Aflac

Group Hospital Indemnity

INSURANCE — PLAN 2 HSA-COMPATIBLE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.

MARTIN COUNTY SCHOOL DISTRICT

Aflac®

We've got you under our wing.®

AFLAC GROUP HOSPITAL INDEMNITY

INSURANCE — PLAN 2 HSA-COMPATIBLE

Policy Series CA8500-MP

HI G

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And though you may have major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. So you can avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

In addition to providing you with cash benefits (unless otherwise assigned) during a covered hospitalization, the Aflac group Hospital Indemnity plan has been designed with much more in mind, such as:

- **No deductibles.**
- **No networks, which means you can be treated at the hospital of your choice.**
- **No precertification.**

Understanding the facts can help you decide if the Aflac group Hospital Indemnity plan makes sense for you.

FACT NO. 1

$1,910

IS THE AVERAGE COST PER INPATIENT DAY FOR A HOSPITAL STAY.[1]

FACT NO. 2

39.4 MILLION

OR 34% OF VISITS TO HOSPITAL EMERGENCY DEPARTMENTS IN 2007 WERE DUE TO INJURIES.[2]

Coverage is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers.

[1]State Health Facts, Kaiser Family Foundation, 2012.
[2]National Safety Council, Injury Facts, 2011 Edition.

Here's why the Aflac group Hospital Indemnity plan may be right for you.

For almost 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac group Hospital Indemnity plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Having the Aflac group Hospital Indemnity plan means that you could have added financial resources to help with medical costs or ongoing living expenses.

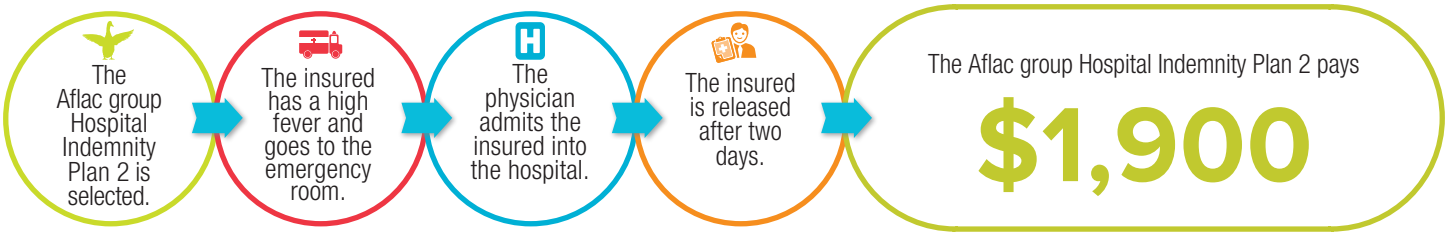
The Aflac group Hospital Indemnity plan benefits include the following:

- **Hospital Confinement Benefit**
- **Hospital Admission Benefit**
- **Hospital Intensive Care Benefit**

Features:

- **Benefits are paid directly to you unless you choose otherwise.**
- **Coverage is available for you, your spouse, and dependent children.**
- **Coverage is portable. That means you can take it with you if you change jobs or retire (with certain stipulations).**
- **Fast claims payment. Most claims are processed in about four days.**

How it works



Amount payable was generated based on benefit amounts for: Hospital Admission ($1,500), and Hospital Confinement ($200 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

	PLAN 2
HOSPITAL ADMISSION BENEFIT The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident. We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again. Residents of Massachusetts are not eligible for Hospital Admission Benefit amounts in excess of $500. MA residents must enroll with the attached $500 admission benefit rates.	**$1,500** per admission
HOSPITAL CONFINEMENT BENEFIT (up to 180 days per confinement) This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within six months of the date of the covered accident. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.	**$200** per day
HOSPITAL INTENSIVE CARE BENEFIT (30-day maximum for any one period of confinement) This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within six months of the date of the covered accident. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness. If we pay benefits for confinement in a hospital intensive care unit and a covered person becomes confined to a hospital intensive care unit again within six months because of the same or a related condition, we will treat this confinement as the same period of confinement.	**$200** per day

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the plan for complete details, definitions, limitations, and exclusions.

HOSPITAL INDEMNITY INSURANCE

LIMITATIONS AND EXCLUSIONS

TERMS YOU NEED TO KNOW

LIMITATIONS AND EXCLUSIONS

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

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions.

