

# Aflac Choice

## FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Aflac is dedicated to helping provide  
peace of mind and financial security.



The policy is hospital indemnity insurance. It is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.



# AFLAC CHOICE

## FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy NYB40100; Riders NYB40050 and NYRB40051



### Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

#### Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

#### Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.\*
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



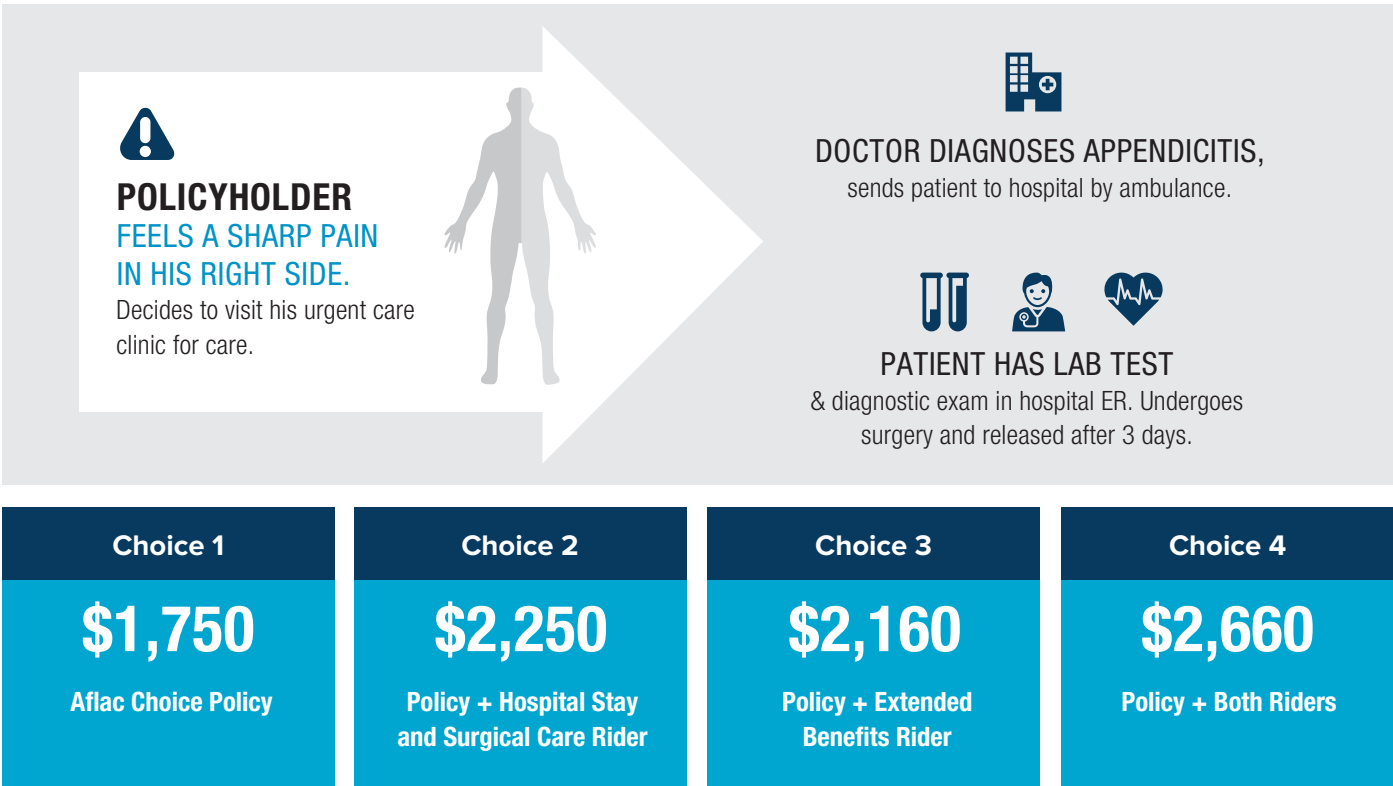
\*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

**Aflac herein means American Family Life Assurance Company of New York.**

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

How it works



The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Emergency Room Benefit of \$150 (1 day), a Daily Hospital Confinement Benefit of \$100 (2 days), and an Annual Hospital Admission Benefit of \$1,500. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Surgery Benefit (appendectomy) of \$200 and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, and an Ambulance Benefit of \$200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, an Ambulance Benefit of \$200 (ground), a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Riders are available for an additional cost. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions.

