

AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

SELECT

We've been dedicated to helping provide
peace of mind and financial security for
nearly 60 years.



AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

Policy Series A78000

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SELECT

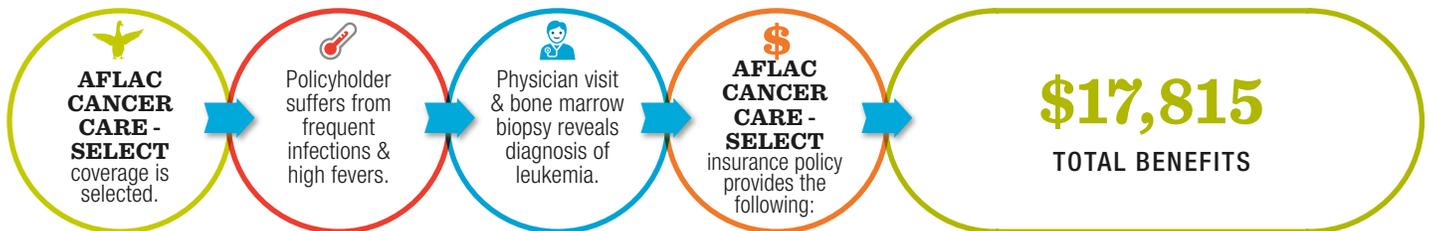
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Select that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$40, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$2,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$3,000, Immunotherapy Benefit (3 months) of \$525, Antinausea Benefit (3 months) of \$150, Hospital Confinement Benefit (10-week hospitalization) of \$10,500, Blood/Plasma Benefit (10 transfusions) of \$850.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Select Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit	\$40 per year, per Covered Person
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Cancer Diagnosis Benefits:

Initial Diagnosis Benefit	Insured/Spouse: \$2,000; Dependent Child: \$4,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$75; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit	\$300 per day; limited to one payment per week; no lifetime max
Nonhormonal Oral Chemotherapy Benefit	\$135 per prescription, per day up to \$405 max per month for Oral/Topical Benefit ²
Hormonal Oral Chemotherapy Benefit	\$135 per prescription, per day up to 24 months; after 24 months \$50 per day up to \$405 max per month for Oral/Topical Benefit ²
Topical Chemotherapy Benefit	\$100 per prescription, per day up to \$405 max per month for Oral/Topical Benefit ²
Radiation Therapy Benefit	\$175 per day; limited to one payment per week; no lifetime max
Experimental Treatment Benefit	\$175 per week if charged; \$75 per week if no charge; no lifetime max
Immunotherapy Benefit	\$175 once per month; \$875 lifetime max per Covered Person
Antinausea Benefit	\$50 per month; no lifetime max
Stem Cell Transplantation Benefit	\$3,500; lifetime max \$3,500 per Covered Person
Bone Marrow Transplantation Benefit	\$3,500; \$3,500 lifetime max per Covered Person; \$500 to donor
Blood and Plasma Benefit	Inpatient: \$85 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$140 per day; no lifetime max
Surgical/Anesthesia Benefit	\$100–\$1,700 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$2,125; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$100–\$200; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$100 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit	\$150 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	\$100 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit	\$75 a day, lifetime max of 100 days per Covered Person
Home Health Care Benefit	\$75 per day; lifetime max of 100 days per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$75 per day thereafter; lifetime max of 100 days per Covered Person
Nursing Services Benefit	\$50 per day; no lifetime max
Surgical Prosthesis Benefit	\$1,000; lifetime max \$2,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$90 per occurrence; lifetime max \$180 per Covered Person
Reconstructive Surgery Benefit	\$110–\$1,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$500 to have oocytes extracted; \$175 for storage; \$675 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.35 per mile; max \$1,000 per round trip; no lifetime max
Lodging Benefit	\$50 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

CAUTION!

