

Peace of Mind *and*
Real Cash Benefits



DENTAL INSURANCE

DE^E

Aflac[®]

We've got you under our wing.[®]

DENTAL INSURANCE

Policy NY82100

This brochure accompanies Schedule of Dental Procedures NY82ES75SCH.

DE^E

Smile. We've got you under our wing.[®]

Millions of people believe a smile is the most important physical attribute—more so than hair, eyes, or figure.¹ The best way to maintain or improve your smile is to brush and floss your teeth daily, visit your dentist, and apply for an Aflac Dental insurance policy.

Aflac Dental provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your policy; Aflac Dental gives you control.

- **You choose your dentist.** Because Aflac doesn't use a network of dentists, you can go to any dentist you choose.
- **You and your dentist choose the best treatment for you.** Aflac Dental doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.²

Aflac Dental is different from many other dental plans you may have seen.

- **You know what you're getting with Aflac Dental.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.³

With Aflac Dental's **Annual Maximum Building Benefit**, you can receive even more benefits. Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months the policy is in force up to a maximum of \$500 per Covered Person.

¹"The Public Speaks Up on Oral Health Care: An ADA and Crest/Oral-B Survey," American Dental Association, October 2008.

²Subject to applicable Waiting Periods.

³If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental pays benefits for seven categories of dental treatments and hundreds of procedures. The benefit amounts within each category vary based on the procedure received and are subject to a Policy Year Maximum. Benefit amounts and the Policy Year Maximum are per Covered Person.

BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$15-\$25
Fillings and Basic Services	3 Months	\$10-\$225
Pain Management and Adjunctive Services	3 Months	\$25-\$120
Other Preventive Services	6 Months	\$15-\$100
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$20-\$750
Crowns and Major Services	12 Months	\$15-\$350
Major Prosthetic Services	24 Months	\$40-\$450
POLICY YEAR MAXIMUM		\$1,200

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY.
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.
FOR MORE INFORMATION ABOUT THE BENEFITS AVAILABLE, PLEASE SEE THE SCHEDULE OF DENTAL PROCEDURES.
AFLAC HEREIN MEANS AMERICAN FAMILY LIFE ASSURANCE COMPANY OF NEW YORK.



OVER
90%
OF SYSTEMIC DISEASES,
including heart disease, have oral symptoms.⁴

TERMS YOU NEED TO KNOW

COVERED PERSON: *Covered Person* includes any person insured under the coverage type you applied for.

Please see the Schedule of Dental Procedures for a complete and comprehensive definition.

GUARANTEED-RENEWABLE: The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class.

POLICY YEAR MAXIMUM: The *Policy Year Maximum* is the total dollar amount of benefits payable per policy year, per Covered Person.

WAITING PERIOD: The *Waiting Period* is the period after the Effective Date of coverage for which benefits are not payable. If the policy is reinstated, all Covered Persons will be subject to new Waiting Periods beginning with the date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on the Effective Date of the addition. The Waiting Period will vary based on the benefit category.

WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; or treatment received prior to the Effective Date of coverage or treatment received during a benefit's Waiting Period.

No benefits will be paid for replacement of teeth missing before the Effective Date of coverage.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

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.

Please see the Schedule of Dental Procedures for procedure-specific limitations and exclusions.

⁴"Warning Signs in the Mouth Can Save Lives," Academy of General Dentistry, October 2008.

Aflac Accident Advantage

ACCIDENT-ONLY INSURANCE – OPTION 4

Aflac is dedicated to helping provide peace of mind and financial security.



