

HOSPITAL CONFINEMENT INDEMNITY INSURANCE  
Outline of Coverage for Policy Form A-44200-TX

**THE POLICY DESCRIBED IN THIS OUTLINE OF COVERAGE PROVIDES  
SUPPLEMENTAL COVERAGE AND WILL BE ISSUED ONLY TO SUPPLEMENT  
INSURANCE ALREADY IN FORCE.**

**THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Aflac.**

- (1) 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**.
- (2) Hospital Confinement Indemnity Coverage** is designed to provide 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.
- (3) Benefits:** Benefit A is a preventive benefit; hospitalization of a covered person is not required for this benefit to be payable.

**A. WELLNESS BENEFIT:** After 12 months of paid premium for this policy, we will pay \$50 (fifty dollars) for you or any one family member to undergo routine examinations or other preventive testing. Benefits include and are payable for: dental exams, annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostatic specific antigens (PSA), ultrasounds and blood screenings. This benefit will become available following each anniversary of the policy's Effective Date. **This benefit is payable only once per 12 month period.** Family members include your spouse and dependent children of either you or your spouse. Services must be under the supervision of or recommended by a Physician, and a charge must be incurred.

We will pay the following benefits, as applicable, while coverage is in force. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**B. HOSPITAL CONFINEMENT BENEFIT:** When a covered person requires Hospital Confinement for 14 or more hours for a covered Sickness or Injury, with the exception noted below, we will pay as follows for the Period of Hospital Confinement:

**1. HOSPITALIZATION FOR DAYS 1 THROUGH 7:**

We will pay \$100 (one hundred dollars) per day for each day you are charged.

**2. HOSPITALIZATION FOR DAYS 8 THROUGH 30:**

We will pay \$200 (two hundred dollars) per day for each day you are charged.

**3. HOSPITALIZATION FOR DAYS 31 THROUGH 180:**

We will pay \$400 (four hundred dollars) per day for each day you are charged.

**Benefits are not payable for days beyond the 180th day in a Period of Hospital Confinement. No lifetime maximum.**

**C. SHORT-STAY BENEFIT:** When a covered person incurs a charge for a bed due to confinement in a Hospital for a period of at least six but less than 14 hours and is not eligible for any other benefit in this policy, we will pay \$100 (one hundred dollars). For this benefit to be payable, your confinement must be Medically Necessary. **This benefit is not payable for confinement or treatment in an emergency room.** This benefit is payable only once per 24-hour period. No lifetime maximum.

**D. HEART ATTACK, SUDDEN CARDIAC ARREST, STROKE, COMA AND PARALYSIS BENEFIT:**

1. We will pay \$2,000 (two thousand dollars) the first time a covered person is diagnosed as having had any one of the following, whichever occurs first: (a) Heart Attack, (b) Sudden Cardiac Arrest, (c) Stroke, (d) Coma (for a period of at least seven days), or (e) Paralysis (for a period of at least 30 days).

We will pay this benefit no more than once per covered person. Lifetime maximum of \$2,000 (two thousand dollars) per covered person.

2. We will pay \$1,000 (one thousand dollars) when a covered person is later diagnosed as having had any one of the following: (a) Heart Attack, (b) Sudden Cardiac Arrest, (c) Stroke, (d) Coma (for a period of at least seven days), or (e) Paralysis (for a period of at least 30 days).

**For Benefit D2 to be payable, the diagnosis must occur more than 180 days after the benefit becomes payable under Item D1. This benefit (Item D2) will again become payable for Heart Attack, Sudden Cardiac Arrest, Stroke, Coma or Paralysis occurring more than 180 days after it was last paid. No lifetime maximum.**

**IMPORTANT: The Heart Attack, Sudden Cardiac Arrest, Stroke, Coma or Paralysis must occur while coverage is in force. This benefit is subject to Part 5A, Exceptions, Reductions and Limitations of This Policy.**

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**E. SURGICAL BENEFIT:** \$50 TO \$1,000 each operation for surgery. See Schedule of Operations in the policy for specific amounts payable. **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.** 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. Elective surgery that is not Medically Necessary is not payable within the first 12 months of the Effective Date of this policy.**

**F. AMBULANCE BENEFIT:** If, due to a covered Sickness or Injury, a covered person requires ground ambulance transportation to or from a Hospital, we will pay \$100 (one hundred dollars). If air ambulance transportation is required due to a covered Sickness or Injury, we will pay \$1,000 (one thousand dollars). A licensed professional ambulance company must provide the ambulance service. This benefit is limited to two trips per calendar year per covered person. No lifetime maximum.