American Family Life Assurance Company of Columbus

(herein referred to as Aflac)

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999

Toll-Free 1.800.99.AFLAC (1.800.992.3522)

SPECIFIED DISEASE INSURANCE COVERAGE

OUTLINE OF COVERAGE FOR POLICY FORM SERIES A78200

(1) Read Your Policy Carefully: This Outline of Coverage provides a very brief description of some of the important features of your 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) Specified Disease Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (4). The benefits described in Part (4) may be limited by Part (6).

(3) This policy is NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Aflac.

(4) All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

1. CANCER WELLNESS: Aflac will pay \$40 per Calendar Year when a Covered Person receives one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. BONE MARROW DONOR SCREENING: Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. INITIAL DIAGNOSIS BENEFIT: Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$2,000
Dependent Child	\$4,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT: Aflac will pay \$75 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.

3. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT: Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. DIRECT NONSURGICAL TREATMENT BENEFITS: All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.

a. INJECTED CHEMOTHERAPY BENEFIT: Aflac will pay \$300 per day during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to one payment per Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

(1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$135 per day during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

(2) HORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$135 per day for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 per day during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

(3) TOPICAL CHEMOTHERAPY BENEFIT: Aflac will pay \$100 per day during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the

treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$405 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

c. RADIATION THERAPY BENEFIT: Aflac will pay \$175 per day during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to one payment per Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.

d. EXPERIMENTAL TREATMENT BENEFIT: Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$75 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS:

The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

a. IMMUNOTHERAPY BENEFIT: Aflac will pay \$175 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$875 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

b. ANTINAUSEA BENEFIT: Aflac will pay \$50 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

c. STEM CELL TRANSPLANTATION BENEFIT: Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$3,500 per Covered Person.

d. BONE MARROW TRANSPLANTATION BENEFIT: (1) Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$3,500 per Covered Person.

e. BLOOD AND PLASMA BENEFIT: Aflac will pay \$85 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$140 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an

Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

a. SURGICAL/ANESTHESIA BENEFIT: When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$2,125. No lifetime maximum on the number of operations.

b. SKIN CANCER SURGERY BENEFIT: When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$100
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	100
Excision of lesion of skin without flap or graft	100
Flap or graft without excision	125
Excision of lesion of skin with flap or graft	200

c. ADDITIONAL SURGICAL OPINION BENEFIT: Aflac will pay \$100 per day when a charge is incurred for

an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/ Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. **HOSPITAL CONFINEMENT BENEFIT:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition, Aflac will pay \$150 per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.
2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$100. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$100. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

1. **EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is confined to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), as the direct result of Internal Cancer or an Associated Cancerous Condition, Aflac will pay \$75 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Lifetime maximum of 100 days per Covered Person.
2. **HOME HEALTH CARE BENEFIT:** When a Covered Person has either home health care or health supportive services provided on his or her behalf, as the direct result of Internal Cancer or an Associated Cancerous Condition, Aflac will pay \$75 per day when a charge is incurred for each such visit, subject to the following conditions:
 - a. This benefit will not be payable unless the attending Physician prescribes such services to be performed in

the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.

- b. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

Lifetime maximum of 100 days per Covered Person.

This benefit is not payable the same day the Hospice Care Benefit is payable.

3. **HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$75 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum of 100 days per Covered Person.
4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$50 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$2,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$90 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$180 per Covered Person.
7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$1,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$1,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	250
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	110
Facial Reconstruction	250

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$175 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$675 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 35 cents per mile for transportation, up to a combined maximum of \$1,000, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,000 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$50 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous

Condition at a Hospital or medical facility 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 90 days per Calendar Year.

deduction process or any other method agreed to by Aflac and the employer.

(5) Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050)
Applied for Yes No

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this 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 Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Exceptions, Reductions and Limitations of Rider A78050 Series:

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) Internal Cancer or an Associated Cancerous Condition diagnosed during this rider's 30-day waiting period; (2) the diagnosis of Nonmelanoma Skin Cancer; or (3) claims incurred prior to the Effective Date of this rider. A claim for the Initial Diagnosis Building Benefit is considered incurred on the date the tissue specimen, culture, and/or titer is taken upon which the original distinct diagnosis of Internal Cancer or Associated Cancerous Condition is based.

