

# Aflac Hospital Choice Plan Comparison Chart

## Hospital Choice 1000

## Hospital Choice 2000

Highlighted below are Guarantee Issue benefits

Daily Hospital Confinement	\$50 up to 365 days no lifetime max	\$50 up to 365 days no lifetime max
Annual Hospital Admission	\$1000 once per year, per covered person	\$2000 once per year, per covered person
Rehabilitation Facility	\$100 per day up to 15 days per hospitalization	\$100 per day up to 15 days per hospitalization
Hospital Emergency Room	\$150 up to 2 times per year, per person	\$150 up to 2 times per year, per person
Hospital Short Stay	\$100 up to 2 times per year, per person	\$100 up to 2 times per year, per person
Waiver of Premium	Yes	Yes
Physician Visit	\$25 per; 3 ind/6 family visits per calendar year	\$25 per; 3 ind/6 family visits per calendar year
Medical Diagnostic & Imaging	\$150 per day, up to 2 per person per year	\$150 per day, up to 2 per person per year
Laboratory and X-Ray	\$35 per day, 2 per person per year	\$35 per day, 2 per person per year
Ambulance Benefit	\$200 ground, \$2000 air	\$200 ground, \$2000 air
<b>Rates below are for Guarantee Issue benefits highlighted above</b>		
<b>22 Deduction rates</b>		
Individual	18-49 \$18.37/ 50-59 \$19.22/ 60-75 \$19.64	18-49 \$24.18/ 50-59 \$27.02/ 60-75
Insured and Spouse	18-49 \$28.08/ 50-59 \$30.21/ 60-75 \$31.34	18-49 \$38.93/ 50-59 \$45.88/ 60-75 \$51.41
One-Parent Family	18-49 \$27.02/ 50-59 \$27.44/ 60-75 \$27.87	18-49 \$35.74/ 50-59 \$37.61/ 60-75 \$41.48
Family	18-49 \$32.33/ 50-59 \$32.69/ 60-75 \$34.46	18-49 \$43.96/ 50-59 \$44.03/ 60-75 \$57.01

## OPTIONAL HOSPITAL STAY AND SURGICAL CARE RIDER simplified underwriting required

In/ Out Patient Surgical Benefit	\$50-\$1,000 (based on the Schedule of Operations listed in the policy)	\$50-\$1,000 (based on the Schedule of Operations listed in the policy)
Invasive Diagnostic Exams	\$100 per day for arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a hospital or an ambulatory surgical center.	\$100 per day for arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a hospital or an ambulatory surgical center.
Hospital Intensive Care Unit Confinement Benefit	Pays \$500 per confinement, per covered person, for up to 30 days.	Pays \$500 per confinement, per covered person, for up to 30 days.
Increased Daily Hospital Confinement Benefit	Pays \$100 per day, per covered person, for up to 365 days.	Pays \$100 per day, per covered person, for up to 365 days.
Second Surgical Opinion Benefit	Pays \$50 once per covered person, per calendar year	Pays \$50 once per covered person, per calendar year
<b>22 Deduction rates</b>		
***rates below are for all benefits listed, NOT in addition to the guarantee issue benefit at top of page***		
Individual	18-49 \$28.01/ 50-59 \$28.86/ 60-75 \$30.14	18-49 \$33.82/ 50-59 \$36.66/ 60-75 \$40.56
Insured and Spouse	18-49 \$43.25/ 50-59 \$46.09/ 60-75 \$49.35	18-49 \$54.10/ 50-59 \$61.76/ 60-75 \$69.42
One-Parent Family	18-49 \$38.86/ 50-59 \$39.28/ 60-75 \$39.71	18-49 \$47.58/ 50-59 \$49.35/ 60-75 \$53.32
Family	18-49 \$47.30/ 50-59 \$49.28/ 60-75 \$53.11	18-49 \$58.93/ 50-59 \$60.63/ 60-75 \$75.66

\*Enrollment age 18-75, plan is guarantee renewable for life

\*\*See brochures with included disclosure statements for full benefits and limitations

### Example of Maternity Benefit

\*This Hospital coverage must be in force for 10 months prior to the birth of a child

Annual premium: \$531.96 pre tax	Annual premium: \$744.12 pre tax
Benefit for normal birth: \$1545.00	Benefit for normal birth: \$2545.00