We will not pay benefits for loss contributed to, caused by, or resulting from:

- War – declared or undeclared - or military conflicts, participation in an insurrection or riot, or civil commotion. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by the certificate when you are in such service.
- Suicide – Committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries – Injuring or attempting to injure yourself intentionally.
- Traveling – Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, or Jamaica.
- Racing – Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Aviation – Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Intoxication – Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
- Illegal activities or participation in an illegal occupation.
- Sports – Participating in any organized sport: professional or semiprofessional.
- Custodial Care. This is care meant simply to help people who cannot take care of themselves.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Services performed by a relative.
- Services related to sex change, sterilization, in vitro fertilization, or reversal of a vasectomy or tubal ligation.
- A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
- Elective abortion.
- Treatment, services, or supplies received outside the United States and its possessions or Canada.
- Dental services or treatment.
- Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
- Mental or emotional disorders without demonstrable organic disease.
- Substance abuse.
- Injury or sickness that was paid by workers' compensation.
- Routine physical exams and rest cures.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means, within the 6-month period prior to the effective date of the certificate, those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the effective date of the certificate, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from the effective date of a certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy Limitation

Within the first nine months of the effective date of coverage, we will not pay benefits for any loss that is caused by, or occurs as a result of, the insured's pregnancy or childbirth. Loss due to complications of pregnancy will be covered to the same extent as a covered sickness.

After this coverage has been in force for nine months from the effective date of coverage, benefits for loss caused by pregnancy or childbirth will be payable.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

If a certificate is issued as a replacement for a certificate previously issued under the plan, then the Pre-existing Condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

TERMS YOU NEED TO KNOW

You and Your – Refers to an employee as defined in the plan.

Spouse – Means your legal Spouse who is between the ages of 18 and 64.

Dependent Children – Means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26 (or age 30 if applicable).

Newborn children shall automatically be covered from the moment of birth. You must notify us of the birth of a child within 31 days of the birth in order to have the coverage extended beyond 31 days. Adopted children or foster children shall be covered from the time of placement in your residence. If you enter into an adoption agreement before a child's birth, coverage shall begin for that child from the moment of birth regardless of the validity of the adoption agreement. Ultimate placement of the child with you is required. You must notify us within 31 days in order to have the coverage extended beyond 31 days. A child of a covered dependent, other than your spouse, will be covered for 18 months from birth, adoption, or placement.

If your children are covered, children born or placed in your home after the effective date of coverage will also be covered from the moment of birth or placement. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, coverage may continue under the following circumstances:

- Attainment of the limiting age does not terminate the coverage of the child while the child continues to be both incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent upon the employee for support and maintenance. Proof of such incapacity and dependency must be furnished to us within thirty-one (31) days following such 26th birthday.

- Once a child reaches age 26, coverage may continue until the end of the calendar year in which the child reaches the age of 30, if the child:
  - Is unmarried and does not have a dependent of his or her own;
  - Is a resident of this state or a full-time or part-time student; and
  - Is not covered under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

Covered Person – If the certificate is issued as: individual coverage, the Covered Person means you; for employee/Spouse coverage, Covered Person means you and your legal Spouse; for single parent family coverage, Covered Person means you and your covered Dependent Children as defined in the applicable rider, who have been accepted for coverage; for family coverage, Covered Person means you and your Spouse and covered Dependent Children, as defined in the applicable rider, who have been accepted for coverage.

Injury or Injuries – An accidental bodily Injury or Injuries caused solely by or as the result of a Covered Accident.

Covered Accident – An accident, which occurs on or after a Covered Person's Effective Date, while the certificate is in force, and which is not specifically excluded.

Sickness – An illness, infection, disease, or any other abnormal condition, which is not caused solely by or the result of an Injury.

Covered Sickness – An illness, infection, disease, or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force; and was not treated or for which a Covered Person did not receive advice within 6 months before the Effective Date of coverage; and is not excluded by name or specific description in the certificate.

Doctor or Physician – A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

A Hospital is not a nursing home; an extended-care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a *Hospital Intensive Care Unit* as defined in the certificate.

Effective Date – The date as shown in the certificate schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its effective date, automatically replaces any certificate or certificates previously issued to you under the plan.

Individual Termination – Your insurance will terminate on the earliest of the date the plan is terminated; on the 31st day after the premium due date if the required premium has not been paid; on the date you cease to meet the definition of an *employee* as defined in the plan; on the premium due date which falls on or first follows your 70th birthday; or on the date you are no longer a member of an eligible class.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of the date the plan is terminated; the date the Spouse or Dependent Child ceases to be a dependent; or the premium due date following the date we receive written request to terminate coverage for an insured's Spouse and/or all Dependent Children.

Termination of any Covered Person's insurance under the certificate shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

Portable Coverage – When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee may continue the coverage that is in force on the date employment ends, including any in force spouse or dependent coverage. The employee must apply to us in writing within 31 days after the date that the insurance would terminate.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

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.

We've got you under our wing.®

aflacgroupinsurance.com | 1.800.433.3036

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 • 2801 Devine Street • Columbia, South Carolina 29205

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

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Series CA8500-MP.