



PEACE *of* MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

FIRST-OCCURRENCE BENEFIT: *Aflac will pay \$2,000 for the insured, \$2,000 for the spouse, or \$3,000 for children* when a covered person is diagnosed with internal cancer. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy. Internal cancer includes melanomas classified as Clark's Level III and higher, or a Breslow level greater than 1.5 mm. In addition to the pathological or clinical diagnosis required by the policy, we may require additional information from the attending physician and hospital. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same cancer.

HOSPITAL CONFINEMENT BENEFIT: *Aflac will pay \$300 per day* when a covered person is confined to a hospital for treatment of cancer and is charged for a room as an inpatient. *Benefits increase to \$600 per day* beginning with the 31st day of continuous confinement.

A person confined to a U.S. government hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When cancer treatment is received in a U.S. government hospital, the remaining benefits do not require a covered person to be charged for such services.

MEDICAL IMAGING BENEFIT: *Aflac will pay \$150 per calendar year* when a charge is incurred for each covered person who receives an initial diagnosis or follow-up evaluation of internal cancer using one of the following medical imaging exams: CT scans, MRIs, bone scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, or transrectal ultrasounds. These exams must be performed in a hospital, an ambulatory surgical center, or a physician's office. This benefit is payable once per calendar year, per covered person.

RADIATION AND CHEMOTHERAPY BENEFIT: *Aflac will pay \$300 per day* as follows when a charge is incurred for a covered person who receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of cancer:
 - a. Injection by medical personnel in a physician's office, clinic, or hospital.
 - b. Self-injected medications (limited to \$300 per daily treatment).
 - c. Medications dispensed by a pump or implant (limited to \$300 for the initial prescription and \$300 for each pump refill).
 - d. Oral chemotherapy, regardless of where administered (limited to \$300 per prescription).
2. Radiation therapy.
3. The insertion of interstitial or intracavitary application of radium or radioisotopes.

Self-injected medications and oral chemotherapy will be administered based on the receipt of (a) a standard prescription (30-day supply) for oral chemotherapy and (b) the initial prescription for an infusion pump (or a refill thereof), which can be administered by the covered person without the supervision of medical personnel. Treatments must be FDA- or NCI-approved for the treatment of cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulations, dosimetries, treatment plannings, or other procedures related to these therapy treatments. Benefits will not be paid for each day the radium or radioisotope remains in the body, or for each day of continuous infusion of medications dispensed by a pump or implant. This benefit is not payable the same day the Experimental Treatment Benefit is paid.

THE POLICY HAS LIMITATIONS AND EXCLUSIONS THAT MAY AFFECT THE BENEFITS PAYABLE. THIS BROCHURE IS FOR ILLUSTRATION PURPOSES ONLY. REFER TO THE POLICY AND RIDERS FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.



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American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



Peace of Mind *and* Cash Benefits



PERSONAL CANCER INDEMNITY
CANCER INDEMNITY INSURANCE

PCI²



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PERSONAL CANCER INDEMNITY
CANCER INDEMNITY INSURANCE
Policy Series A-75200

PCI²

The Need

Despite the best efforts of doctors, researchers, and countless organizations, cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role cancer plays in America's overall health. According to the American Cancer Society:*

- 1 In the United States, men have slightly less than a 1-in-2 lifetime risk of developing cancer; for women, the risk is a little more than 1-in-3.
- 2 About 1,596,670 new cancer cases are expected to be diagnosed in 2011.

*Cancer Facts & Figures 2011.



ARE YOU PROTECTED IF SOMETHING
UNEXPECTED HAPPENS?