**G. WAIVER OF PREMIUM BENEFIT:** After you have received Hospital Confinement Benefits for 30 days in a Period of Hospital Confinement, we will waive from month to month any premium(s) falling due during your continued Hospital Confinement, regardless of your mode of premium payment. When Hospital Confinement Benefits are no longer being paid, premium payments must be resumed.

If you die and your spouse becomes the new Named Insured, premiums will start again and 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.

**H. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease due to your leaving employment and
5. You re-establish premium payments through:
  - (a) your new employer's payroll deduction process or
  - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months and
2. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll-deduction process.**

**(4) Optional Benefits:**

**A. Initial Hospitalization Benefit (Series A-44150) Applied For  Yes  No**

When a covered person is confined to a Hospital for 14 or more hours for a covered Sickness or Injury, we will pay an Initial Hospitalization Benefit of \$250 (two hundred fifty dollars). This benefit is payable only once for each covered person per Period of Hospital Confinement and per calendar year.

**B. Initial Hospitalization Benefit (Series A-44250) Applied For  Yes  No**

When a covered person is confined to a Hospital for 14 or more hours for a covered Sickness or Injury, we will pay an Initial Hospitalization Benefit of \$500 (five hundred dollars). This benefit is payable only once for each covered person per Period of Hospital Confinement and per calendar year.

**(5) Exceptions, Reductions and Limitations of This Policy (This is not a daily hospital expense plan.):**

**A.** The Sickness benefits of this policy are subject to a 30-day waiting period. Benefits are not payable for: (1) any Sickness that is diagnosed or treated before coverage has been in force 30 days from the Effective Date as shown in the Policy Schedule or (2) any Sickness diagnosed or treated prior to the Effective Date of this policy. See the Pre-existing Conditions provision on the policy face page.

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

- B.** intentionally self-inflicting bodily Injury or attempting suicide;
- C.** participating in any illegal activity that is classified as a felony (the term "felony" is as defined by the law of the jurisdiction in which the activity takes place);
- D.** being exposed to war or any act of war, declared or undeclared, or service in the armed forces;
- E.** having treatment for a mental or nervous disorder without demonstrable organic 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);
- F.** having cosmetic surgery that is not Medically Necessary;
- G.** having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of this policy;
- H.** being pregnant on the Effective Date of this policy (complications of such pregnancy will be covered to the same extent as a Sickness);
- I.** routine nursing or routine well-baby care for a newborn child;
- J.** being hospitalized before the Effective Date of coverage.

A "Pre-existing Condition" is a Sickness or Injury 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 diagnosed or treated 30 days or more after the Effective Date of coverage and while coverage is in force. It also includes a pregnancy which starts more than 30 days after your Effective Date of coverage and while coverage is in force. **A Sickness that is diagnosed or treated within the 30-day waiting period will not be covered for 12 months from the Effective Date of coverage (6 months from the Effective Date for insureds who were issued the policy at age 65 or over).**

**(6) Renewability:** This policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

**(7) Grace Period:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy shall continue in force.

**(8) Premiums:** Premiums are subject to change.

	Annual	Semi-Annual	Quarterly	Monthly
Policy:	\$ _____	\$ _____	\$ _____	\$ _____
Riders:___				
A-44150:	\$ _____	\$ _____	\$ _____	\$ _____
A-44250:	\$ _____	\$ _____	\$ _____	\$ _____

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THE PERSON TO WHOM THIS POLICY IS ISSUED IS PERMITTED TO RETURN THE POLICY WITHIN 30 DAYS OF ITS DELIVERY TO THAT PERSON AND TO HAVE THE PREMIUM PAID REFUNDED.

**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.**