

Optional Specified Health Event With First-Occurrence Building Benefit Rider Summary Page

Rider NY75055

Specified health events covered by the Specified Health Event With First-Occurrence Building Benefit Rider include:

- Stroke
- Heart Attack
- End-Stage Renal Failure

First-Occurrence Benefit

Aflac New York will pay \$5,000 for the insured, \$5,000 for the spouse, or \$7,500 for dependent children when a covered person is first diagnosed as having had a specified health event. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the rider. Lifetime maximum of \$5,000 per covered person for the insured/spouse. Lifetime maximum of \$7,500 per covered person for dependent children.

First-Occurrence Building Benefit

The First-Occurrence Benefit will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of the rider following the covered person's 65th birthday or at the time of a specified health event for that covered person, whichever occurs first. However, regardless of the age of the covered person on the effective date of the rider, this benefit will accrue for a period of at least five years unless a specified health event is diagnosed prior to the fifth year of coverage.

Reoccurrence Benefit

Aflac New York will pay \$2,500 if benefits have been paid to a covered person under the First-Occurrence Benefit and if such covered person is later diagnosed as having had a subsequent specified health event.

For the Reoccurrence Benefit to be payable, the specified health event must occur more than 180 days after the date the First-Occurrence Benefit or the Reoccurrence Benefit became payable. No lifetime maximum.

*If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

Hospital Confinement Benefit*

Aflac New York will pay \$240 per day for each day a covered person is confined as an inpatient for the treatment of a covered specified health event. Confinement for treatment of the covered specified health event must occur within 500 days following the occurrence of the most recent covered specified health event. This benefit is payable for only one covered specified health event at a time per covered person. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. No lifetime maximum.

Continuing Care Benefit*

Aflac New York will pay \$125 each day a covered person receives one or more of the following treatments from a licensed physician as a result of a covered specified health event:

- Dialysis
- Home Health Care
- Hospice Care
- Nursing Home Care
- Extended Care
- Respiratory Therapy
- Physician Visits
- Occupational Therapy
- Speech Therapy
- Rehabilitation Therapy
- Physical Therapy
- Dietary Therapy/Consultation

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event. Daily maximum for this benefit is \$125 regardless of the number of treatments received. No lifetime maximum.

American Family Life Assurance Company of New York (Aflac New York)

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Ambulance Benefit

Aflac New York will pay \$250 if, due to a covered specified health event, a covered person requires ground ambulance transportation to or from a hospital. **Aflac New York will pay \$2,000** if, due to a covered specified health event, a covered person requires air ambulance transportation to or from a hospital. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a specified health event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered specified health event. No lifetime maximum.

Transportation Benefit

Aflac New York will pay 50 cents per mile for transportation of a covered person for the round-trip distance between the hospital or medical facility and the residence of the covered person, if a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered specified health event. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child. The benefit amount payable is limited to \$1,500 per occurrence of a covered specified health event. Transportation benefits are not payable beyond the 180th day following the occurrence of a covered specified health event. This benefit is not payable for transportation to any hospital located within a 50-mile radius of the residence of the covered person. No lifetime maximum.

Lodging Benefit

Aflac New York will pay \$60 per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered specified health event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered specified health event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered specified health event. No lifetime maximum.

The Continuing Care Benefit, Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered specified health event. Benefits are payable for only one covered specified health event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered specified health event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

Waiver of Premium Benefit

Employed: If you, due to a specified health event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac New York will require an employer's statement and a physician's statement of your inability to perform said duties, and may each month thereafter require a physician's statement that total inability continues.

Not Employed: If you, due to a specified health event, are completely unable to perform two or more of the activities of daily living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac New York will require a physician's statement of your inability to perform said activities, and may each month thereafter require a physician's statement that total inability continues.

Effective Date

The effective date of the rider is the effective date of the policy or the effective date of the rider as stated in the Policy Schedule, if later.

The Specified Health Event With First-Occurrence Building Benefit Rider is a part of the policy and is subject to all policy provisions unless modified herein.

Pre-Existing Conditions

A *pre-existing condition* is a sickness for which, within the six-month period before the effective date of coverage, medical advice or treatment was recommended or received from a physician. Benefits for a specified health event that is caused by a pre-existing condition will not be covered unless the specified health event occurs more than 30 days after the effective date. Any reoccurrence of a specified health event occurring more than 30 days after the effective date will be covered.

Limitations and Exclusions

The limitations and exclusions listed in the policy do not apply to the rider. Only the limitations and exclusions listed below apply to the rider.

Benefits are not payable for losses or confinements that occur or begin before the rider effective date or after termination of the rider.

Benefits for a specified health event that is caused by a pre-existing condition will not be covered unless the specified health event occurs more than 30 days after the effective date. Benefits are payable for only one covered specified health event at a time per covered person.

The rider does not cover losses or confinements caused by or resulting from:

- Any loss sustained or contracted, directly or indirectly, due to a covered person's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Intentionally self-inflicting bodily injury or attempting suicide;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto [If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend the rider during a period of active duty that does not exceed more than five years. When you notify us to suspend the rider, we will refund any premium paid for coverage after the date we receive the notice. We will reinstate the rider, if the policy to which it is attached is currently in force, when your active duty ends without evidence of insurability when we receive (1) your written request to reinstate the rider, and (2) the premium for the period from the date your active service ends to the next premium due date. The reinstated rider will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement. In this case, you must comply with the reinstatement provision].

Termination

The rider will terminate if the policy to which it is attached terminates or if the premiums for the rider are not paid.

Refer to the policy and rider for complete details, limitations, and exclusions.

Definitions

The following specified health events must occur on or after the effective date of coverage for benefits to be payable:

Specified Health Event: heart attack, stroke, or end-stage renal failure.

End-Stage Renal Failure: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

Heart Attack: a myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the effective date of the rider. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

Stroke: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated on or after the effective date of the rider. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmed by neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.