Aflac
Critical Care Protection

SUPPLEMENTAL INSURANCE
SPECIFIED DISEASE, SPECIFIED HEALTH EVENT – OPTION 1

We've been dedicated to helping provide peace of mind and financial security for more than 65 years.

Aflac®

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.

A74175RPA IC(4/24)

AFLAC CRITICAL CARE PROTECTION

SUPPLEMENTAL INSURANCE

SPECIFIED DISEASE, SPECIFIED HEALTH EVENT – OPTION 1

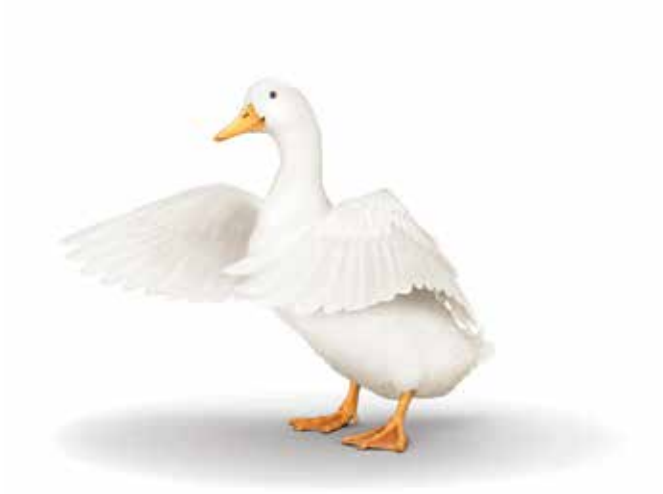
Policy A74100PA; Riders A74050PA and A74051PA

CCP[1]

Critical care for you. Added financial protection for your family.

Serious health events are often unexpected — and when they happen, everyday expenses may suddenly seem overwhelming. Aflac Critical Care Protection insurance helps provide financial protection should you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

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. Best of all, you get paid directly (unless otherwise assigned) — 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, unless otherwise assigned. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or stroke. This means that you can focus on recovery and not be so concerned about finances.

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

How it works

AFLAC CRITICAL CARE PROTECTION INSURANCE

AFLAC CRITICAL CARE PROTECTION – OPTION 1 COVERAGE IS SELECTED.

POLICYHOLDER SUFFERS A HEART ATTACK.

POLICYHOLDER IS TRANSPORTED TO THE HOSPITAL BY AMBULANCE AND IS HOSPITALIZED.

AFTER LEAVING THE HOSPITAL, POLICYHOLDER RECEIVES PHYSICAL THERAPY.

AFLAC CRITICAL CARE PROTECTION – OPTION 1 PAYS TOTAL BENEFITS OF

$15,500

The above example is based on a scenario for Aflac Critical Care Protection – Option 1 that includes the following benefit conditions: Specified Health Event Benefit (heart attack) of $10,000, Ambulance Benefit (ground ambulance transportation) of $250, Hospital Confinement Benefit (5 days) of $1,500, and Continuing Care Benefit (30 days) of $3,750.

Benefits and/or premiums may vary based on state and option level selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. 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 complete benefit details, definitions, limitations and exclusions.

Aflac Critical Care Protection – Option 1 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
SPECIFIED HEALTH EVENT BENEFIT: • NAMED INSURED/SPOUSE • DEPENDENT CHILDREN	$10,000; lifetime maximum $10,000 per covered person $12,500; lifetime maximum $12,500 per covered person Payment of the above is limited to one time, per covered person, per lifetime. After the amount above has been paid for a covered person's specified health event, Aflac will pay $5,000 if such covered person is later diagnosed as having had a subsequent specified health event. **This benefit is payable once per covered person, per calendar year. This benefit has no lifetime maximum.**
CORONARY ANGIOPLASTY BENEFIT	$1,000; payable only once per covered person, per lifetime
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime maximum
AMBULANCE BENEFIT	$250 ground or $2,000 air; no lifetime maximum
CONTINUING CARE BENEFIT	$125 each day when a covered person is charged while not confined in a hospital for any of the following treatments: • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered loss. No lifetime maximum
TRANSPORTATION BENEFIT	$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss. Limited to $1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to $75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)