The policy is accident-only insurance. It does not provide coverage for sickness. It 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 SmartClaim®
One Day PaySM

AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT												
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person												
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$165 per day, up to 365 days per covered accident, per covered person												
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$800 per day for up to 15 days, per covered accident, per covered person												
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$220 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$170 Office or facility (other than a hospital emergency room) without X-ray: \$120												
AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation												
BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person												
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$250 per calendar year, per covered person												
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$50 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person												
THERAPY BENEFIT	\$50 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person												
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$350 Wheelchair: \$350 Walker: \$120 Body jacket: \$350 Leg brace: \$150 Walking boot: \$120 Knee scooter: \$350 Crutches: \$120 Cane: \$25 Payable once per covered accident, per covered person												
PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person												
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime												
REHABILITATION FACILITY BENEFIT	\$200 per day												
HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person												
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: DISLOCATIONS \$120–\$4,500 BURNS \$135–\$13,000 SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair \$350 Removal of foreign body by a physician .. \$75 LACERATIONS Not requiring sutures \$40 Less than 5 centimeters \$90 At least 5 cm but not more than 15 cm . \$300 Over 15 centimeters \$600 FRACTURES \$150–\$4,000 CONCUSSION (brain) \$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown \$500 Broken tooth resulting in extraction \$160 PARALYSIS Quadriplegia \$12,500 Paraplegia \$6,250 Hemiplegia \$4,750 SURGICAL PROCEDURES \$250–\$1,500 MISCELLANEOUS SURGICAL PROCEDURES \$140–\$350 PAIN MANAGEMENT (NON-SURGICAL) Epidural \$100												
ACCIDENTAL-DEATH BENEFIT	<table border="0"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$200,000</td> <td>\$50,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$200,000</td> <td>\$50,000</td> </tr> <tr> <td>CHILD</td> <td>\$30,000</td> <td>\$15,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	INSURED	\$200,000	\$50,000	SPOUSE	\$200,000	\$50,000	CHILD	\$30,000	\$15,000
	Common-Carrier Accident	Other Accident											
INSURED	\$200,000	\$50,000											
SPOUSE	\$200,000	\$50,000											
CHILD	\$30,000	\$15,000											
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$50,000												
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met												
WAIVER OF PREMIUM BENEFIT	Yes												
TRANSPORTATION BENEFIT	\$700 per round trip, up to 3 round trips per calendar year, per covered person												
FAMILY LODGING BENEFIT	\$150 per night, up to 30 days per covered accident												

AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

PREMIER

We've been dedicated to helping provide
peace of mind and financial security for
nearly 60 years.



We've got you under our wing.®

AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

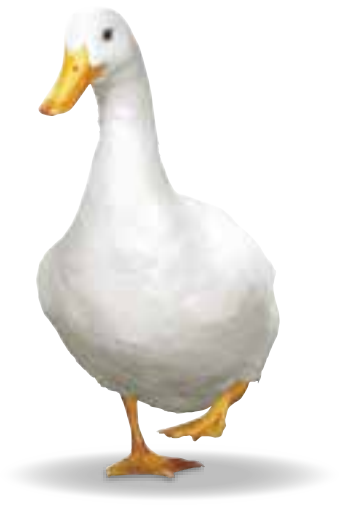
Policy NY78400



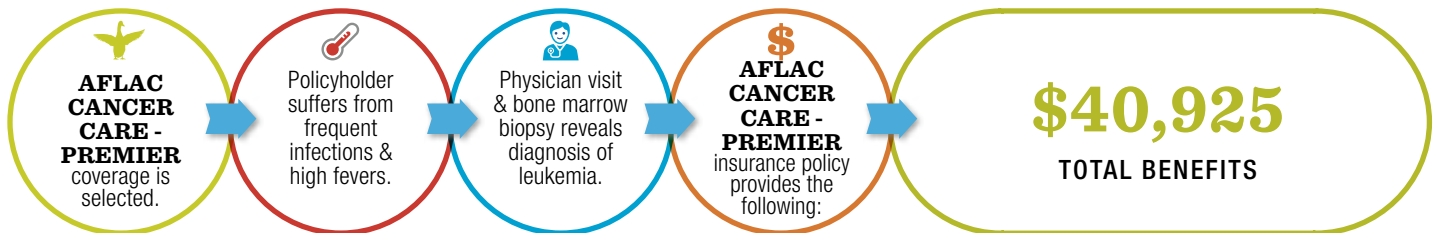
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Premier that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$100, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$187.50, National Cancer Institute Evaluation/Consultation Benefit of \$1,000, Initial Diagnosis Benefit of \$6,000, venous port (Surgical/Anesthesia Benefit) of \$187.50, Injected Chemotherapy Benefit (10 weeks) of \$9,000, Immunotherapy Benefit (3 months) of \$1,500, Antinausea Benefit (3 months) of \$450, Hospital Confinement Benefit (10-week hospitalization) of \$21,000, Blood/Plasma Benefit (10 transfusions) of \$1,500.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of New York.