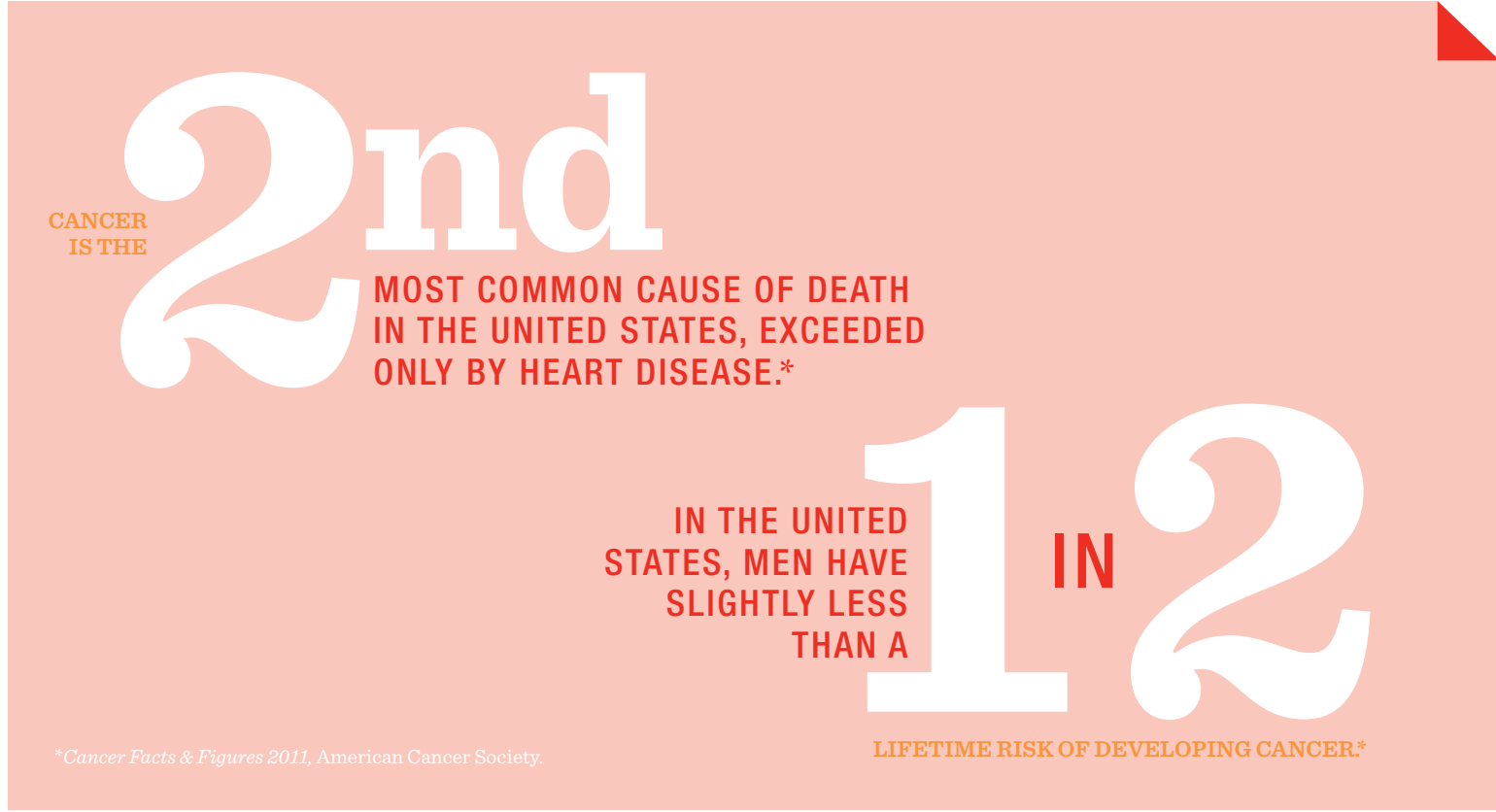
HERE'S HOW WE CAN HELP.

Aflac's Personal Cancer Indemnity insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

- 1 Your coverage is portable, which means it goes with you if you change jobs.
- 2 Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
- 3 Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of Columbus.

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EXPERIMENTAL TREATMENT BENEFIT: *Aflac will pay \$300 per day* when a charge is incurred for a covered person who receives one or more of the following experimental cancer treatments, prescribed by a physician, for the purpose of modification or destruction of abnormal tissue:

- Treatment administered by medical personnel in a physician's office, clinic, or hospital.
- Self-injected medications (limited to \$300 per daily treatment, subject to a monthly maximum of \$2,400).
- Medications dispensed by a pump (limited to \$300 for the initial prescription and \$300 for each refill, subject to a monthly maximum of \$1,200).
- Oral medications, regardless of where administered (limited to \$300 per prescription, subject to a monthly maximum of \$1,200 for all prescriptions).