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

LIMITED BENEFIT

AFLAC CRITICAL CARE PROTECTION

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)

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

SUPPLEMENTAL INSURANCE POLICY
SPECIFIED DISEASE, SPECIFIED HEALTH EVENT
Outline of Coverage for Policy Form A74100PA

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.
If you are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" furnished by Aflac.

(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) Supplemental Specified Disease, Specified Health Event Insurance Policy is designed to provide, to persons insured, limited or supplemental coverage. The policy is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Specified Health Events or other conditions as specified. Specified Health Events are: Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest. Coverage is provided for the benefits outlined in **(3) Benefits.** The benefits described in **(3) Benefits** may be limited by **(5) Exceptions, Reductions, and Limitations of the Policy.**

(3) Benefits: While coverage is in force, Aflac will pay the following benefits, as applicable, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

A. SPECIFIED HEALTH EVENT BENEFIT: Aflac will pay the following benefit amount for each Covered Person when he or she is diagnosed as having had a Specified Health Event:

Named Insured/Spouse
$10,000 (Lifetime maximum $10,000 per Covered Person)

Dependent Children
$12,500 (Lifetime maximum $12,500 per Covered Person)

Payment of the amount shown above for the Specified Health Event Benefit is limited to one time, per Covered Person, per lifetime.
After the amount shown above under the Specified Health Event Benefit has been paid for a Covered Person's Specified Health Event, Aflac will pay $5,000 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

This benefit is payable once per Covered Person, per Calendar Year. This benefit has no lifetime maximum.

B. CORONARY ANGIOPLASTY BENEFIT: Aflac will pay $1,000 when a Covered Person has a Coronary Angioplasty, with or without stents.

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

C. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac will pay $300 per day for each day a Covered Person is charged as an inpatient. **Confinements must occur within 500 days of the most recent covered Loss. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Loss at a time per Covered Person. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

D. AMBULANCE BENEFIT: If, due to a covered Loss, 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 Loss, we will pay $2,000. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.
This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

The Continuing Care, Transportation, and Lodging Benefits will be paid for care received within 180 days following the occurrence of a covered Loss. Benefits are payable for only one covered Loss at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Loss, we will pay benefits only for care received within the 180 days following the occurrence of the most recent covered Loss.

E. CONTINUING CARE BENEFIT: If, as the result of a covered Loss, a Covered Person receives any of the following treatments from a licensed Physician and while not confined in a Hospital, Aflac will pay $125 each day a Covered Person is charged:

1. rehabilitation therapy
2. physical therapy
3. speech therapy
4. occupational therapy
5. respiratory therapy
6. dietary therapy/consultation
7. home health care
8. dialysis
9. hospice care
10. extended care
11. Physician visits
12. nursing home care

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Loss. Daily maximum for this benefit is $125 regardless of the number of treatments received.

No lifetime maximum.

F. TRANSPORTATION BENEFIT: If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, 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 Loss.
Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. 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.

G. LODGING BENEFIT: Aflac will pay the charges incurred up to $75 per day 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 special medical treatment for a covered Loss 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 Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

H. WAIVER OF PREMIUM BENEFIT: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation (if you are not employed: are completely unable to perform the material and substantial duties of any job for which you are or reasonably become qualified for by reason of education, training, or experience) for a period of 180 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 or activities, 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.

(4) Optional Benefits:

SUPPLEMENTAL SPECIFIED DISEASE, SPECIFIED HEALTH EVENT BUILDING BENEFIT RIDER: (Form A74050PA)
Applied for ❑ Yes ❑ No

The Specified Health Event Benefit, as defined in the policy, will be increased by $500 on each rider anniversary date while the 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 Specified Health Event Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the policy, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the 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.

