Aflac
Lump Sum Critical Illness

LIMITED BENEFIT HEALTH INSURANCE – HSA-COMPATIBLE OPTION

We've been dedicated to helping provide peace of mind and financial security for nearly 70 years.

THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

A73H75FL RC(4/25)

LUMP SUM CRITICAL ILLNESS

LIMITED BENEFIT HEALTH INSURANCE – HSA-COMPATIBLE OPTION

Policy Series A73000

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Added Protection for You and Your Family

Serious health events are often unexpected—and when they happen, everyday expenses may suddenly seem overwhelming. Aflac Lump Sum Critical Illness insurance helps provide financial protection should you experience a serious health event, such as a heart attack or stroke.

Health care costs continue to rise, and major medical insurance was not designed to cover everything. From out-of-pocket medical costs to the inability to work while in recovery, your finances may be strained. Aflac can help cover those costs so you can focus on getting better. Best of all, you get paid directly—not the doctor or hospital.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you. The Aflac Lump Sum Critical Illness plan is designed to provide you with cash benefits if you experience a serious health event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

Why Aflac Lump Sum Critical Illness may be the right choice for you:

- A lump sum benefit is paid directly to you upon diagnosis of having had a critical illness.
- Your dependent children are covered at no additional cost.
- We now offer the option of guaranteed-issue[1] lump sum critical illness coverage. That means no medical questionnaire is required.
- Benefits include a Subsequent Critical Illness Benefit with no lifetime maximum if you have a recurrence or another critical illness later in life.
- There are no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

[1]Subject to eligibility requirements. Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

Critical illnesses covered by the Lump Sum Critical Illness policy include:

- Coma
- End-Stage Renal Failure
- Heart Attack
- Hemorrhagic Stroke
- Ischemic Stroke
- Paralysis
- Sudden Cardiac Arrest

How it works

AFLAC LUMP SUM CRITICAL ILLNESS INSURANCE

AFLAC LUMP SUM CRITICAL ILLNESS COVERAGE IS SELECTED.

EMPLOYEE SELECTS A MAJOR CRITICAL ILLNESS BENEFIT AMOUNT OF $20,000.[2]

EMPLOYEE APPLIES FOR LUMP SUM CRITICAL ILLNESS HSA-COMPATIBLE COVERAGE.

THE PRIMARY INSURED SUFFERS A STROKE.

AFLAC LUMP SUM CRITICAL ILLNESS INSURANCE PAYS TOTAL BENEFITS OF:

$20,000

[2]At the time of application, the employee answers underwriting questions and selects a Major Critical Illness Benefit amount of $20,000 (base of $10,000 plus two additional units of $5,000 each).

This brochure is for illustrative purposes only. Benefits and/or premium may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Policy/riders may contain a waiting period. Refer to the policy/riders for benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Lump Sum Critical Illness Benefit Overview for HSA-Compatible Option

BENEFIT NAME	BENEFIT AMOUNT
MAJOR CRITICAL ILLNESS BENEFIT	
Primary insured:	$10,000 (additional amounts may be available in $5,000 increments up to $100,000)*
Spouse/Dependent children:	50% of the primary insured benefit amount
	Payable once per covered person, per lifetime
SUBSEQUENT CRITICAL ILLNESS BENEFIT	
Primary insured:	40% of the Major Critical Illness Benefit
Spouse/Dependent children:	50% of the primary insured benefit amount
	No lifetime maximum
CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	
Primary insured:	$4,000
Spouse/Dependent children:	$2,000
	Payable once per covered person, per lifetime

*Applicants who apply for $15,000-$30,000 require underwriting; applicants who apply for $35,000 and above require underwriting and must meet other stipulations. Ask your Aflac agent for more information.

REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

LIMITED BENEFIT, LUMP SUM CRITICAL ILLNESS INSURANCE

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)
Visit our website at aflac.com

The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT, LUMP SUM CRITICAL ILLNESS INSURANCE
Outline of Coverage for Policy Form A7310HFL

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company.

(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) **Lump Sum Critical Illness Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness. Critical Illnesses are: Heart Attack due to coronary artery disease or acute coronary syndrome; ischemic Stroke due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain; hemorrhagic Stroke due to uncontrolled high blood pressure, malignant hypertension, brain aneurysm, or arteriovenous malformation; End-Stage Renal Failure due to kidney disease; Coma due to a covered Injury; or Paralysis due to a covered Injury. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

(3) **Benefits:** Subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits for a covered Critical Illness that occurs while coverage is in force.

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED'S BENEFIT AMOUNT. ALL BENEFITS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE 75TH BIRTHDAY OF A COVERED PERSON.

Aflac will pay the following benefits, as applicable, while the coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise.

For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid. Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

A. **MAJOR CRITICAL ILLNESS BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of any of the following Critical Illnesses:

1. Heart Attack due to coronary artery disease or acute coronary syndrome;
2. Ischemic Stroke due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain;
3. Hemorrhagic Stroke due to uncontrolled high blood pressure, malignant hypertension, brain aneurysm, or arteriovenous malformation;
4. End-Stage Renal Failure due to kidney disease;
5. Coma due to a covered Injury;
6. Paralysis due to a covered Injury; or
7. Sudden Cardiac Arrest as a result of an internal electrical system malfunction of the heart.

This benefit is payable once per Covered Person, per lifetime.

B. **SUBSEQUENT CRITICAL ILLNESS BENEFIT:** After a Covered Person has previously qualified for benefits under Benefit A above, Aflac will pay 40% of the Major Critical Illness Benefit amount shown in the Policy Schedule upon that Covered Person's Onset Date of:

1. a **recurrence** of that **same** Critical Illness, or
2. an occurrence of a **different** Critical Illness.

