

Plan 3

Hospital Protection

*Hospital Confinement Indemnity Insurance ...
what you need, when you need it.*



Plan Benefits

- Annual Hospitalization Confinement
- Daily Hospital Confinement
- Invasive Diagnostic Exams
- Wellness
- Plus ... more

**American Family Life Assurance
Company of Columbus (Aflac)**

Form A46375TX

RC(4/07)

Aflac™

Hospital Protection

Policy A46300TX

Annual Hospitalization Confinement Benefit

Aflac will pay the amount listed below for the first five days of hospitalization when a covered person requires hospital confinement* for a covered sickness or injury, or for rehabilitative care as a result of sickness or injury, and a charge is incurred.

<i>Sickness</i>	<i>\$400 per day</i>
<i>Injury</i>	<i>\$500 per day</i>

Benefits for the Annual Hospitalization Confinement Benefit are limited to a total benefit payment of five days per calendar year, per policy. Confinements not separated by 30 days or more, or hospitalization that begins prior to the end of one calendar year and continues into the next calendar year, will be considered one confinement.

Daily Hospital Confinement Benefit

Aflac will pay \$100 per day for the period of hospital confinement* when a covered person requires hospital confinement for a covered sickness or injury, or for rehabilitative care as a result of sickness or injury. This benefit is payable in addition to the Annual Hospitalization Confinement Benefit. The maximum benefit period for any one period of hospital confinement is 365 days. No lifetime maximum.

*Hospital confinement does not include emergency rooms. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

Invasive Diagnostic Exams Benefit

Aflac will pay \$100 when a covered person requires one of the following exams and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laryngoscopy, sigmoidoscopy, esophagoscopy, or myringoscopy. These exams must be performed in a hospital or an ambulatory surgical center. Only one benefit is payable per 24-hour period, per covered person. When an invasive diagnostic exam and a surgical benefit are performed on the same day, only one benefit is payable per 24-hour period. The highest eligible benefit will be paid. No lifetime maximum.

Surgical Benefit

Aflac will pay \$50–\$1,000 when a surgical operation is performed, including a vaginal or cesarean delivery, on a covered person for a covered sickness or injury in a hospital or an ambulatory surgical center. If any operation for the treatment of the covered sickness or injury is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. No lifetime maximum.

Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location. Surgical Benefits are not payable for losses caused by or resulting from elective surgery that is not medically necessary

within the first 12 months of the effective date of the policy unless the loss begins after 12 months from the effective date of the policy.

Outpatient Surgical Room Charge Benefit

Aflac will pay the amount listed below when a covered person has a surgical operation or an invasive diagnostic exam performed on an outpatient basis in a hospital, to include an ambulatory surgical center. This benefit is not payable on the same day as the Hospital Confinement Benefit. No lifetime maximum on the number of operations.

<i>Surgical operation or invasive diagnostic exam with general anesthesia</i>	<i>\$300</i>
<i>Surgical operation or invasive diagnostic exam without general anesthesia</i>	<i>\$100</i>

Medical Diagnostic and Imaging Benefit

Aflac will pay \$150 per calendar year for each covered person when a covered person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a hospital, an ambulatory surgical center, or a doctor's office. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

Ambulance Benefit

Aflac will pay \$100 if, due to a covered sickness or injury, a covered person requires ground ambulance transportation to or from a hospital and a charge is incurred. If air ambulance transportation is required due to a covered sickness or injury and a charge is incurred, *Aflac will pay \$1,000*. A licensed professional ambulance company must provide the ambulance service. This benefit is limited to two trips per calendar year, per covered person. No lifetime maximum.

Wellness Benefit

After the policy has been in force for 12 months, *Aflac will pay \$50* if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Services covered are annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, prostate-specific antigen tests, ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's effective date for service received during the following policy year and is payable only once per policy each 12-month period following your policy anniversary date. Eligible family members are your spouse and the dependent children of either you or your spouse. Service must be under the supervision of or recommended by a physician, received while your policy is in force, and a charge must be incurred.

Waiver of Premium Benefit

Aflac will waive from month to month, for the named insured only, any premium(s) falling due during the named insured's continued hospital confinement. This benefit will begin after the named insured has received Daily Hospital Confinement Benefits from the policy for 30 consecutive days. When Daily

Hospital Confinement Benefits are no longer being paid, premium payments must be resumed. Once premium payments are resumed, any new confinements must again satisfy the 30-day continued confinement for premiums to be waived. If you die and your spouse becomes the new named insured, premiums will start again at the appropriate rate and will be due on the first premium due date after the change. The new named insured will then be eligible for this benefit if the need arises.

