

Peace of Mind *and*
Real Cash Benefits



CRITICAL CARE AND RECOVERY
SPECIFIED HEALTH EVENT INSURANCE

CCR¹



We've got you under our wing.®

CRITICAL CARE AND RECOVERY SPECIFIED HEALTH EVENT INSURANCE

Policy Series A71000

CCR¹

The Need

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. Aflac's specified health event insurance policy complements your major medical coverage and helps provide the peace of mind that comes from knowing you and your family are protected.



THE SPECIFIED HEALTH EVENT POLICY:

- Pays a First-Occurrence Benefit, as well as Hospital Confinement and Continuing Care Benefits.
- Has no lifetime maximum.¹
- Is completely portable.
- Is Guaranteed-Renewable for your lifetime.

CONSIDER THESE FACTS:

- About every 34 seconds, someone suffers a Heart Attack.²
- About every 40 seconds, someone suffers a Stroke.²

An illness or injury can happen to anyone, anytime—and when it does, everyday expenses may suddenly seem insurmountable. Fortunately, Aflac's specified health event insurance policy can help with those everyday expenses, so all you have to focus on is getting well.

¹Excluding the First-Occurrence Benefit.

²Heart Disease and Stroke Statistics, 2009 Update, American Heart Association.

Aflac herein means American Family Life Assurance Company of Columbus.



QUICK-REFERENCE

PRIMARY SPECIFIED HEALTH EVENTS COVERED BY THE CRITICAL CARE AND RECOVERY POLICY INCLUDE:

Coma	Paralysis	End-Stage Renal Failure
Persistent Vegetative State	Major Human Organ Transplant	Stroke
Heart Attack	Major Third-Degree Burns	Coronary Artery Bypass Surgery
Sudden Cardiac Arrest		

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX PER INSURED	ADDITIONAL BENEFIT INFORMATION
FIRST-OCCURRENCE	\$5,000 Named Insured/Spouse; \$7,500 Dependent Children	Named Insured/Spouse: \$5,000 per Covered Person; Dependent Children: \$7,500 per Covered Person	Aflac will pay the benefit amount for each Covered Person when he or she is first diagnosed as having had a Primary 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 policy.
REOCCURRENCE	\$2,500	No lifetime maximum	If benefits have been paid to a Covered Person under the First-Occurrence Benefit, Aflac will pay this benefit if such Covered Person is later diagnosed as having had a subsequent Primary Specified Health Event. For this benefit to be payable, the Primary Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or the Reoccurrence Benefit became payable.
SECONDARY SPECIFIED HEALTH EVENT	\$250	No lifetime maximum	Aflac will pay this benefit for each Covered Person under the policy when he or she has a Coronary Angioplasty, with or without stents. This benefit is limited to one Coronary Angioplasty per 30-day period.
HOSPITAL CONFINEMENT BENEFIT			
HOSPITAL CONFINEMENT	\$300 per day	No lifetime maximum	When a Covered Person requires hospital confinement for the treatment of a covered Primary Specified Health Event, Aflac will pay this benefit per day for each day a Covered Person is charged as an inpatient. This benefit is limited to confinements for the treatment of a covered Primary Specified Health Event when confinements occur within 500 days following the occurrence of the most recent covered Primary Specified Health Event. Hospital Confinement Benefits are payable for only one covered Primary Specified Health Event at a time per Covered Person. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. 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.

The policy has limitations that may affect benefits payable.

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

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

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX PER INSURED	ADDITIONAL BENEFIT INFORMATION												
CONTINUING CARE, AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS															
CONTINUING CARE	\$125 each day for up to 75 days	No lifetime maximum	<p>If, as a result of a covered Primary Specified Health Event, a Covered Person receives any of these treatments from a licensed physician, Aflac will pay this benefit each day a Covered Person is charged. Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for the 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.</p> <table border="0" data-bbox="716 751 1425 926"> <tr> <td>1. Rehabilitation Therapy</td> <td>7. Home Health Care</td> </tr> <tr> <td>2. Physical Therapy</td> <td>8. Dialysis</td> </tr> <tr> <td>3. Speech Therapy</td> <td>9. Hospice Care</td> </tr> <tr> <td>4. Occupational Therapy</td> <td>10. Extended Care</td> </tr> <tr> <td>5. Respiratory Therapy</td> <td>11. Physician Visits</td> </tr> <tr> <td>6. Dietary Therapy/Consultation</td> <td>12. Nursing Home Care</td> </tr> </table>	1. Rehabilitation Therapy	7. Home Health Care	2. Physical Therapy	8. Dialysis	3. Speech Therapy	9. Hospice Care	4. Occupational Therapy	10. Extended Care	5. Respiratory Therapy	11. Physician Visits	6. Dietary Therapy/Consultation	12. Nursing Home Care
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AMBULANCE	\$250 Ground \$2,000 Air	No lifetime maximum	<p>If, due to a covered Primary Specified Health Event, a Covered Person requires ground ambulance transportation to or from a hospital, Aflac will pay \$250. If a Covered Person requires air ambulance transportation due to a covered Primary Specified Health Event, Aflac will pay \$2,000. 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 Primary Specified Health Event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event.</p>												
TRANSPORTATION	50 cents per mile, up to \$1,500 per occurrence	No lifetime maximum	<p>If a Covered Person requires special medical treatment that has been prescribed by the local attending physician for a covered Primary Specified Health Event, Aflac will pay this benefit for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, Aflac will pay the benefit for up to two adults to accompany the Dependent Child. Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Primary 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.</p>												
LODGING	Up to \$75 per day	No lifetime maximum	<p>Aflac will pay the charges incurred up to \$75 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Primary 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 Primary Specified Health Event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event.</p>												

