

Group Hospital Indemnity Insurance

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.



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.

BENEFITS OVERVIEW

Benefit amount

HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)
Payable when an insured is admitted to a hospital and confined as an inpatient. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn’s admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

\$2,000

HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)
Payable for each day that an insured is confined to a hospital as an inpatient. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

\$160

If benefits are paid for confinement to a hospital, intensive care unit and/or intermediate intensive care step-down unit and the insured is confined again within 6 months due to the same or related condition, it will be treated as the same period of confinement.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee’s death, the surviving spouse may elect to continue coverage, including any dependent child coverage in force at the time.

REHABILITATION FACILITY per day (maximum of 15 days per confinement, no more than 30 days total per calendar year, per covered sickness or accident, for each insured)
Payable if the insured is transferred to a rehabilitation facility following an inpatient hospital confinement.

\$100

LIMITATIONS AND EXCLUSIONS

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

We will not pay for loss due to:

- War or act of war (whether declared or undeclared); riot or insurrection; service in the Armed Forces or units auxiliary thereto (we will return the prorated premium for any period not covered by the certificate when the insured is in such service).
- Suicide, attempted suicide, or intentionally self-inflicted injury.
- Any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.
- Rest cures, custodial care, and transportation.
- Services performed by a member of the insured's immediate family.
- Dental Services or treatment, except for such care or treatment due to 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.
- Cosmetic surgery, except that cosmetic surgery shall not include:
 - Reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infections, or other diseases of the involved part, or
 - Reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional deficit.

TERMS YOU NEED TO KNOW

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 rehabilitatory care.

Rehabilitation facility is not a facility for the treatment of alcoholism or drug addiction.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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

Notice to Consumer: The coverages provided by American Family Life Assurance Company of New York 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. American Family Life Assurance Company of New York coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

If you are a resident of New Mexico, you may not be eligible for this coverage. Please contact your employer for more information.



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For groups situated in New York, group coverage is underwritten by American Family Life Assurance Company of New York, and customer service is administered by Continental American Insurance Company.

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

Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form AF80100NY.