Premier Cancer Care Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	\$100 per year, per Covered Person
Cancer Diagnosis Benefits:	
Initial Diagnosis Benefit	Insured/Spouse: \$6,000; Dependent Child: \$12,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$200; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$1,000 payable only once per Covered Person
Cancer Treatment Benefits:	
Injected Chemotherapy Benefit	\$900 per day; limited to one payment per week; no lifetime max
Oral Chemotherapy Benefit	\$400 per day up to \$1,200 max per month for Oral/Topical Benefit ²
Topical Chemotherapy Benefit	\$200 per prescription, per month up to \$1,200 max per month for Oral/Topical Benefit ²
Radiation Therapy Benefit	\$500 per day; limited to one payment per week; no lifetime max
Experimental Treatment Benefit	\$500 per week outside of a clinical trial; \$125 per week as part of a clinical trial; no lifetime max
Immunotherapy Benefit	\$500 once per month; \$2,500 lifetime max per Covered Person
Antinausea Benefit	\$150 per month; no lifetime max
Stem Cell Transplantation Benefit	\$10,000; lifetime max \$10,000 per Covered Person
Bone Marrow Transplantation Benefit	\$10,000; \$10,000 lifetime max per Covered Person; \$1,000 to donor
Blood and Plasma Benefit	Inpatient: \$150 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$250 per day; no lifetime max
Surgical/Anesthesia Benefit	\$150–\$5,000 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$6,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$50–\$600; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$300 per day; no lifetime max
Hospitalization Benefits:	
Hospital Confinement Benefit	\$300 per day; no lifetime max
Outpatient Hospital Surgical Room Benefit	\$300 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
Continuing Care Benefits:	
Extended-Care Facility Benefit	\$150 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	\$75 per day; lifetime max of 100 days per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$150 per day; no lifetime max
Surgical Prosthesis Benefit	\$3,000; lifetime max \$6,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$250 per occurrence; lifetime max \$500 per Covered Person
Reconstructive Surgery Benefit	\$350–\$3,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,500 to have oocytes extracted; \$500 for storage; \$2,000 lifetime max per Covered Person
Ambulance, Transportation, Lodging, and Other Benefits:	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.50 per mile; max \$1,500 per round trip; no lifetime max
Lodging Benefit	\$80 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

OPTIONAL SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND RECOVERY BENEFIT RIDER SUMMARY PAGE

Rider NY78056

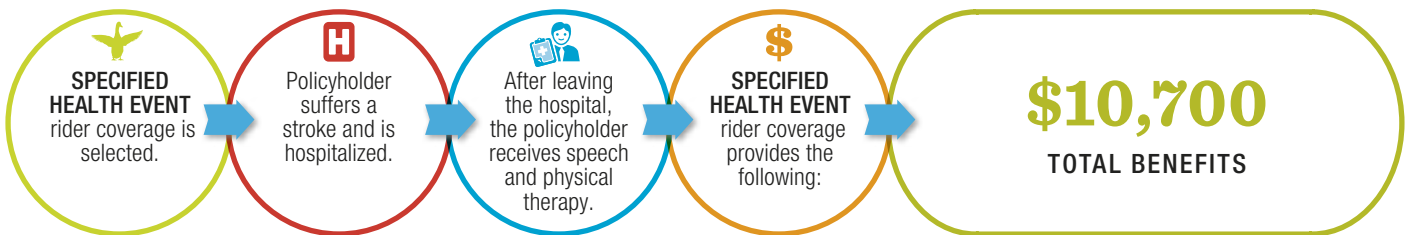


Added protection for you and your family

Like many people, you probably have insurance to cover burglaries, fires, auto accidents, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack or stroke—an event that knocked you off your feet or even changed your life forever?

