

# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Form Number HCP8500TX 09



## Benefits Overview

	HIGH	LOW
<b>HOSPITAL ADMISSION BENEFIT</b> (once per confinement) This benefit is paid when you are 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. We will pay this benefit once for each covered accident or covered sickness. Confinement must be within 6 months of a covered accident.	<b>\$500</b> per confinement	<b>\$300</b> per confinement
<b>HOSPITAL CONFINEMENT BENEFIT</b> (up to 365 days per confinement) The amount indicated is paid for overnight hospital confinement. This benefit begins with the first day of confinement and lasts up to 365 days. Confinement must be within 6 months of a covered accident.	<b>\$150</b> per day	<b>\$75 per day</b>
<b>HOSPITAL INTENSIVE CARE BENEFIT</b> (365-day maximum for any one period of confinement) The amount indicated is paid for overnight hospital intensive care unit confinement. The benefit begins the first day of confinement and lasts up to 365 days. *Total daily benefit if confined to an Intensive Care Unit.	<b>\$300</b> per day	<b>\$150</b> per day
<b>WAIVER OF PREMIUM</b> We will waive an insured's premium after he or she is continuously confined to a hospital for 14 days. We will waive premium until he or she is discharged from the hospital or for 12 months, whichever comes first. This benefit applies only to the insured employee, not spouse or children.		
<b>GROUP PREMIUM</b> Once enrolled in the program premiums will not increase because of age.		

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.