DEPENDENT CHILD RIDER: (Series A78051)
Applied for Yes No

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

G. PREMIUM WAIVER AND RELATED BENEFITS:

- 1. WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) 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.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

- 2. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:
- Your policy has been in force for at least six months;
 - We have received premiums for at least six consecutive months;
 - Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
 - You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
 - You re-establish premium payments through:
(1) your new employer's payroll deduction process, or
(2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- You re-establish your premium payments through payroll deduction for a period of at least six months, and
- 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

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions and Limitations of Rider A78051 Series:

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) Internal Cancer or an Associated Cancerous Condition diagnosed during this rider's 30-day waiting period; (2) the diagnosis of Nonmelanoma Skin Cancer; or (3) claims incurred prior to the Effective Date of this rider. A claim for the Dependent Child Benefit is considered incurred on the date the tissue specimen, culture, and/or titer is taken upon which the original distinct diagnosis of Internal Cancer or Associated Cancerous Condition is based.

HOSPITAL INTENSIVE CARE RIDER: (Series A75054H)
Applied for Yes No

IMPORTANT: BENEFITS PAYABLE UNDER PART 5, A AND B, REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE RIDER ANNIVERSARY DATE FOLLOWING THE 70TH BIRTHDAY OF A COVERED PERSON.

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Limitations and Exclusions, and all other policy and rider provisions:

A. HOSPITAL INTENSIVE CARE UNIT BENEFIT: Aflac will pay the following benefits when a Covered Person incurs a charge for confinement in a Hospital Intensive Care Unit or a Step-Down Intensive Care Unit for a covered Sickness or Injury:

1. Confinement in a Hospital Intensive Care Unit:

<u>Sickness</u>	<u>Injury</u>	<u>Days</u>
\$ 700 per day	\$ 800 per day	1-7
\$1,200 per day	\$1,300 per day	8-15

Aflac will pay twice the amount listed under the Sickness benefit above if Hospital Intensive Care confinement is due to a Major Human Organ Transplant.

2. Confinement in a Step-Down Intensive Care Unit:

<u>Sickness</u>	<u>Injury</u>	<u>Days</u>
\$ 350 per day	\$ 350 per day	1-15

IMPORTANT: Benefits A1 and A2 are each limited to 15 days per Period of Hospital Intensive Care Unit or a Step-Down Intensive Care Unit Confinement. Benefit A2 is also payable for confinement in a Hospital Intensive Care Unit after exhaustion of benefits payable under A1 above. No lifetime maximum.

IMPORTANT: Benefits payable under A1 or A2 above are not payable on the same day. If a Covered Person is charged for both on the same day, only the highest eligible benefit will be paid. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

B. PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT:

Two dollars indemnity will accumulate for the Named Insured and the covered spouse for each calendar month the rider remains in force after the Effective Date. This accumulated indemnity, if any, will be paid in addition to the Hospital Intensive Care Unit Benefit A1 and A2 for each day of Hospital Intensive Care Unit confinement for which benefits under A1 or A2 are payable. This Progressive Benefit will cease to build on the rider anniversary date following the 65th birthday of a Covered Person. Any amount accrued at the time this benefit ceases to build for a Covered Person will continue to be added to the benefit amount for all Hospital Intensive Care Unit/Step-Down Hospital Intensive Care Unit confinements commencing prior to the rider anniversary date following the 70th birthday of the Covered Person. **THIS ACCUMULATED BENEFIT REDUCES AT AGE 70.** This accumulated benefit will be reduced by one-half for Hospital Intensive Care Unit/Step-Down Intensive Care Unit confinements commencing on or after the rider anniversary date following the 70th birthday of a Covered Person. **This benefit is not applicable and will not accrue to any Covered Person who has attained age 65 prior to the Effective Date of the rider.** The Named Insured and covered spouse, if any, are the only persons eligible for this benefit if One-Parent Family or Two-Parent Family coverage is in force. Dependent Children do not qualify for this benefit. When a spouse is added to an existing rider, this benefit will begin to accrue from the endorsement date adding such spouse, provided the spouse has not yet attained age 65.

