Aflac
Group Critical Illness Advantage
INSURANCE PLAN

We help take care of your expenses while you take care of yourself.
Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who’s been diagnosed with a critical illness. You can’t help notice the difference in the person’s life—both physically and emotionally. What’s not so obvious is the impact a critical illness may have on someone’s personal finances.

That’s because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That’s the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Understanding the facts can help you decide if the Aflac Group Critical Illness plan makes sense for you.

**FACT NO. 1**

**ESTIMATED** 83.6 MILLION

AMERICAN ADULTS—GREATER THAN 1 IN 3—HAVE ONE OR MORE TYPES OF CARDIOVASCULAR DISEASE (CVD). 1

**FACT NO. 2**

**CORONARY HEART DISEASE** COST THE UNITED STATES **$108.9 BILLION**

THIS TOTAL INCLUDES THE COST OF HEALTH CARE SERVICES, MEDICATIONS AND LOST PRODUCTIVITY. 2

1 American Heart Association/American Stroke Association 2013 Statistical Fact Sheet
2 Centers for Disease Control and Prevention Heart Disease Fact Sheet 2015

Coverage underwritten by Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers
For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they’ve needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you’re well protected under our wing.

But it doesn’t stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

**The Aflac Group Critical Illness plan benefits include:**

- Critical Illness Benefit payable for:
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery

**Features:**

- Benefits are paid directly to you, unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four days.

**How it works**

1. **Aflac Group Critical Illness Advantage coverage is selected.**
2. You experience chest pains and numbness in the left arm.
3. You visit the emergency room.
4. A physician determines that you have had suffered a heart attack.

Aflac Group Critical Illness Advantage pays a First Occurrence Benefit of **$10,000**

Amount payable based on $10,000 First Occurrence Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.
**Benefits Overview**

**COVERED CRITICAL ILLNESSES:**

<table>
<thead>
<tr>
<th>Illness</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEART ATTACK</strong> (Myocardial Infarction)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>STROKE</strong> (Ischemic or Hemorrhagic)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>MAJOR ORGAN TRANSPLANT</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>KIDNEY FAILURE</strong> (End-Stage Renal Failure)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>BONE MARROW TRANSPLANT</strong> (Stem Cell Transplant)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>SUDDEN CARDIAC ARREST</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>CORONARY ARTERY BYPASS SURGERY</strong></td>
<td>25%</td>
</tr>
</tbody>
</table>

**INITIAL DIAGNOSIS**
We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

**ADDITIONAL DIAGNOSIS**
We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 30 days.

**REOCCURRENCE**
We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

**CHILD COVERAGE AT NO ADDITIONAL COST**
Each dependent child is covered at 50 percent of the primary insured’s benefit amount at no additional charge. Children-only coverage is not available.

**WAIVER OF PREMIUM**
If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

**SUCCESSOR INSURED BENEFIT**
If spouse coverage is in force at the time of the primary insured’s death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

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The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.
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LIMITATIONS AND EXCLUSIONS

EXCLUSIONS
We will not pay for loss due to:

• **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally
• **Suicide** – committing or attempting to commit suicide, while sane or insane;
• **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
• **Participation in Aggressive Conflict:**
  − War (declared or undeclared) or military conflicts;
  − Insurrection or riot
  − Civil commotion or civil state of belligerence
• **Illegal Substance Abuse:**
  − Abuse of legally-obtained prescription medication
  − Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.
All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

• Aplastic anemia
• Congenital neutropenia
• Severe immunodeficiency syndromes
• Sickle cell anemia

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:
• Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
• Coronary Artery Bypass Surgery: The date the surgery occurs.
• Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
• Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
• Major Organ Transplant: The date the surgery occurs.
• Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).

• Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, who is listed on your application. Dependent children are your or your spouse’s natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to intellectual or physical disability and is dependent on a parent for support. The employee or the employee’s spouse must furnish proof of this incapacity and dependency to the company within 31 days following the dependent child’s 26th birthday.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

• Is made by a doctor and
• Is based on clinical or laboratory investigations, as supported by your medical records.

Doctor is a person who is:

• Legally qualified to practice medicine,
• Licensed as a doctor by the state where treatment is received, and
• Licensed to treat the type of condition for which a claim is made.

A doctor does not include you or any of your family members.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

• Son
• Daughter
• Mother
• Father
• Sister
• Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the
plan.
Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:
• Any other disease or injury involving the cardiovascular system.
• Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:
• New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
• Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:
• A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
• The kidney failure (end-stage renal failure) results in kidney transplantation.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:
• Bronchiectasis
• Cardiomyopathy
• Cirrhosis
• Chronic obstructive pulmonary disease
• Congenital Heart Disease
• Coronary Artery Disease
• Cystic fibrosis

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:
• Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
• Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:
• Transient Ischemic Attacks (TIAs)
• Head injury
• Chronic cerebrovascular insufficiency
• Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:
• Computed Axial Tomography (CAT scan) images, or
• Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:
• Under the care of a doctor for the treatment of a covered critical illness, and
• Unable to Work, which means either:
  − During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
  − After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

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

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

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

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.
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We’ve got you under our wing.

aflacgroupinsurance.com  1.800.433.3036

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Continental American Insurance Company • Columbia, South Carolina

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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Series C21000.