OTHER BENEFITS

WAIVER OF PREMIUM BENEFIT

EMPLOYED: If you, due to a Primary 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 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 Primary Specified Health Event, are completely unable to perform three 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 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. While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

CONTINUATION OF COVERAGE BENEFIT

Aflac will waive all monthly premiums due for the policy and riders for 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; (4) You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and (5) You re-establish premium payments through your new employer's payroll deduction process or direct payment to Aflac.

You will again be eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months and 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.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

Benefits are not payable for losses or confinements that occur or begin before the policy Effective Date or after the termination of the policy.

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

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

- Sustaining or contracting any loss due, directly or indirectly, to 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);
- Participating in any sport or sporting activity for wage, compensation, or profit;
- Intentionally self-inflicting bodily injury or attempting suicide;
- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

A hospital does not include any institution or part thereof used as an emergency room; a rehabilitation unit; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; 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 or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician does not include a member of your immediate family.

PRE-EXISTING CONDITIONS: A *Pre-Existing Condition* is an illness, disease, disorder, or injury for which, within the six-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received from a physician. Benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Primary or Secondary Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Primary or Secondary Specified Health Event occurring more than 30 days after the Effective Date will be covered.

TERMS YOU NEED TO KNOW

Coma: a continuous state of profound unconsciousness diagnosed or treated after the Effective Date of the policy, lasting for a period of seven or more consecutive days, characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance.

Coronary Angioplasty: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). A Coronary Angioplasty may be performed to treat persistent chest pain (angina) blockage of one or more coronary arteries, or residual obstruction in a coronary artery during or after a Heart Attack. These procedures may be performed with or without stents.

Coronary Artery Bypass Surgery: open-heart surgery, performed after the Effective Date of the policy, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to Coronary Angioplasty, laser relief, or other nonsurgical procedures. This does not include valve replacement surgery.

Covered Person: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26. A Dependent Child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

Effective Date: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

End-Stage Renal Failure: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

Guaranteed-Renewable: the right to renew the policy by payment of the premium due on or before the renewal date. The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

Heart Attack: a myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the Effective Date of the policy. 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.

Major Human Organ Transplant: a surgery in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: kidney, liver, heart,

lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

Major Third-Degree Burns: an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis, and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals.

Paralysis: spinal cord injuries occurring after the Effective Date of coverage resulting in complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days. The Paralysis must be confirmed by your attending physician.

Persistent Vegetative State: a state of severe mental impairment in which only involuntary bodily functions are present and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a Persistent Vegetative State is as follows: two physicians, one of whom must be the attending physician, who, after personally examining the Covered Person, shall certify in writing, based upon conditions found during the course of their examination, that:

1. The Covered Person's cognitive function has been substantially impaired, and
2. There exists no reasonable expectation that the Covered Person will regain significant cognitive function.

Primary Specified Health Event: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

Secondary Specified Health Event: Coronary Angioplasty, with or without stents, occurring after the Effective Date of coverage.

Stroke: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the Effective Date of the policy. 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 confirmed by 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 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 policy. Sudden Cardiac Arrest is not a Heart Attack.

WHY DO PEOPLE
PURCHASE SPECIFIED
HEALTH EVENT INSURANCE?

ABOUT EVERY

34 seconds,
SOMEONE WILL SUFFER A HEART ATTACK.*

ON AVERAGE, EVERY

40 seconds
SOMEONE HAS A STROKE.*

IN 2010, AN ESTIMATED

1.26
MILLION PEOPLE WILL
EXPERIENCE A HEART ATTACK.*