C. DAILY HOSPITAL CONFINEMENT BENEFIT: Aflac will pay \$30 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury. This benefit is limited to 31 days for each Covered Person per Period of Hospital Confinement. No lifetime maximum.

THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO INTENSIVE CARE UNIT RIDER SERIES A75054H. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THIS RIDER.

Benefits payable under Part 5, A and B, of this rider will be reduced by one-half for losses that begin on or after the rider anniversary date following the 70th birthday of a Covered Person.

- A.** Children born within ten months of the Effective Date of this rider will not be covered for any losses or confinements payable under Part 5, A or B, that occur or begin within the first 28 days of life.
- B.** Benefits are not payable for losses or confinements that occur or begin before the rider Effective Date or after termination of the rider.
- C. This rider does not cover losses caused by or resulting from:**
1. Intentionally self-inflicting bodily Injury or attempting suicide.
 2. Committing any illegal activity that is classified as a felony, whether charged or not (the term "felony" is as defined by the law of the jurisdiction in which the activity takes place).
 3. 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 (Upon notice to us of entry into an armed service, your coverage will be suspended and the pro-rata premium will be returned. If you are in the service for less than five years, your policy and rider may be renewed on the date your service ends. To effect renewal we must receive your written application and premium within 60 days of your discharge. Your policy and rider will be renewed on the same basis as before it was suspended.).
 4. Having treatment for mental or emotional disorders, alcoholism and drug addiction, or any loss sustained or contracted due, directly or indirectly, to a Covered Person's being intoxicated (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the Injury or cause of the loss occurred).
 5. Under Part 5, A1 and B, **Hospital Intensive Care Unit**, confinement in 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; or other facilities that do not meet the standards for a Hospital Intensive Care Unit. Under Part 5, A2 and B, **Step-Down Intensive Care Unit**, confinement in units such as: telemetry or surgical recovery rooms; postanesthesia care units, beds, wards, or private or semiprivate rooms with or without telemetry monitoring equipment; observation units located in emergency rooms or outpatient surgery units, emergency rooms, labor or delivery rooms, or other facilities that do not meet the standards for a Step-Down Intensive Care Unit.

- D. Benefits are not payable under Part 5, C, for losses caused by or resulting from:**
1. Having cosmetic surgery, except 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.
 2. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of this rider.
 3. Pregnancy or childbirth within the first ten months of the Effective Date of this rider. Complications of Pregnancy will be covered to the same extent as a Sickness.
 4. Routine nursing or well-baby care for a newborn child.
 5. Being hospitalized before the Effective Date of coverage.
 6. Donating an organ within the first 12 months of the Effective Date of this rider.

HOSPITAL INTENSIVE CARE RIDER: (Series A75054)

Applied for Yes No

IMPORTANT: BENEFITS PAYABLE UNDER PART 5, A, B, C AND D, REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE RIDER ANNIVERSARY DATE FOLLOWING THE 70TH BIRTHDAY OF A COVERED PERSON.

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Limitations and Exclusions, and all other policy and rider provisions:

- A. HOSPITAL INTENSIVE CARE UNIT BENEFIT:** Aflac will pay the following benefits when a Covered Person incurs a charge for confinement in a Hospital Intensive Care Unit or a Step-Down Intensive Care Unit for a covered Sickness or Injury:

1. Confinement in a Hospital Intensive Care Unit:

<u>Sickness</u>	<u>Injury</u>	<u>Days</u>
\$ 700 per day	\$ 800 per day	1-7
\$1,200 per day	\$1,300 per day	8-15

2. Confinement in a Step-Down Intensive Care Unit:

<u>Sickness</u>	<u>Injury</u>	<u>Days</u>
\$ 350 per day	\$ 350 per day	1-15

IMPORTANT: Benefits A1 and A2 are each limited to 15 days per Period of Hospital Intensive Care Unit or a Step-Down Intensive Care Unit Confinement. Benefit A2 is also payable for confinement in a Hospital Intensive Care Unit after exhaustion of benefits payable under A1 above. No lifetime maximum.

