

Personal Hospital Intensive Care Insurance

Plan Benefits

- Daily Hospital Intensive Care Unit
- Daily Sub-Acute Intensive Care Unit
- Human Organ Transplant
- Ambulance

 **AFLAC** Without it, no insurance is complete.



Personal Hospital Intensive Care Insurance

Policy A-1820C-TN

If you or someone in your family requires confinement in an intensive care unit (ICU), even the best medical program may not cover 100% of the expenses associated with that stay.

Thousands of Americans enter hospital intensive care units daily because of serious accidents or life-threatening illnesses. The costs of intensive care confinement can soar well above the benefit levels of standard health insurance policies.

AFLAC's Personal Hospital Intensive Care Protection insurance policy is designed to provide funds to help cover the extra expenses associated with a stay in intensive care. It pays you directly, unless it is assigned, regardless of any other insurance you may have.

DAILY HOSPITAL INTENSIVE CARE UNIT BENEFIT

Benefits will be paid if you or any covered person incurs a charge for confinement in a hospital intensive care unit (ICU). This benefit is limited to 15 days per period of confinement. **No lifetime maximum.**

\$600 per day (Days 1–7)

\$1,000 per day (Days 8–15)

DAILY SUB-ACUTE INTENSIVE CARE UNIT BENEFIT

Benefits will be paid for up to a total of 15 days when a covered person incurs a charge for the following: 1. confinement in a sub-acute intensive care unit (step-down unit) 2. confinement in a hospital intensive care unit (ICU) after exhaustion of benefits payable under the Daily Hospital Intensive Care Unit Benefit above.

\$250 per day

Benefits payable for the Daily Sub-Acute Intensive Care Unit/Hospital Intensive Care Unit Benefit (combination of 1 and 2) are limited to a total of 15 days per covered period of confinement. **No lifetime maximum.**

Note: Benefits payable under the Daily Hospital Intensive Care Unit Benefit or Daily Sub-Acute Intensive Care Unit/Hospital Intensive Care Unit Benefit are not payable on the same day.

If a covered person is charged for both on the same day, AFLAC will pay only the highest eligible benefit. Confinements not separated by 30 days or more from a previously covered confinement are considered a continuation of the previous period of confinement.

HUMAN ORGAN TRANSPLANT BENEFIT

A benefit will be paid as a result of a human organ transplant procedure when a covered person is confined in a hospital and receives one or more of the following: kidney, liver, heart, heart-lung, lung or pancreas transplant.

\$25,000 per occurrence

Transplant procedures involving more than one organ will be considered to be one organ transplant procedure. This benefit is not payable for transplants involving mechanical or animal organs and is limited to one procedure per 180-day period. **No lifetime maximum.**

AMBULANCE BENEFIT

Benefits will be paid for the actual charges incurred for ground ambulance transportation of a covered person to and from a hospital where the covered person is confined in a hospital intensive care unit or sub-acute intensive care unit.

up to \$250

Benefits will be paid for the actual charges incurred for air ambulance transportation of a covered person to and from a hospital where the covered person is confined in a hospital intensive care unit or sub-acute intensive care unit.

up to \$2,000

This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional or licensed volunteer ambulance company. **No lifetime maximum.**



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***The policy to which this sales material pertains is written only in English.
The English version of this policy prevails if interpretation of this material varies.***

CONTINUATION OF COVERAGE BENEFIT

If you are paying your premiums through payroll deduction and you leave your employer for any reason after your policy has been in force for six months and AFLAC has received premiums for six consecutive months, AFLAC will waive all monthly premiums due for the policy and riders, if any, up to the date your premium payments are re-established. You or your employer must notify us in writing within 30 days of the date your premium payments cease due to your leaving employment. For you to take advantage of this benefit, you must re-establish premium payments within two months from the date you left the employer who was remitting your premiums. You can re-establish your premium payments through your new employer's payroll deduction process or direct payment to AFLAC.