Treatments must be approved by the National Cancer Institute (NCI) as viable experimental treatments for cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments. Benefits will not be paid for each day of continuous infusion of medications dispensed by a pump or implant. This benefit is not payable the same day the Radiation and Chemotherapy Benefit is paid.

IMMUNOTHERAPY BENEFIT: *Aflac will pay \$400 per calendar month* during which a charge is incurred for a covered person who receives immunoglobulins or colony stimulating factors as prescribed by a physician as part of a treatment regimen for internal cancer. Any medications

paid under the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit. Lifetime maximum of \$2,000 per covered person.

NURSING SERVICES BENEFIT: *Aflac will pay \$125 per 24-hour day* if, while confined in a hospital, a covered person requires and is charged for private nursing services other than those regularly furnished by the hospital. 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.

ANTINAUSEA BENEFIT: *Aflac will pay \$125 per calendar month* during which a charge is incurred for a covered person who receives antinausea drugs that are prescribed while receiving radiation or chemotherapy treatments.

SKIN CANCER SURGERY BENEFIT: *Aflac will pay the indemnity (\$100 to \$600)* listed when a surgical operation is performed on a covered person for a diagnosed skin cancer and a charge is incurred for the specific procedure. The benefit listed in the policy includes anesthesia services.

SURGICAL/ANESTHESIA BENEFIT: *Aflac will pay the indemnity (\$100 to \$5,000)* listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer and a charge is incurred. If any operation for the treatment of cancer 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 similar in severity and gravity. (Exceptions: Surgery for skin cancer will be payable under the Skin Cancer Surgery Benefit.

Reconstructive surgery will be paid under the Reconstructive Surgery Benefit.) Two or more surgical procedures performed through the same incision will be considered one operation, and the highest eligible benefit will be paid.

Aflac will pay an indemnity benefit equal to 25 percent of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation. The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed \$6,250.

OUTPATIENT HOSPITAL SURGICAL BENEFIT: *Aflac will pay \$300* when a surgical operation is performed on a covered person for a diagnosed internal cancer and an operating room charge is incurred. Surgeries must be performed on an outpatient basis in a hospital, to include an ambulatory surgical center. This benefit is not payable for surgery performed in a physician's office or for skin cancer surgery. This benefit is payable in addition to the Surgical/Anesthesia Benefit, is payable once per day, and is not payable the same day as the Hospital Confinement Benefit.

PROSTHESIS BENEFIT: *Aflac will pay \$3,000* when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer treatment. Lifetime maximum of \$6,000 per covered person.

Aflac will pay \$225 when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of cancer treatment. Lifetime maximum of \$450 per covered person.

The Prosthesis Benefit does not include coverage for a breast transverse rectus abdominus myocutaneous (TRAM) flap procedure listed under the Reconstructive Surgery Benefit.

RECONSTRUCTIVE SURGERY BENEFIT: *Aflac will pay the indemnity (\$350 to \$3,000)* listed when a surgical operation is performed on a covered person for reconstructive surgery for the treatment of cancer and a charge is incurred for the specific procedure. *Aflac will pay an indemnity benefit equal to 25 percent* of the amount shown in the policy 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 in the policy for the operation most similar in severity and gravity.

IN-HOSPITAL BLOOD AND PLASMA BENEFIT: *Aflac will pay \$100 times the number of days paid under the Hospital Confinement Benefit* if a covered person receives blood and/or plasma during a covered hospital confinement and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

OUTPATIENT BLOOD AND PLASMA BENEFIT: *Aflac will pay \$250 for each day* a covered person receives blood and/or plasma transfusions for the treatment of cancer as an outpatient in a physician's office, clinic, hospital, or ambulatory surgical center, and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

SECOND SURGICAL OPINION BENEFIT: *Aflac will pay \$250* when a charge is incurred for a second surgical opinion by a licensed physician concerning cancer surgery for a diagnosed cancer. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable.

NATIONAL CANCER INSTITUTE (NCI) 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 prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. If the NCI-designated cancer center is more than 50 miles from the covered person's residence, *Aflac will pay \$250* for the transportation and lodging of the covered person receiving the evaluation/consultation.

This benefit is also payable at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. This benefit is payable only once under the policy per covered person.