IMPORTANT: Benefits payable under A1 or A2 above are not payable on the same day. If a Covered Person is charged for both on the same day, only the highest eligible benefit will be paid. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

B. PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT:

Two dollars indemnity will accumulate for the Named Insured and the covered spouse for each calendar month the rider remains in force after the Effective Date. This accumulated indemnity, if any, will be paid in addition to the Hospital Intensive Care Unit Benefit A1 and A2 for each day of Hospital Intensive Care Unit confinement for which benefits under A1 or A2 are payable. This Progressive Benefit will cease to build on the rider anniversary date following the 65th birthday of a Covered Person. Any amount accrued at the time this benefit ceases to build for a Covered Person will continue to be added to the benefit amount for all Hospital Intensive Care Unit/Step-Down Hospital Intensive Care Unit confinements commencing prior to the rider anniversary date following the 70th birthday of the Covered Person. **THIS ACCUMULATED BENEFIT REDUCES AT AGE 70.** This accumulated benefit will be reduced by one-half for Hospital Intensive Care Unit/Step-Down Intensive Care Unit confinements commencing on or after the rider anniversary date following the 70th birthday of a Covered Person. **This benefit is not applicable and will not accrue to any Covered Person who has attained age 65 prior to the Effective Date of the rider.** The Named Insured and covered spouse, if any, are the only persons eligible for this benefit if One-Parent Family or Two-Parent Family coverage is in force. Dependent Children do not qualify for this benefit. When a spouse is added to an existing rider, this benefit will begin to accrue from the endorsement date adding such spouse, provided the spouse has not yet attained age 65.

C. AMBULANCE BENEFIT: Aflac will pay \$250 for ground ambulance transportation of a Covered Person or \$2,000 for air ambulance transportation of a Covered Person to and from a Hospital where the Covered Person is confined in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional or licensed volunteer ambulance company. No lifetime maximum.

D. MAJOR ORGAN TRANSPLANT BENEFIT: Aflac will pay \$25,000 as a result of a human organ transplant procedure when a Covered Person is confined in a Hospital and receives one or more of the following human organs: kidney, liver, heart, lung, or pancreas. Transplant procedures involving more than one organ will be considered one organ transplant procedure. **This benefit is not payable for transplants involving mechanical or nonhuman organs and is limited**

to one procedure per 180-day period. No lifetime maximum.

E. DAILY HOSPITAL CONFINEMENT BENEFIT: Aflac will pay \$30 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury. This benefit is limited to 31 days for each Covered Person per Period of Hospital Confinement. No lifetime maximum.

THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO INTENSIVE CARE UNIT RIDER SERIES A75054. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THIS RIDER.

Benefits payable under Part 5, A, B, C and D, of this rider will be reduced by one-half for losses that begin on or after the rider anniversary date following the 70th birthday of a Covered Person.

- A.** Children born within ten months of the Effective Date of this rider will not be covered for any losses or confinements payable under Part 5, A, B, or D, that occur or begin within the first 28 days of life.
- B.** Benefits are not payable for losses or confinements that occur or begin before the rider Effective Date or after termination of the rider.
- C. This rider does not cover losses caused by or resulting from:**
 - 1. Intentionally self-inflicting bodily Injury or attempting suicide.
 - 2. Committing any illegal activity that is classified as a felony, whether charged or not (the term "felony" is as defined by the law of the jurisdiction in which the activity takes place).
 - 3. 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 (Upon notice to us of entry into an armed service, your coverage will be suspended and the pro-rata premium will be returned. If you are in the service for less than five years, your policy and rider may be renewed on the date your service ends. To effect renewal we must receive your written application and premium within 60 days of your discharge. Your policy and rider will be renewed on the same basis as before it was suspended.).
 - 4. Having treatment for mental or emotional disorders, alcoholism and drug addiction, or any loss sustained or contracted due, directly or indirectly, to a Covered Person's being intoxicated (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the Injury or cause of the loss occurred).