## Coverage Options

### Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
DAILY HOSPITAL CONFINEMENT	Pays \$50 per day, per covered person, for up to 365 days.
ANNUAL HOSPITAL ADMISSION	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per period of hospital confinement, per calendar year, per covered person.
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.
HOSPITAL EMERGENCY ROOM	Pays \$150 per day for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION		
EXTENDED BENEFITS RIDER	<p><b>Physician Visit Benefit:</b> Pays \$25 per day for visits to a physician, psychologist or urgent care center.</p> <table><tr><td><b>Individual Coverage:</b> Limited to 3 visits per calendar year, per policy.</td><td><b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, per policy.</td></tr></table>	<b>Individual Coverage:</b> Limited to 3 visits per calendar year, per policy.	<b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, per policy.
	<b>Individual Coverage:</b> Limited to 3 visits per calendar year, per policy.	<b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, per policy.	
<p><b>Laboratory Test and X-Ray Benefit:</b> Pays \$35 per day; limited to 2 payments per covered person, per calendar year.</p> <p><b>Medical Diagnostic and Imaging Exams Benefit:</b> Pays \$150 per day for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p><b>Ambulance Benefit:</b> Pays \$200 per day (ground) or \$2,000 per day (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>			
HOSPITAL STAY AND SURGICAL CARE RIDER	<p><b>Surgery Benefit:</b> Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.</p> <p><b>Invasive Diagnostic Exams Benefit:</b> Pays \$100 per day for one covered exam, per covered person, per 24-hour period.</p> <p><b>Hospital Intensive Care Unit Confinement Benefit:</b> Pays \$500 per confinement, per covered person.</p> <p><b>Daily Hospital Confinement Benefit:</b> Pays \$100 per day, per covered person, for up to 365 days.</p> <p><b>Second Surgical Opinion Benefit:</b> Pays \$50 once per covered person, per calendar year.</p>		

REFER TO THE DISCLOSURE STATEMENT AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

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# AFLAC CHOICE COVERAGE

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American Family Life Assurance Company of New York  
(herein referred to as Aflac)  
22 Corporate Woods Boulevard • Suite 2 • Albany, New York 12211  
Toll-Free 1.800.366.3436

The policy described in this Disclosure Statement provides supplemental coverage  
and will be issued only to supplement insurance already in force.

**FIXED INDEMNITY INSURANCE**  
**HOSPITAL CONFINEMENT INDEMNITY COVERAGE**  
Required Disclosure Statement for Policy Form Series NYB40100

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by Aflac.

**THIS IS HOSPITAL INDEMNITY INSURANCE. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

- (1) **Read Your Policy Carefully:** This Disclosure Statement provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) **Hospital Confinement Indemnity Coverage:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) **Benefits:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "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.
- A. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$50 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a room charge is made. This benefit is payable in addition to the Annual Hospital Admission Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- B. MISCELLANEOUS HOSPITAL SERVICES BENEFITS:**
- 1. ANNUAL HOSPITAL ADMISSION BENEFIT:** Aflac will pay \$[500 - 5,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a room charge is made. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.
- C. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$100 per day when a Covered Person is confined in a Hospital and is transferred to a room in a Rehabilitation Facility for treatment of a covered Sickness or Injury and a charge is made each day for such treatment. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- The Rehabilitation Facility Benefit is not payable on the same day as the Daily Hospital Confinement Benefit, Hospital Emergency Room Benefit, or Hospital Short-Stay Benefit. The highest eligible benefit will be paid.**
- D. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$150 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is made for such treatment. This benefit is payable twice per Calendar Year, per Covered Person. No lifetime maximum.
- The Hospital Emergency Room Benefit is not payable on the same day as the Daily Hospital Confinement Benefit, Rehabilitation Facility Benefit, or Hospital Short-Stay Benefit. The highest eligible benefit will be paid.**
- E. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is made for such treatment. This benefit is not payable for treatment received in a Hospital Emergency Room or Urgent Care Center. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.
- The Hospital Short-Stay Benefit is not payable on the same day as the Daily Hospital Confinement Benefit,**

**Rehabilitation Facility Benefit, or Hospital Emergency Room Benefit. The highest eligible benefit will be paid.**

- F. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement 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.