(If the rider is Individual coverage, no further premium will be billed for the rider after the payment of benefits.)

SUPPLEMENTAL SPECIFIED DISEASE, SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Form A74051PA)
Applied for ❑ Yes ❑ No

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 by a Physician for a covered Specified Health Event OR 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, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage under the rider. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of lifetime maximum benefits.)

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.

Lifetime maximum of six months per Covered Person.

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

A. Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 30 days after the Effective Date of coverage or, if the Loss is within 30 days after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

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

C. For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is in force.

D. The policy does not cover Losses or confinements caused by or resulting from:

1. Being under the influence of any narcotic (unless administered on the advice of a Physician);
2. Committing, or attempting to commit, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or engaging in any illegal occupation;
3. Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event;
4. Intentionally self-inflicting a bodily Injury or committing suicide;
5. Having elective surgery, except when necessitated by a covered Sickness or Injury, within the first 6 months of the Effective Date of coverage; or
6. Enemy action or act of war, whether declared or undeclared, or actively serving as a member in any of the armed forces of any nation or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, or disorder for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, or treatment was recommended or received from a Physician. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 30 days after the Effective Date of coverage or, if the Loss is within 30 days after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

(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, 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.

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

COMA: a continuous state of profound unconsciousness 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. The term coma does not include any medically induced coma. The coma must begin on or after the effective date of coverage and while coverage is in force for benefits to be payable.

CORONARY ANGIOPLASTY: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). This procedure may be performed with or without stents.

CORONARY ARTERY BYPASS GRAFT SURGERY (CABG): open-heart surgery 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, 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 of any covered person are automatically covered under the terms of the policy 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. Upon notification, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. One-parent family or two-parent family coverage will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability, 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. A dependent child (including persons incapable of self-sustaining employment by reason of intellectual or physical disability) must be under age 26 at the time of application to be eligible for coverage.

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.

HEART ATTACK: a myocardial infarction. 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, cardiac arrest, or any other dysfunction of the cardiovascular system. The heart attack must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. Sudden cardiac arrest is not a heart attack.

HOSPITAL: an institution operated pursuant to the law and licensed or approved as a hospital by the responsible state agency. It must be primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made. Nursing services must be provided on a 24-hour basis by or under the supervision of registered graduate professional nurses (R.N.s). The term hospital does not include a hospice unit, including any bed designated as a hospice bed or a swing bed; a convalescent home; a convalescent rest or nursing facility; facilities used primarily for the aged, drug, or alcohol rehabilitation and those primarily affording custodial or educational care, or a rehabilitation facility that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association, or the Commission on Accreditation of Rehabilitation Facilities.

HOSPITAL CONFINEMENT: a stay of a covered person confined to a bed in a hospital for a period of 23 hours or more for which a room charge is made. The hospital confinement must be on the advice of a physician and medically necessary. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. Hospital confinement does not include confinement in any institution or part thereof used as an emergency room, a psychiatric unit, an extended-care facility, a skilled nursing facility, or care or treatment for persons suffering from mental disease or disorders.

LOSS: a specified health event or coronary angioplasty occurring on or after the effective date of coverage and while coverage is in force.

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. **This does not include transplants involving mechanical or nonhuman organs.**

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 spinal cord injury. The paralysis must be confirmed by the attending physician. The spinal cord injury causing the paralysis must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable.

PERSISTENT VEGETATIVE STATE: a state of severe mental impairment in which only involuntary bodily functions are present for a continuous period of at least 30 days 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, end-stage renal failure, major human organ transplant, third-degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery (CABG), or sudden cardiac arrest.

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. 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), 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.

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. This does not include skin abrasions caused by falling on and scraping skin on asphalt, concrete, or any other surface.

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Underwritten by:
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