Personal Hospital Intensive Care Insurance

Plan Benefits

- Daily Hospital Intensive Care Unit
- Daily Sub-Acute Intensive Care Unit
- Human Organ Transplant
- Ambulance
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 confinement in a sub-acute intensive care unit (step-down unit) 1. 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.**

**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. After benefits for the recipient have been paid, we will pay the actual charges incurred for any medical expenses of the donor to the extent that benefits remain and are available under this benefit. 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.**

Without it, no insurance is complete.

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

PAYMENT OF CLAIMS: All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. Any premium due and unpaid may be deducted from a claim payment. If a covered person under this policy is eligible for and receives medical assistance from the Texas Department of Human Resources, the benefits payable under this policy shall be paid to that agency. The amount of the benefits payable to the Texas Department of Human Resources shall be the actual medical expenses paid by the agency on behalf of the insured, subject to any benefit limitations provided by the policy. The payments will be made after receipt by AFLAC of a notice of assignment of benefits from the Texas Department of Human Resources.

All benefits paid on behalf of the child or children under the policy must be paid to the Texas Department of Human Resources whenever: (1) the Texas Department of Human Services is paying benefits under the Human Resources Code, Chapter 31 or 32, and (2) the parent who purchased the individual policy has possession or access to the child pursuant to a court order, or is not entitled to access or possession of the child and is required by a court order to pay child support.

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 age 19 (age 23 if full-time students). 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 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); exposure to war or any act of war, declared or undeclared, or service in the armed forces; the treatment of 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); 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; 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.
AFLAC, the insurance industry leader in cafeteria plan services, is...

- A Fortune 500 company with assets exceeding $37 billion insuring more than 40 million people worldwide.
- Rated “AA” in insurer financial strength by Standard & Poor’s (December 1999), “Aa3 (Excellent)” in insurer financial strength by Moody’s Investors Service (September 1999), “A+ (Superior)” by A.M. Best (June 1999) and “AA” in claims-paying ability by Duff & Phelps (January 2000).**
- A world leader in supplemental insurance with more than 150,000 national payroll accounts.
- Number one in guaranteed-renewable accident and cancer insurance sales.
- Outstanding in claimant recommendations as validated by an Opinion Research Corporation poll indicating that 9 out of 10 claimants agree that AFLAC paid their claims fairly and promptly, and they would recommend our cancer products to others (July 1999).
- Uncompromising in fast, efficient service. Our toll-free line puts you in touch with a decision-maker immediately.
- Named by *Fortune* the best insurance company to work for (January 2000).

*Employers Council on Flexible Compensation (ECFC), 3/00

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

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

En español:
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