



What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance offers cash benefits to help cover expenses associated with covered illnesses and accidents that confine you to a hospital. With cash paid directly to you, unless otherwise assigned, benefits can cover a range of out-of-pocket expenses like child care, groceries, utility bills, and more. Aflac's Hospital Indemnity Insurance is intended to enhance your current coverage as it is not affected by current personal coverage. It also provides coverage for newborn children for 60 days from their date of birth¹.

How it Works: Hospital Admission

Hospital admission benefit per confinement (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. The insurance will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. The insurance will not pay benefits for admission of a newborn child following their birth; however, the insurance will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he or she is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

Hospital Confinement

Payable each day an insured person is confined to a hospital as an inpatient because of a covered accidental injury or a covered sickness. If the insured person becomes confined again within six months due to the same or related condition as the first confinement, Aflac will treat this confinement as the same period of covered injury/sickness. This benefit is payable for only one hospital confinement at a time even if the stay is caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.*

Hospital Intensive Care

Payable for each day that an insured person is confined in a hospital intensive care unit because of a covered accidental injury or a covered sickness. This benefit is payable in addition to the Hospital Confinement Benefit. Aflac will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If benefits were fully paid out for one condition and an insured person becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, Aflac will treat this confinement as the same period of injury/sickness.

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured person is confined in an intermediate intensive care step-down unit because of a covered accidental injury or a covered sickness. Aflac will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time. Even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If the insured person becomes confined again within six months because of the same or related condition, Aflac will treat this confinement as the same period of injury/illness.

This benefit is payable in addition to the Hospital Confinement Benefit.

The insured person must be admitted to a hospital within six months of the date of the covered accident for benefits to be payable.

¹Applies to newly adopted children as well. Refer to the plan for complete details

Premium Rates (post-tax)

HOSPITAL INDEMNITY INSURANCE - MID	
Coverage	BI-WEEKLY Premium
Employee	\$8.25
Employee & Spouse	\$15.73
Employee & Child(ren)	\$12.54
Family	\$20.02

Premium Rates (post-tax)

HOSPITAL INDEMNITY INSURANCE - HIGH	
Coverage	BI-WEEKLY Premium
Employee	\$14.58
Employee & Spouse	\$29.40
Employee & Child(ren)	\$23.05
Family	\$37.87

Plan Benefits

HOSPITALIZATION BENEFITS - MID	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$100
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$100
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$75

Plan Benefits

HOSPITALIZATION BENEFITS - HIGH	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$2000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$200
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$200
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$100

Limitations and Exclusions

State references refer to the state of your group and not your resident state.

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In South Dakota: this exclusion does not apply.
 - Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.

- In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
- Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
- Congenital defects in newborns

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

Portability

When you end employment with the employer and your coverage would otherwise terminate, you may elect to continue your coverage under the plan. You may continue the coverage that you had on the date your employment ended, including any in-force Spouse or Dependent Child coverage. The following conditions must be met for you to keep your certificate in force:

- Within 31 days after the date your insurance would otherwise terminate, you must notify the Company. Notification may be via written notice sent to P.O. Box 427, Columbia, South Carolina, 29202; or by calling the Customer Service number at **800.433.3036**.

- You must pay the required premium directly to the Company no later than 31 days after the date your coverage would otherwise terminate and on each premium due date thereafter. Insurance will end on the earlier of these dates:

- 31 days after the date you fail to pay any required premium.
- The date the group policy is terminated.

However, coverage may not be continued if:

- You fail to pay any required premium, or
- The Group Policy terminates.

Notification of any changes in the plan will be provided directly to you.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.