Grace Period

A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, the policy will continue in force.

Premiums

Premiums are subject to change. Risk Class: _____

	Annual	Semiannual	Quarterly	Monthly
Policy A46300TX:	\$ _____	\$ _____	\$ _____	\$ _____
Optional Rider: Initial Hospitalization Benefit				
A46050:	\$ _____	\$ _____	\$ _____	\$ _____

The person to whom the policy is issued is permitted to return the policy to Aflac within 30 days of its delivery and to have the premium paid refunded.

Guaranteed-Renewable

The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children under age 25. Newborn children are automatically insured from the moment of birth. One-parent family coverage includes the insured and dependent, unmarried children under age 25. A dependent child must be under age 25 at the time of application to be eligible for coverage.

Pre-Existing Conditions

A pre-existing condition is an illness, disease, or disorder for which, within the 12-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than six months after the effective date of coverage. A sickness is an illness, disease, or disorder, independent of injury, diagnosed or treated more than 30 days after the effective date of coverage and while coverage is in force.

Limitations and Exclusions

Any illness, disease, or disorder diagnosed by a physician or medically treated during the 12 months prior to the effective date of the policy will not be covered, unless the loss begins more than six months after the effective date of the policy. Benefits are not payable for any illness, disease, or disorder that is diagnosed by a physician or medically treated before coverage has been in force 30 days from the effective date shown in the Policy Schedule, unless the loss begins more than six months after the effective date of the policy. Benefits

for a covered sickness for all persons added to the policy (including newborns) are subject to a 30-day waiting period. Aflac will waive the waiting period for newborns added after the policy has been in force for ten full months.

The policy does not cover losses caused by or resulting from intentionally self-inflicting bodily injury or attempting suicide; participating in any illegal activity that is classified as a felony (the term felony is as defined by the law of the jurisdiction in which the activity takes place); 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; having treatment for a mental or nervous disorder without demonstrable organic disease; alcoholism or drug dependency; any loss sustained or contracted due to a covered person's 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); having cosmetic surgery that is not medically necessary; having elective surgery that is not medically necessary within the first 12 months of the effective date of the policy; pregnancy or childbirth for a covered person, if the pregnancy is a normal pregnancy and the pregnancy began prior to the effective date of the policy (complications of pregnancy will be covered to the same extent as a sickness); routine nursing or well-baby care for a newborn child; being hospitalized before the effective date of coverage; or donating an organ within the first 12 months of the effective date of the policy.

If the period of hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated sickness or injury, or the confinements are separated by 30 days or more during which the covered person is not confined in any institution or facility.

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

Hospital does not include any institution or part thereof used as an emergency room; a hospice unit, including any bed designated as a hospice or a swing bed; 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.

Complications of pregnancy do not include premature delivery without incidence, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy. Cesarean deliveries are not considered complications of pregnancy.

Effective Date

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

This is a brief summary of coverage. Refer to the policy, rider, and outline of coverage for complete details, limitations, and exclusions.

Aflac is ...

- A Fortune 500 company (Fortune magazine, April 2006) with nearly \$60 billion (company statistics, December 2005), in assets, insuring more than 40 million people worldwide (company statistics, May 2005).
- Rated AA in insurer financial strength by Standard & Poor's (June 2006), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2006), and AA in insurer financial strength by Fitch, Inc. (June 2006).*
- Named by Fortune magazine to its list of America's Most Admired Companies for the seventh consecutive year in March 2007.
- A premier provider of insurance policies with premiums payroll deducted for more than 370,000 payroll accounts nationally (company statistics, November 2006).
- Included by Forbes magazine in its annual list of America's 400 Best Big Companies for the seventh year in January 2007.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the ninth consecutive year in January 2007.

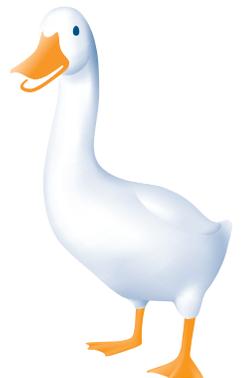
**Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.*



1.800.99.AFLAC (1.800.992.3522)

En español:
1.800.SI.AFLAC (1.800.742.3522)

Visit our Web site at aflac.com.



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