5. Under Part 5, A1 and B, **Hospital Intensive Care Unit**, confinement in 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; or other facilities that do not meet the standards for a Hospital Intensive Care Unit. Under Part 5, A2 and B, **Step-Down Intensive Care Unit**, confinement in units such as: telemetry or surgical recovery rooms; postanesthesia care units, beds, wards, or private or semiprivate rooms with or without telemetry monitoring equipment; observation units located in emergency rooms or outpatient surgery units, emergency rooms, labor or delivery rooms, or other facilities that do not meet the standards for a Step-Down Intensive Care Unit.

D. Benefits are not payable under Part 5, E, for losses caused by or resulting from:

1. Having cosmetic surgery, except 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.
2. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of this rider.
3. Pregnancy or childbirth within the first ten months of the Effective Date of this rider. Complications of Pregnancy will be covered to the same extent as a Sickness.
4. Routine nursing or well-baby care for a newborn child.
5. Being hospitalized before the Effective Date of coverage.
6. Donating an organ within the first 12 months of the Effective Date of this rider.

SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (Series A78055)

Applied for Yes No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions Limitations provision, Limitations and Exclusions, and all other policy and rider provisions:

- A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay a First-Occurrence Benefit of \$5,000 for each Covered Person when he or she 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 this rider. (Lifetime maximum \$5,000 per Covered Person.)

- B. FIRST-OCCURRENCE BUILDING BENEFIT:** The First-Occurrence Benefit under A above, will be increased by \$500 on each rider anniversary date while this 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 this rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of this rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this 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.

- C. REOCCURRENCE BENEFIT:** If benefits have been paid to a Covered Person under A above, Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

This benefit is payable only upon the diagnosis of a subsequent Specified Health Event and is limited to \$2,500 during any 12-month period per Covered Person.

For Benefit C to be payable, the Specified Health Event must occur and be diagnosed after the Effective Date of coverage and after the date Benefit A became payable. No lifetime maximum.

- D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital):** When a Covered Person requires Hospital Confinement for the treatment of a covered Specified Health Event, Aflac will pay \$300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are 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.

Benefits (E) through (H) 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.

- E. CONTINUING CARE BENEFIT:** If, after being released from a Hospital Confinement, a Covered Person receives any of the following treatments from a licensed Physician as the result of

a covered Specified Health Event, Aflac will pay \$150 each day a Covered Person is charged:

- | | |
|---------------------------------|-------------------------|
| 1. rehabilitation therapy | 9. hospice care |
| 2. physical therapy | 10. extended care |
| 3. speech therapy | 11. Physician visits |
| 4. occupational therapy | 12. nursing home care |
| 5. respiratory therapy | 13. chemotherapy |
| 6. dietary therapy/consultation | 14. radiation therapy |
| 7. home health care | 15. out-patient surgery |
| 8. dialysis | |

Treatment is limited to 100 days for continuing care commencing within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

No lifetime maximum.

- F. AMBULANCE BENEFIT:** If, due to a covered Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Specified Health Event, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Specified Health Event, or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Specified Health Event, we will pay \$2,000. 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 or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

- G. TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. 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, we 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.

- H. LODGING BENEFIT:** Aflac will pay the charges incurred up to \$75 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.

- I. 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 will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac 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.

If you die and your spouse becomes the new Named Insured, premiums will start again and 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.

SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Series A78056) Applied for Yes No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions Limitations provision, Limitations and Exclusions, and all other policy and rider provisions:

- A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay a First-Occurrence Benefit of \$5,000 for each Covered Person when he or she 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 this rider. (Lifetime maximum \$5,000 per Covered Person.)
- B. FIRST-OCCURRENCE BUILDING BENEFIT:** The First-Occurrence Benefit under A above, will be increased by \$500 on each rider anniversary date while this 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 this rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of this rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this 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.

