FACILITY</strong> (maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured)</td>
<td>$50 per day.</td>
</tr>
</tbody>
</table>

### INPATIENT AND OUTPATIENT SURGICAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT SURGERY AND ANESTHESIA</strong> (performed in hospital or ambulatory surgical center)</td>
<td>$250 per procedure.</td>
</tr>
<tr>
<td><strong>OUTPATIENT SURGERY AND ANESTHESIA</strong> (performed in hospital or ambulatory surgical center)</td>
<td>$125 per procedure.</td>
</tr>
<tr>
<td><strong>FACILITIES FEE FOR OUTPATIENT SURGERY</strong> (performed in hospital or ambulatory surgical center)</td>
<td>$50 per procedure.</td>
</tr>
<tr>
<td><strong>OUTPATIENT SURGERY AND ANESTHESIA</strong> (performed in a doctor’s office, urgent care facility or emergency room; maximum of 4 procedures per calendar year for each insured)</td>
<td>$50 per procedure.</td>
</tr>
</tbody>
</table>
We will not pay for loss due to:

LIMITATIONS AND EXCLUSIONS

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
- In Connecticut: a riot is not excluded.
- In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- In Missouri: injuring or attempting to injure oneself intentionally.
- In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
- In Vermont: Injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
- In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
- In Nebraska: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
- In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
- In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
- In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- In Washington DC: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.

• Selective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
• Dental Services or Treatment.
• Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured’s effective date while coverage is in force, and that is not specifically excluded by the plan.

- Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.
- Dependent Children are your or your spouse’s natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (and in Louisiana, unmarried), however this limit will not apply to any insured dependent child who is incapable of self-sustaining employment due to mental or physical handicap, and is largely dependent on a parent for support and maintenance.
- Doctor is a person who is duly qualified as a practitioner of the healing arts within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made. In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.
- A Doctor must not include any of your Family Members. For the purposes of this definition, Family Members include your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.
- A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.
- A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate.
- Sick means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (in Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured’s coverage is in force (except in Montana).
- Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services.