

Level 2

# Personal Recovery Plus

*Specified Health Event Insurance Policy*



## *Plan Highlights*

Pays a First-Occurrence Benefit as well as Hospital Confinement and Continuing Care Benefits for:

- Heart Attack & Coronary Artery Bypass Surgery
- Stroke
- End-Stage Renal Failure
- Major Human Organ Transplant
- Major Third-Degree Burns
- Coma
- Paralysis

# Personal Recovery Plus

Policy Series A-70200

## Specified Health Events covered by the Personal Recovery Plus product:

- Coma
- Stroke
- Paralysis
- Heart Attack
- End-Stage Renal Failure
- Major Third-Degree Burns
- Coronary Artery Bypass Surgery
- Major Human Organ Transplant

### \$5,000 First-Occurrence Benefit

Aflac will pay \$5,000 for each covered person under this policy when he or she 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 this policy. Lifetime maximum is \$5,000 per covered person.

### \$2,500 Reoccurrence Benefit

Aflac will pay an additional \$2,500 to a covered person if benefits have been paid under the First-Occurrence Benefit for a covered person and if he or she is later diagnosed as having had a specified health event that occurs more than 180 days after the First-Occurrence Benefit last became payable. This benefit will again become payable for a specified health event when it occurs more than 180 days after this benefit last became payable. No lifetime maximum.

### Hospital Confinement Benefits

Aflac will pay \$300 for each day a covered person requires hospital confinement for 14 or more hours for the treatment of a covered specified health event and is charged as an inpatient. Confinement for treatment of the covered specified health event must occur within 500 days following the occurrence of the most recent covered specified health event. This benefit is payable for only one covered 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. No lifetime maximum.

Aflac will pay the following benefits 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 you are 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.

### Continuing Care Benefit

Aflac will pay \$100 each day a covered person is charged for receiving any of the following treatments, as the result of a covered specified health event, from a licensed practitioner:

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

Treatment is limited to 60 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 \$100 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.

This brochure is for illustration purposes only.

Refer to the policy for complete details, limitations, and exclusions.

### **Ambulance Benefit**

**Aflac will pay \$100** if a covered person requires ground ambulance transportation to or from a hospital due to a covered specified health event. If air ambulance transportation is required due to a covered specified health event, **we will pay \$1,000**. A licensed professional ambulance company must provide the ambulance service. If the provider of service does not receive payment for services provided from any other source, we will directly reimburse such provider of service. This benefit will not be paid 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 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, if a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered specified health event. Reimbursement will be made only for the method of transportation actually taken. Benefit amounts payable are limited to \$1,500 per occurrence of a covered specified health event. 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, we will pay this 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 specified health event. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the residence of the covered person. No lifetime maximum.

### **Lodging Benefit**

**Aflac will pay** the charges incurred up to \$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 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor 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.

### **Waiver of Premium Benefit**

If you, due to a specified health event, are completely unable to do all of the usual and customary duties of your occupation [if you are not employed: 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 falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) 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.

### **Continuation of Coverage Benefit**

Aflac will waive all monthly premiums due for the policy and riders for up to 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 and you leave your employer for any reason; (4) you or your employer notifies us in writing within 30 days of the date your premium payments cease 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 become 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.

### **Guaranteed-Renewable**

This policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change the applicable table of premium rates by class upon any renewal date.

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

## Definitions

*The following Specified Health Events must occur after the effective date of coverage for benefits to be payable:*

**Specified Health Event:** heart attack, stroke, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, major third-degree burns, coma, or paralysis.

**Coma:** a continuous state of profound unconsciousness, 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 Artery Bypass Surgery:** open-heart surgery, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to, balloon angioplasty, laser relief, stents, or other nonsurgical procedures. This surgery requires placement of the patient on a cardiac pulmonary bypass machine.

**End-Stage Renal Failure:** irreversible failure of the function of both kidneys requiring a covered person to undergo regular hemodialysis or peritoneal dialysis at least weekly.

**Heart Attack:** a myocardial infarction, coronary thrombosis, or coronary occlusion, positively diagnosed by a physician and 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 organs: kidney, liver, heart, heart-lung, 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 that covers more than 10% of total body surface and that is caused by heat, electricity, radiation, or chemicals.

**Paralysis:** spinal cord injuries resulting in paraplegia or quadriplegia (complete and total loss of use of two or more limbs) for a continuous period of at least 30 days, confirmed by your attending physician.

**Stroke:** apoplexy due to rupture or acute occlusion of a cerebral artery, causing complete or partial loss of function involving the motion or sensation of a part of the body lasting more than 24 hours and positively diagnosed by a physician based upon generally accepted diagnostic criteria. Stroke does not mean head injury, transient ischemic attack, or cerebrovascular insufficiency.

## Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children to age 25. Newborn children are automatically insured as any other family member. One-parent family coverage includes the insured and dependent, unmarried children to age 25.