- C. REOCCURRENCE BENEFIT:** If benefits have been paid to a Covered Person under A above, Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

This benefit is payable only upon the diagnosis of a subsequent Specified Health Event and is limited to \$2,500 during any 12-month period per Covered Person.

For Benefit C to be payable, the Specified Health Event must occur and be diagnosed after the Effective Date of coverage and after the date Benefit A became payable. No lifetime maximum.

- D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital):** When a Covered Person requires Hospital Confinement for the treatment of a covered Specified Health Event, Aflac will pay \$300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are 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.

Benefits (E) through (H) 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.

- E. CONTINUING CARE BENEFIT:** If, after being released from a Hospital Confinement, a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Specified Health Event, Aflac will pay \$150 each day a Covered Person is charged:

- | | |
|---------------------------------|-------------------------|
| 1. rehabilitation therapy | 9. hospice care |
| 2. physical therapy | 10. extended care |
| 3. speech therapy | 11. Physician visits |
| 4. occupational therapy | 12. nursing home care |
| 5. respiratory therapy | 13. chemotherapy |
| 6. dietary therapy/consultation | 14. radiation therapy |
| 7. home health care | 15. out-patient surgery |
| 8. dialysis | |

Treatment is limited to 100 days for continuing care commencing within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

No lifetime maximum.

- F. AMBULANCE BENEFIT:** If, due to a covered Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Specified Health Event, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Specified Health Event, or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Specified Health Event, we will pay \$2,000. 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 or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.
- G. TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. 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, we 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.

- H. LODGING BENEFIT:** Aflac will pay the charges incurred up to \$75 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.
- I. SPECIFIED HEALTH EVENT RECOVERY BENEFIT:** Aflac will pay \$500 per month while a Covered Person remains in Specified Health Event Recovery upon receipt of written proof of loss from that person's Physician.

For Periods of Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

J. 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 will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac 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.

If you die and your spouse becomes the new Named Insured, premiums will start again and 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.

THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO THE SPECIFIED HEALTH EVENT RIDER SERIES A78055 AND A78056. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THESE RIDERS.

Aflac will not pay benefits for a Specified Health Event that is caused by a Pre-Existing Condition 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. Benefits are not payable for losses or confinements that occur or begin before the rider Effective Date or after termination of the rider.

- A.** Aflac will not pay benefits whenever coverage provided by this 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.
- B. This rider does not cover losses or confinements caused by or resulting from:**
1. Any loss sustained or contracted due, directly or indirectly, to a Covered Person's being intoxicated (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the Injury or cause of the loss occurred).
 2. Intentionally self-inflicting bodily Injury or attempting suicide.
 3. 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 (Upon notice to us of entry into an armed service, your coverage will be suspended and the pro-rata premium will be returned. If you are in the service for less than five years, your policy and rider may be renewed on the date your service ends. To effect renewal we must receive your written application and premium within 60 days of your discharge. Your policy and rider will be renewed on the same basis as before it was suspended.).

PRE-EXISTING CONDITIONS LIMITATIONS FOR THE SPECIFIED HEALTH EVENT RIDER SERIES A78055 AND A78056

A "Pre-Existing Condition" is an illness, disease, disorder, or Injury for which, within the six-month period before the Effective Date of coverage, medical advice or treatment was recommended by 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 pre-existing Specified Health Event occurring more than 30 days after the Effective Date will be covered.

- (6) Exceptions, Reductions and Limitations of the Policy (This is not a daily hospital expense plan.):**
- A.** We pay only for treatment of Cancer, Associated Cancerous Conditions, or any other condition or disease, directly caused or aggravated by Cancer or an Associated Cancerous Condition, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); or any other disease, sickness, or incapacity.
- B.** This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or

Associated Cancerous Condition will apply only to treatment occurring after one year from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.

- C.** The Initial Diagnosis Benefit is not payable for: (1) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; (2) the diagnosis of Nonmelanoma Skin Cancer; or (3) claims incurred prior to the Effective Date of this policy. A claim for the Initial Diagnosis Benefit is considered incurred on the date the tissue specimen, culture, and/or titer is taken upon which the original distinct diagnosis of Internal Cancer or Associated Cancerous Condition is based.