For this benefit to be payable, the Onset Date of the Critical Illness must be 180 days or more from the Onset Date of any previously paid Critical Illness for such Covered Person. This benefit is not payable on the same day as the Major Critical Illness Benefit. No lifetime maximum.

C. **CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person undergoes Coronary Artery Bypass Graft Surgery due to coronary artery disease

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or acute coronary syndrome. This benefit is payable once per Covered Person, per lifetime.

(4) Optional Benefits:

LUMP SUM CANCER BENEFIT RIDER: (FORM A73050FL)
Applied for ❑ Yes ❑ No

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED'S BENEFIT AMOUNT. ALL BENEFITS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE 75TH BIRTHDAY OF A COVERED PERSON.

While the coverage is in force, we will pay the following benefits, as applicable, subject to the Limitations and Exclusions and all other policy provisions, except the Pre-existing Condition Limitations, unless modified herein.

Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

A. **INTERNAL CANCER BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Internal Cancer. This benefit is payable once per Covered Person, per lifetime.

B. **CARCINOMA IN SITU BENEFIT:** Aflac will pay 20% of the Internal Cancer Benefit amount shown in the Policy Schedule upon a Covered Person's Onset Date of Carcinoma In Situ. This benefit is payable once per Covered Person, per lifetime.

C. **CANCER-RELATED DEATH BENEFIT:** Aflac will pay $1,000 when a Covered Person suffers a Cancer-Related Death.

Exceptions, Reductions, and Limitations of Rider Form A73050FL:

Benefits payable under the rider will be reduced by one-half for Losses that begin on or after the 75th birthday of a Covered Person.

A. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of cancer; or any other disease, sickness, or incapacity.

B. The rider contains a 30-day waiting period. If a Covered Person has a Loss before his or her coverage under the rider has been in force 30 days, benefits will not be payable for that Loss. At your option, you may elect to void the coverage under the rider and receive a full refund of premium for such coverage under the rider.

C. Aflac will not pay benefits whenever coverage provided by the rider 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.

D. For benefits to be payable, the Onset Date must occur after the 30-day waiting period and while coverage is in force.

E. Aflac will not pay benefits for Skin Cancer.

F. For the Internal Cancer Benefit to be payable for a recurrence, direct extension, or metastatic spread of any Internal Cancer that was diagnosed prior to the Effective Date of coverage or during the 30-day waiting period, the Covered Person must be free from Treatment for that Internal Cancer for a consecutive 12-month period before the Onset Date of the recurrence, direct extension, or metastatic spread.

"Treatment" means consultation, care, or services provided by a Physician, or taking prescribed medications or drugs, for Internal Cancer. Treatment does not include Maintenance Drug Therapy or routine follow-up visits to verify whether Internal Cancer or Carcinoma In Situ has returned.

(5) Exceptions, Reductions, and Limitations of the Policy (not a daily hospital expense plan):

Benefits payable under the policy will be reduced by one-half for Losses that begin on or after the 75th birthday of a Covered Person.

A. Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage. Benefits are payable for only one covered Loss at a time per Covered Person.

B. Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

C. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

D. For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

E. **The policy does not cover Loss caused by or resulting from:**

1. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
2. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, if convicted

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("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;

3. Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane;
4. Being exposed to war or any act of war, declared or undeclared; or
5. Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITION LIMITATIONS

A "Pre-existing Condition" is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits for a Loss that is caused by a Pre-existing Condition will not be covered unless the Onset Date is more than 12 months after the Effective Date of coverage.

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions Limitations, exclusive of any applicable waiting periods under the new coverage.

(6) Renewability: The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, with benefits reduced beginning at age 75, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Premium rates may change only if changed on all policies of the same form number and class in force in your state (in which the policy was sold). **Benefits under the policy reduce by one-half for Losses incurred on or after the 75th birthday of a Covered Person.**

RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

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TERMS YOU NEED TO KNOW

COMA: a continuous state of profound unconsciousness due to a covered injury, lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Coronary artery bypass graft surgery does not include coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the coverage type that you applied for on the application: 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. Newborn children are automatically insured from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. If notice is given, Aflac may not charge an additional premium for the coverage of the child for the notice period. If the timely notice is not given, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. 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, legally adopted children, foster children, or children in your custodial care who are under age 26. A dependent child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

CRITICAL ILLNESS: heart attack due to coronary artery disease or acute coronary syndrome; ischemic stroke due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain; hemorrhagic stroke due to uncontrolled high blood pressure, malignant hypertension, brain aneurysm, or arteriovenous malformation; end-stage renal failure due to kidney disease; coma due to a covered injury; paralysis due to a covered injury; or sudden cardiac arrest as a result of an internal electrical system malfunction of the heart.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. 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, due to kidney disease and requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome. The attack must be positively diagnosed (includes post-mortem diagnosis by autopsy) by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. Heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. Sudden cardiac arrest is not a heart attack.

LOSS: a critical illness or coronary artery bypass graft surgery.

ONSET DATE: the date of the occurrence for a heart attack, stroke, or sudden cardiac arrest; the date of diagnosis for end-stage renal failure, paralysis, or coma; or the date of surgery for a coronary artery bypass graft surgery.

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a covered spinal cord injury. The paralysis must be confirmed by your attending physician.

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.

STROKE: 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:

1. Ischemic: due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain.
2. Hemorrhagic: due to uncontrolled high blood pressure, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed (includes post-mortem diagnosis by autopsy) by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

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 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 policy. Sudden cardiac arrest is not a heart attack.

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Underwritten by:
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