Charlotte's Aflac Critical Care Protection insurance claim example

About Charlotte:

Age: 63 years.

Personal: Charlotte is a divorced mother of two from Iowa. She started her second chapter after remarrying at age 52. Charlotte was excited when her husband's job transferred him to Georgia. She was ready for warmer weather and was thrilled about starting a new job as an office manager in a doctor's office.

Policy: Critical Care Protection – Option 2.

Coverage: Named insured/Spouse only.

Motivation for applying: Charlotte has always been a practical person. Through her role as office manager in a doctor's office she has seen people experience serious health events and understands how they can impact patients' finances. She wanted to be prepared.

Reason for claim: Charlotte experienced a heart attack.

How it works:

Charlotte now needs her Aflac coverage to do what it promised — be there to help so that she can focus on recovery. Below is what Charlotte's Critical Care Protection insurance policy could provide.

INITIAL SPECIFIED HEALTH EVENT: Heart attack	
DATE OF EVENT: 1/29/23	
FIRST OCCURRENCE BENEFIT	$22,500
GROUND AMBULANCE	$250
HOSPITAL CONFINEMENT ($300 per day x 2)	$600
STEP DOWN INTENSIVE CARE ($500 X 2)	$1,000
PROGRESSIVE BENEFIT DATE OF HEART ATTACK: 1/29/23. Effective date of policy: 1/1/14 (109 months, 01/2014 through 01/2023) x $2 = **$218**. $218 x 2 days = **$436**.	$436
CONTINUING CARE	
CARDIOLOGIST FOLLOW-UP (4 X $125)	$500
PRIMARY CARE FOLLOW-UP (6 X $125)	$750
CARDIAC REHAB (24 X $125)	$3,000

SUBSEQUENT SPECIFIED HEALTH EVENT: Coronary artery graft surgery	
DATE OF EVENT: 1/23/24	
SUBSEQUENT HEALTH EVENT BENEFIT	$11,250
HOSPITAL CONFINEMENT ($300 per day x 7)	$2,100
CONTINUING CARE	
CARDIOLOGIST FOLLOW-UP (3 X $125)	$375
PRIMARY CARE FOLLOW-UP (2 X $125)	$250
CARDIAC REHAB (10 X $125)	$1,250
CHARLOTTE'S TOTAL PAID PREMIUM (10 YEARS)	$6,833
CHARLOTTE'S POTENTIAL TOTAL BENEFIT PAYMENT	$44,261



The information provided is illustrative only. Plans may not be available in all states, including but not limited to, DE, ID, NJ, NM and NY, and benefits may vary by state, coverage and plan level selected. Refer to the policy for the benefit details, definitions, limitations and exclusions. The Aflac payout values do not guarantee an amount to be paid for the listed conditions. Benefits paid by Aflac (if any) will depend on the severity of the accident or illness, the physician diagnosis and the treatment received. The data is an average of payments made to Aflac policyholders/certificate holders who qualified for benefits under their specific plans and does not reflect instances when benefits were not paid for a particular claim. Whether benefits are payable will be determined when a claim is processed. For costs and complete details of coverage, contact your Aflac insurance agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus. Specified Health Event (Critical Care Protection, 74000 series) In Arkansas, Policies A74100ARR, A74200ARR, A74300ARR. In Delaware, Policies A74100DE, A74200DE, A74300DE. In Oklahoma, Policies A74100OK, A74200OK, A74300OK. In Oregon, Policies, A74100OR, A74200OR, A74300OR. In Pennsylvania, Policies A74100PA, A74200PA, A74300PA. In Texas, Policies A74100TX, A74200TX, A74300TX. In Virginia, Policies A74100VA, A74200VA, A74300VA. Not available in New York.

Limitations and Exclusions for residents for Virginia:

The Benefits for Intensive Care Unit Confinements will be reduced by one-half for confinements that begin on or after the policy anniversary date following the 70th birthday of a covered person. The benefits for Intensive Care Unit Confinements are not payable for confinement in units such as telemetry or surgical recovery rooms, postanesthesia care units, private monitored rooms, observation units located in emergency room or outpatient surgery units or other facilities that do not meet the standards for a hospital intensive care unit or step-down intensive care unit. The hospital intensive care unit benefit is not payable for confinement in progressive care units or intermediate care units. Aflac will not pay benefits for any claims incurred during the first 12 months for preexisting conditions.

Aflac will not pay benefits for any loss that is diagnosed or treated outside the territorial limits of the United States or its possessions. Aflac will not pay benefits for any newborn's loss or confinement that occurs or begins during the first 28 days following birth when conception occurred prior to the effective date of coverage. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void. For any benefit to be payable, the loss must occur on or after the effective date of coverage and while coverage is in force. If more than one specified health event per covered person occurs on the same day, only the highest eligible benefit will be paid. Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage. The policy does not cover losses or confinements caused by or resulting from: 1. Participating in, or attempting to participate 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). 2. Intentionally self-inflicting a bodily Injury or committing or attempting suicide, while sane or insane. 3. Having elective surgery that is not medically necessary within the first 12 months of the effective date of coverage. 4. 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. (Aflac will upon receipt of written notice of military service, refund all premiums as is applicable to such persons on a pro rata basis.)

PREEXISTING CONDITION LIMITATIONS: A preexisting condition is an illness, disease, infection, disorder or Injury for which, within the 12-month period before the effective date of coverage, prescription medication was taken or medical testing, medical advice, consultation or treatment was recommended by or received from a physician, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care or treatment. Claims incurred during the first twelve months after the effective date of coverage will not be covered for preexisting conditions.

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