D. Aflac will not pay benefits whenever coverage provided by this 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.

E. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

(7) Renewability: The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

RETAIN FOR YOUR RECORDS.

**THIS OUTLINE OF COVERAGE 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

ASSOCIATED CANCEROUS CONDITION: Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

CANCER: Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

1. INTERNAL CANCER: All Cancers other than Nonmelanoma Skin Cancer (see definition of "Nonmelanoma Skin Cancer").

2. NONMELANOMA SKIN CANCER: A Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

COMA: A continuous state of profound unconsciousness, diagnosed or treated by a Physician after the Effective Date of the rider, and characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must be diagnosed as a total rating of 8 or less on the Glasgow Coma Scale. The condition must require intubation for respiratory assistance.

CORONARY ANGIOPLASTY: A medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). A Coronary Angioplasty may be performed to treat persistent chest pain (angina), blockage of one or more coronary arteries, or residual obstruction in a coronary artery during or after a Heart Attack. These procedures may be performed with or without stents.

CORONARY ARTERY BYPASS SURGERY: Open-heart surgery, performed after the Effective Date of the rider, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to Coronary Angioplasty, laser relief, or other nonsurgical procedures. This does NOT include valve replacement surgery.

COVERED PERSON: Any person insured under the coverage type you applied for: 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. This includes parties joined in civil union. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated 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.

EFFECTIVE DATE: The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

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.

MAJOR HUMAN ORGAN TRANSPLANT: A surgery in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

MAJOR THIRD-DEGREE BURNS: An area of tissue damage in which there is destruction of the entire epidermis and underlying dermis, and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals.

PARALYSIS: Spinal cord Injuries occurring after the Effective Date of coverage resulting in permanent, complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia). The Paralysis must be confirmed by your attending Physician.

PERIOD OF HOSPITAL CONFINEMENT: The time period of Hospital Confinement that starts while the policy and rider are in force. If confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless: (1) the later confinement is the result of an entirely unrelated Sickness or Injury or (2) the confinements are separated by 30 days or more during which the covered person is not confined in any institution or facility. Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.

PERSISTENT VEGETATIVE STATE: A state of severe mental impairment in which only involuntary bodily functions are present and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a Persistent Vegetative State is as follows: two Physicians, one of whom must be the attending Physician, who, after personally examining the Covered Person, shall certify in writing, based upon conditions found during the course of their examination, that:

1. The Covered Person's cognitive function has been substantially impaired; and
2. There exists no reasonable expectation that the Covered Person will regain significant cognitive function.

PHYSICIAN: A person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

SPECIFIED HEALTH EVENT RECOVERY: A covered person will be considered in Specified Health Event Recovery if he or she continues to be under the active care and treatment of a Physician for a covered Specified Health Event OR if he or she is unable to engage in the duties of his or her regular occupation due to a covered Specified Health Event. "Specified Health Event" includes Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, or Paralysis occurring after the Effective Date of the rider.

STROKE: Apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the Effective Date of the rider. The apoplexy must cause complete or partial prolonged loss of function involving the motion or sensation of a part of the body. The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. "Stroke" does not mean head Injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

SUDDEN CARDIAC ARREST: Sudden unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the rider. Sudden Cardiac Arrest is not a Heart Attack.

ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor's or dentist's office, clinic, or other such location.

The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; 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, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital, the benefits listed in the policy will not require a charge for them to be payable.

The term "Hospital Intensive Care Unit" does not provide benefits for confinement in 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 "Step-Down Intensive Care Unit" does not include telemetry or surgical recovery rooms; observation units located in emergency rooms or outpatient surgery units; postanesthesia care units; beds, wards, or private or semiprivate rooms with or without telemetry monitoring equipment; emergency rooms, or labor or delivery rooms.

A Major Human Organ Transplant does not include transplants involving mechanical or nonhuman organs.





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