- G. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, 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 because of your leaving employment; and
5. You re-establish premium payments through:  
(a) Your new employer's payroll deduction process or  
(b) Direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. 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 or any other method agreed to by Aflac and the employer.**

#### **(4) Optional Benefits:**

##### **EXTENDED BENEFITS RIDER: (SERIES NYB40050)**

Applied for ☐ Yes ☐ No

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "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.

- A. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 per day when a Covered Person visits a Physician, Psychologist, or Urgent Care Center and a charge is made. Services must be under the supervision of a Physician or Psychologist. If the Type of Coverage for the policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy. No lifetime maximum.

The Sickness or Injury of a Covered Person is not required for the Physician Visit Benefit to be payable. This benefit is not subject to the Pre-existing Condition Limitations or Limitations and Exclusions section of the policy. No lifetime maximum.

- B. LABORATORY TEST AND X-RAY BENEFIT:** Aflac will pay \$35 per day when a Covered Person requires, and a charge is made for, a laboratory test or an X-ray. The laboratory test or X-ray must be performed in a Hospital, Medical Diagnostic Imaging Center, Physician's office, an Urgent Care Center, or an Ambulatory Surgical Center. This benefit is limited to two payments per Covered Person, per Calendar Year. **The Laboratory Test and X-Ray Benefit is not payable for exams listed in the Medical Diagnostic and Imaging Exams Benefit.** No lifetime maximum.

The Sickness or Injury of a Covered Person is not required for the Laboratory Test and X-ray Benefit to be payable. This benefit is not subject to the Pre-existing Condition Limitations or Limitations and Exclusions section of the policy. No lifetime maximum.

- C. MEDICAL DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** Aflac will pay \$150 per day when a Covered Person requires, and a charge is made for, one of the following exams: computerized tomography (CT or CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), Sleep Study, thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, Physician's office, Sleep Center, an Urgent Care



Center, or an Ambulatory Surgical Center. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.

- D. AMBULANCE BENEFIT:** Aflac will pay \$200 per day if, due to a covered Sickness or Injury, a Covered Person requires, and a charge is made for, ground ambulance transportation to or from a Hospital. If a Covered Person requires, and a charge is made for, air ambulance transportation to or from a Hospital due to a covered Sickness or Injury, Aflac will pay \$2,000 per day. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

**HOSPITAL STAY AND SURGICAL CARE RIDER: (SERIES NYRB40051) Applied for ☐ Yes ☐ No**

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "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.

- A. SURGERY BENEFIT:** Aflac will pay one benefit per 24-hour period for surgery according to the benefits in the Schedule of Operations in the rider when, due to a covered Sickness or Injury, a Covered Person has a surgical procedure, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is made for such surgical procedure. If any surgical procedure 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 surgical procedure most nearly similar in severity and gravity. **The Surgery Benefit is only payable one time per 24-hour period, 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. The Surgery Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.**

**IMPORTANT:** The Surgery Benefit is not payable for surgical procedures performed in a Physician's or dentist's office, a clinic, or other such location.

- B. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$100 per day when a Covered Person requires one of the following exams, with or without biopsy, and a charge is made: arthroscopy, bronchoscopy, colonoscopy,

cystoscopy, endoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

**The Invasive Diagnostic Exams Benefit and the Surgery Benefit are not payable on the same day. The highest eligible benefit will be paid.**

- C. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$500 per confinement when a Covered Person requires a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury and a room charge is made. This benefit is payable in addition to the Daily Hospital Confinement Benefit and the Annual Hospital Admission Benefit. No lifetime maximum.
- D. 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 and a room charge is made. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- E. SECOND SURGICAL OPINION BENEFIT:** Aflac will pay \$50 when a charge is made for a second surgical opinion by a Physician concerning surgery for a covered Sickness or Injury. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.

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**(5) Exceptions, Reductions, and Limitations of the Policy (policy is not a daily hospital expense plan):**

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months (six months if age 65 or over as of the Effective Date) after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of federal law. This includes, but is not limited to, the Bank Secrecy Act, the Foreign Corrupt Practices Act and/or regulations of the Office of Foreign Assets Control. If coverage violates any of these statutes or regulations, the insured individual may not receive benefits under the policy, and coverage shall be null and void. For information on U.S. trade and economic sanctions, please visit the U.S. Treasury Department Office of Foreign Assets and Control website.
- C.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage.