This benefit will again become available once you have re-established your premium payments through an employer's payroll deduction process for a period of six months and AFLAC has received premiums for six consecutive months. *Payroll deduction* means your premium is remitted to AFLAC for you by your employer through a payroll deduction process.

GUARANTEED-RENEWABLE FOR YOUR LIFETIME WITH BENEFITS REDUCED AT AGE 70

This policy is guaranteed-renewable for your lifetime with benefits reduced at age 70. It is subject to AFLAC's right to change the applicable table of premium rates by class upon any renewal date.

FAMILY COVERAGE

Family coverage includes the insured; spouse; and all dependent, unmarried children under 24 years of age and who are dependent on the insured for support and maintenance. Newborn children are automatically covered under the terms of the policy from the moment of birth. Adopted children are covered from the date of petition.

EFFECTIVE DATE

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

LIMITATIONS AND EXCLUSIONS

All benefits payable under this policy will be reduced by one-half for losses that start on or after the policy anniversary date following the 70th birthday of a covered person. Benefits are not payable for losses that begin before the policy effective date as shown in the Policy Schedule. This policy will not cover any person who has attained age 65 prior to the effective date of the policy unless the policy is issued on a payroll deduction basis. If issued on a payroll deduction basis, this policy will not cover any person who has attained age 70 prior to the effective date of the policy.

No benefits will be payable for losses caused by or resulting from: intentionally self-inflicted bodily injury or attempted suicide; participation in or the attempt 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); exposure to war or any act of war, declared or undeclared, or service in the armed forces; the treatment of 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); confinement in units such as: surgical recovery rooms, privately monitored rooms, observation units, labor or delivery rooms, or other facilities that do not meet the standards for a hospital intensive care unit or a sub-acute intensive care unit (step-down unit).

Hospital does not include any institution, or part thereof, used as: a hospice unit including any bed designated as a hospice; a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts or alcoholics.

Refer to policy for complete details, limitations, and exclusions. This brochure is for illustration purposes only.



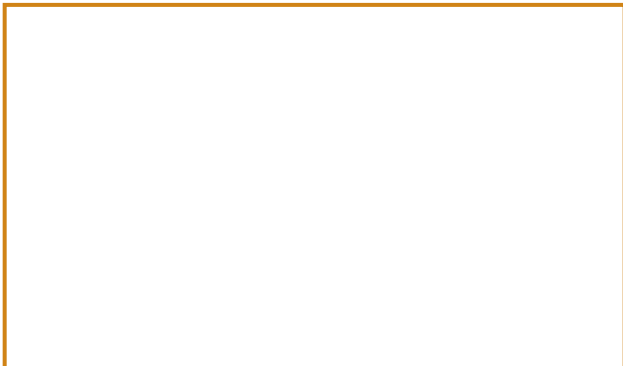
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AFLAC is ...



- A Fortune 500 company with assets exceeding \$50 billion, insuring more than 40 million people worldwide.
- Rated “AA” in insurer financial strength by Standard & Poor’s (April 2004), “Aa2 (Excellent)” in insurer financial strength by Moody’s Investors Service (March 2003), “A+ (Superior)” by A.M. Best (June 2004), and “AA” in insurer financial strength by Fitch, Inc. (December 2003).*
- Named by *Fortune* magazine to its list of “America’s Most Admired Companies” for the fourth consecutive year in March 2004.
- A premier provider of payroll-deducted benefits with more than 300,000 payroll accounts nationally.
- Outstanding in claims service, with most claims paid in just three or four days.
- Included by *Forbes* magazine in its annual Platinum 400 List of “America’s Best Big Companies” since 2000 (January 2004).
- Named by *Fortune* magazine to its list of “The 100 Best Companies to Work For in America” for the sixth consecutive year in January 2004.

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



Your local AFLAC representative

**1-800-99-AFLAC
(1-800-992-3522)**

**En español:
1-800-SI-AFLAC
(1-800-742-3522)**

Visit our Web site at www.aflac.com.