## Effective Date

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

## Pre-existing Conditions

A pre-existing condition is a sickness or injury for which, within the six-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended by 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

This policy does not cover losses caused by or resulting from a pre-existing condition or from: a specified health event occurring prior to or being hospitalized prior to the effective date of coverage; participating in any activity or event, including the operation of a vehicle, while under the influence of any controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated; participating in any sport or sporting activity for wage, compensation, or profit; intentionally self-inflicting bodily injury or attempting suicide; or being exposed to war or any act of war, declared or undeclared, or serving in the armed forces. Benefits are payable for only one covered specified health event at a time per covered person.

Hospital does not include any institution, or part thereof, used as: an ambulatory surgical center; a facility primarily providing long-term acute care; a hospice unit (including any bed designated as a hospice bed or 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.

## Insuring your quality of life while you're recuperating from a serious health condition

*Medical science and early, fast detection have increased survival rates for many serious medical conditions. Aflac provides the financial assistance to help you get back on your feet if you are faced with expensive treatment and loss of income for any of the specified health events listed. Our Personal Recovery Plus plan provides a direct, immediate cash benefit upon diagnosis. You use the money as you see fit at a time you need it the most: to pay bills, to replace lost paychecks, to help offset any leftover medical expenses. We believe it is a valuable safety net allowing you to recover physically while one of the world's most respected insurers helps to cover the costs.*

**Consider the likelihood; consider the need.**

### **Heart Attack**

About every 26 seconds an American will suffer a coronary event. In fact, 1,200,000 new or recurring cases are estimated annually. About 88% of heart attack patients under age 65 are able to return to their usual work.<sup>1</sup>

### **Stroke**

On average, every 45 seconds someone in the United States has a stroke. Each year, about 700,000 people experience a new or recurrent stroke. Between 50% and 70% of stroke survivors regain functional independence.<sup>1</sup>

### **Coronary Artery Bypass Surgery**

In 2001, 516,000 coronary artery bypass surgeries were performed.<sup>1</sup> This operation usually requires a 4- to 7-day stay in the hospital. The first day or two following the operation are spent in the ICU.<sup>2</sup>

### **Paralysis**

Approximately 11,000 new spinal cord injuries occur each year, with vehicular accidents being the most common cause. About 52% of those with spinal cord injuries are considered paraplegic, and 47% are considered quadriplegic.<sup>3</sup>

### **Major Third-Degree Burns**

Hundreds of thousands of patients seek medical attention for burn injuries each year—more than 2.4 million in the United States alone. Because burns are one of the most complex and harmful physical injuries, they often require initial trauma care, followed by careful evaluation and appropriate wound management.<sup>4</sup>

### **Coma**

Coma can last from hours to days, depending on the severity of the brain damage. It is possible for a person to remain in a comatose state for months or even years. More than 50% of the coma cases are due to trauma to the head or circulatory disruptions to the brain.<sup>5</sup>

### **End-Stage Renal Failure**

Diabetes continues to be the most commonly reported cause of end-stage renal disease. In 2000, an estimated 96,200 new cases of end-stage renal disease were diagnosed.<sup>1</sup>

### **Major Organ Transplant**

In 2002, 2,154 heart transplants were performed in the United States. More than 13,500 kidney transplants were performed in 2000. Currently there are 257 transplant centers in the United States.<sup>1</sup>

#### Sources:

<sup>1</sup> American Heart Association, Heart Disease and Stroke Statistics – 2004 Update

<sup>2</sup> “Coronary Artery Bypass Graft (CABG),” ICU-USA, <[\(http://www.icu-usa.com/tour/procedureslist.asp?Name=Coronary+Artery+Bypass+Graft+\(CABG\)\)](http://www.icu-usa.com/tour/procedureslist.asp?Name=Coronary+Artery+Bypass+Graft+(CABG))> (September 20, 2004)

<sup>3</sup> The University of Alabama National Spinal Cord Injury Statistical Center, Living With Spinal Cord Injury; © 2003 Christopher Reeve Paralysis Foundation

<sup>4</sup> “Burn Injuries,” Skin Healing, <[http://www.skinhealing.com/2\\_2\\_skinburnsscars.shtml](http://www.skinhealing.com/2_2_skinburnsscars.shtml)> (September 15, 2004)

<sup>5</sup> “What Is Brain Injury?” Brain Injury Association of Michigan, <<http://www.biause.org/Michigan/whatis.html>> (September 17, 2004)

# Aflac is ...

- A Fortune 500 company with assets exceeding \$59 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 fifth consecutive year in March 2005.
- A premier provider of insurance policies with premiums payroll deducted for more than 300,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within 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 seventh consecutive year in January 2005.

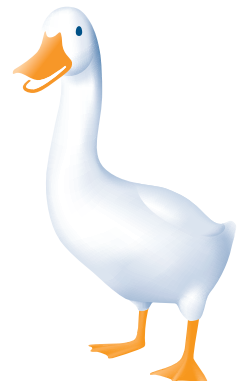
\* Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.



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