You may think you're already protected by major medical insurance. Think again. Major medical coverage pays doctor and hospital bills, not out-of-pocket expenses. Nor does it pay cash benefits that can be used to help with expenses, such as car payments, the mortgage or rent, and utility bills—bills that would be difficult, if not impossible, to pay if your income suddenly stopped due to illness or injury. This optional rider complements your major medical coverage and helps provide the peace of mind that comes from knowing you and your family are protected.

HOW IT WORKS



The above example is based on a scenario for Aflac Specified Health Event with First-Occurrence Building Benefit and Recovery Benefit Rider that includes the following benefit conditions: Stroke (First-Occurrence Benefit) of \$5,000, Hospital Confinement Benefit (5 days) of \$1,200, Continuing Care Benefit (30 days) of \$3,750, ground ambulance transportation (Ambulance Benefit) of \$250, Specified Health Event Recovery Benefit (one month) of \$500.

THE FACTS:

FACT NO. 1

ABOUT EVERY **34** SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.¹

FACT NO. 2

ON AVERAGE, EVERY **40** SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.¹

¹Heart Disease and Stroke Statistics, 2012 Update, American Heart Association.



The rider becomes part of the policy and is subject to all policy provisions, unless modified herein.

SPECIFIED HEALTH EVENTS COVERED BY THE SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND RECOVERY BENEFIT RIDER INCLUDE:

- End-Stage Renal Failure
- Heart Attack
- Stroke
- Sudden Cardiac Arrest

WHAT WE WILL PAY

FIRST-OCCURRENCE BENEFIT

Aflac will pay \$5,000 for the insured, \$5,000 for the Spouse, or \$7,500 for Dependent Children when a Covered Person is first diagnosed as having had a Specified Health Event. This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in the rider. Lifetime maximum is \$5,000 per Covered Person for the named insured/Spouse. Lifetime maximum is \$7,500 per Covered Person for Dependent Children.

FIRST-OCCURRENCE BUILDING BENEFIT

The First-Occurrence Benefit will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the limitations and exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

REOCCURRENCE BENEFIT

Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event. For the Reoccurrence Benefit to be payable, the Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFIT

Aflac will pay \$240 per day for each day a Covered Person is confined and requires hospital confinement for the treatment of a covered Specified Health Event. This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

CONTINUING CARE BENEFIT

Aflac will pay \$125 each day a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Specified Health Event:

- Dialysis
- Dietary Therapy/Consultation
- Extended Care
- Home Health Care
- Hospice Care
- Nursing Home Care
- Occupational Therapy
- Physical Therapy
- Physician Visits
- Rehabilitation Therapy
- Respiratory Therapy
- Speech Therapy

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$125 regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

AMBULANCE BENEFIT

Aflac will pay \$250 if, due to a covered Specified Health Event a Covered Person requires ground ambulance transportation to or from a hospital. *Aflac will pay \$2,000* if, due to a covered Specified Health Event, a Covered Person requires air ambulance transportation. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

TRANSPORTATION BENEFIT

Aflac will pay 50 cents per mile for transportation of a Covered Person for the round-trip distance between the hospital or medical facility and the residence of the Covered Person if a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Specified Health Event. Transportation benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. This benefit is not payable for transportation to any hospital located within a 50-mile radius of the residence of the Covered Person. No lifetime maximum.