**D. The policy does not cover losses caused by or resulting from:**

1. Giving birth within the first ten months of the Effective Date of coverage as a result of a normal pregnancy; or pregnancy in existence prior to the Effective Date of coverage. Complications of Pregnancy are covered to the same extent as a Sickness;
2. Loss sustained or contracted while intoxicated or under the influence of any narcotic (unless administered on the advice of a Physician);
3. Participating in an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being engaged in an illegal occupation;
4. Intentionally self-inflicting a bodily injury, or committing or attempting suicide;
5. Having dental care or treatment, except as a result of accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly;
6. Having cosmetic surgery except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect;
7. War or any act of war, declared or undeclared, or serving in any of the armed forces, or units auxiliary thereto;
8. Actively participating in a riot or insurrection;
9. Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders,

schizophrenia, anxiety disorders, bereavement, situational depression, depression, stress, or post-partum depression. The policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, if diagnosed while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, or treatment was recommended by a Physician or received from a Physician, 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 12 months (six months if age 65 or over as of the Effective Date) after the Effective Date of coverage.

- (6) Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the start of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. We may change the premium rate, but only if the Superintendent of Financial Services approved the rate. We will then change the rate for all in force policies of the same form number and premium classification issued or issued for delivery in New York. If the policy was issued on a "list-bill" basis and you leave your employer for any reason, the premium will revert to a higher nonpayroll rate.

This Disclosure Statement is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and Aflac. It is therefore imperative that you READ YOUR POLICY carefully.

The expected benefit ratio for this policy is 55%. This ratio is the portion of future premiums which Aflac expects to return as benefits, when averaged over all people with this policy.

**RETAIN FOR YOUR RECORDS.  
THIS DISCLOSURE STATEMENT IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**COVERED PERSON:** Any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured for 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 30 days, you must notify Aflac in writing within 31 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law) or physical handicap, and who became so disabled prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. At your request, coverage under the policy may be extended through age 29 for an unmarried dependent child who is not insured by or eligible for coverage as an employee or member under an employer-sponsored health benefit plan, whether insured or self-insured, and who lives, works, or resides in New York state.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital for 23 or more hours for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary and the result of a covered sickness or injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity or any other cause. An injury must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. See the Limitations and Exclusions section for injuries not covered by the policy.

**PERIOD OF HOSPITAL CONFINEMENT:** The number of days a covered person is assigned to a room in a hospital and for which a room charge is made. Confinements must begin while coverage under the policy is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement. A confinement for an injury shall not be combined with another confinement for a sickness in determining continuous hospital confinement.

**PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** The number of days a covered person is assigned to a room in a hospital intensive care unit for which a charge is made. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**SICKNESS:** An illness, disease, infection, disorder or condition not caused by an injury, medically evaluated, diagnosed or treated by a physician after the effective date of coverage and while coverage is in force.

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, a clinic or other such location.

A hospital is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts or alcoholics; or a place for convalescent, custodial, educational, or rehabilitative care.

The term hospital intensive care unit does not include units such as telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a hospital intensive care unit.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation facility does not include 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 or treatment for persons suffering from mental disease or disorders, care for the aged or care for persons addicted to drugs or alcohol.

The term urgent care center does not include hospital emergency rooms.

A physician or psychologist is not a member of your immediate family.

Routine nursing or well-baby care for a newborn child is not an injury or a sickness.

**The policy does not cover losses caused by or resulting from giving birth within the first ten months of the effective date of coverage as the result of a normal pregnancy; or pregnancy in existence prior to the effective date of coverage. Complications of pregnancy are covered to the same extent as a sickness.**

Complications of pregnancy shall not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

A cesarean section is not considered to be a nonelective cesarean section if it is merely for the convenience of the patient and/or doctor or solely due to a previous cesarean section. Complications of pregnancy are covered to the same extent as a sickness, subject to the Limitations and Exclusions.





aflac.com || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of New York  
22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12211