LODGING BENEFIT

Aflac will pay \$60 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Specified Health Event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

SPECIFIED HEALTH EVENT RECOVERY BENEFIT

Aflac will pay \$500 per month while a Covered Person remains in specified health event recovery upon receipt of written proof of loss from that person's Physician. For periods of specified health event recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

A Covered Person will be considered in specified health event recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event or if he or she is unable to engage in the duties of his or her regular occupation due to a covered Specified Health Event. Specified Health Event includes Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring after the Effective Date of the rider.

WAIVER OF PREMIUM BENEFIT

EMPLOYED: If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement

of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

NOT EMPLOYED: If you, due to a Specified Health Event, are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac will waive, from month to month, any premiums, for the rider, falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS

A *pre-existing condition* is a sickness for which, within the six-month period before the Effective Date of coverage, medical advice or treatment was recommended or received from a Physician. Benefits for a Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective Date will be covered.

LIMITATIONS AND EXCLUSIONS

The limitations and exclusions listed in the policy do not apply to the rider. Only the limitations and exclusions listed below apply to the rider.

Aflac will not pay benefits for a Specified Health Event that is caused by a Pre-Existing Condition unless the Specified Health Event occurs more than 30 days after the Effective Date. Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

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 rider does not cover losses or confinements caused by or resulting from a Covered Person's:

- Sustaining or contracting any loss, directly or indirectly, due to being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
- Intentionally self inflicting bodily injury or attempting suicide;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto. (If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend the rider during a period

of active duty that does not exceed more than five years. When you notify us to suspend the rider, we will refund any premium paid for coverage after the date we receive the notice. We will reinstate the rider, if the policy to which it is attached is currently in force, when your active duty ends without evidence of insurability when we receive (1) your written request to reinstate the rider, and (2) the premium for the period from the date your active service ends to the next premium due date. The reinstated rider will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement.) (In this case, you must comply with the reinstatement provision.)

TERMS YOU NEED TO KNOW

EFFECTIVE DATE: the Effective Date of the rider is as stated in the Policy Schedule.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the Effective Date of the rider. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of Heart Attack shall not be construed to mean

congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

SPECIFIED HEALTH EVENT: Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated on or after the Effective Date of the rider. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

SUDDEN CARDIAC ARREST: sudden unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, Sudden Cardiac Arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the rider. Sudden Cardiac Arrest is not a Heart Attack.

TERMINATION: the rider will terminate upon the earlier of the termination of the policy to which it is attached, or if the failure to pay premiums for the rider are not paid.

Aflac Choice

FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Aflac is dedicated to helping provide peace of mind and financial security.



The policy is hospital indemnity insurance. It 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 SmartClaim®
One Day Pay™

Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
DAILY HOSPITAL CONFINEMENT	Pays \$50 per day, per covered person, for up to 365 days.
ANNUAL HOSPITAL ADMISSION	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per period of hospital confinement, per calendar year, per covered person.
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.
HOSPITAL EMERGENCY ROOM	Pays \$150 per day for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION
EXTENDED BENEFITS RIDER	<p>Physician Visit Benefit: Pays \$25 per day for visits to a physician, psychologist or urgent care center.</p> <p>Individual Coverage: Limited to 3 visits per calendar year, per policy.</p> <p>Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.</p>
	<p>Laboratory Test and X-Ray Benefit: Pays \$35 per day; limited to 2 payments per covered person, per calendar year.</p> <p>Medical Diagnostic and Imaging Exams Benefit: Pays \$150 per day for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p>Ambulance Benefit: Pays \$200 per day (ground) or \$2,000 per day (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>
HOSPITAL STAY AND SURGICAL CARE RIDER	<p>Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.</p> <p>Invasive Diagnostic Exams Benefit: Pays \$100 per day for one covered exam, per covered person, per 24-hour period.</p> <p>Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per confinement, per covered person, for up to 30 days.</p> <p>Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days.</p> <p>Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.</p>