AMBULANCE BENEFIT: *Aflac will pay \$200 for ground ambulance transportation or \$1,000 for air ambulance transportation when a charge is incurred for ambulance transportation* of a covered person to or from a hospital where the covered person receives cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company.

TRANSPORTATION BENEFIT: *Aflac will pay 50 cents per mile* for round-trip transportation between the hospital or medical facility and the residence of the covered person when a covered person requires cancer treatment that has been prescribed by the local attending physician. Benefits are limited to \$1,500 per round trip. This benefit will be paid only for the covered person for whom the treatment is prescribed. If the treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child. 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.

LODGING BENEFIT: *Aflac will pay \$60 per day* when a charge is incurred for lodging for you or any one adult family member when a covered person receives cancer treatment 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.

BONEMARROW TRANSPLANTATION BENEFIT: *Aflac will pay \$10,000* when a covered person incurs a charge for a bone marrow transplantation for the treatment of cancer. This does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion. *Aflac will pay the covered person's bone marrow donor a benefit of \$1,000* for his or her expenses

incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per covered person.

STEM CELL TRANSPLANTATION BENEFIT: *Aflac will pay \$5,000* when a charge is incurred if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This benefit does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia. This benefit is payable once per covered person. Lifetime maximum of \$5,000 per covered person.

EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: *Aflac will pay \$1,500* for a covered person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per covered person, \$500 for the storage of a covered person's oocytes 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. Lifetime maximum of \$2,000 per covered person.

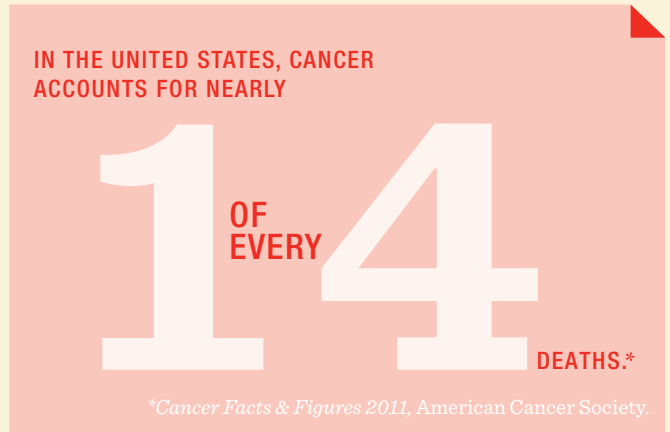
EXTENDED-CARE FACILITY BENEFIT: *Aflac will pay \$75 per day for the first 30 days and \$150 per day beginning with the 31st day* when a charge is incurred if a covered person receives Hospital Confinement Benefits and, within 30 days of hospital confinement, is confined to an extended-care facility, 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. For each day this benefit is payable, Hospital Confinement Benefits are not payable. If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a hospital prior to the second such confinement. Lifetime maximum of 100 days per covered person.

HOSPICE BENEFIT: *Aflac will pay a one-time benefit of \$1,000 for the first day and \$50 per day thereafter* for hospice care when a covered person is diagnosed with cancer, therapeutic intervention directed toward the cure of the disease is medically determined no longer appropriate, and the covered person's prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum of \$12,000 per covered person.

HOME HEALTH CARE BENEFIT: *Aflac will pay \$75 per day for the first 30 days and \$150 per day beginning the 31st day* when a charge is incurred and the covered person receives home health care within 30 days of hospital confinement as the direct result of cancer. This benefit is not payable the same day the Hospice Benefit is payable. Lifetime maximum of 100 days per covered person.

CANCER SCREENING WELLNESS BENEFIT: *Aflac will pay \$75* per calendar year when a covered person receives one of the following: mammogram, breast ultrasound, Pap smear,

ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography, colonoscopy, or virtual colonoscopy. These tests must be performed to determine whether cancer exists in a covered person. This benefit is also payable for an FDA-approved cancer prevention vaccine. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per calendar year, per covered person. This benefit is a preventive benefit; a diagnosis of cancer is not required for this benefit to be payable.



THE FOLLOWING BENEFITS HAVE NO LIFETIME MAXIMUM: Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Outpatient Hospital Surgical, Skin Cancer Surgery, Reconstructive Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, and Cancer Screening Wellness.

WAIVER OF PREMIUM BENEFIT: If you, due to having internal cancer, are completely unable to do all of the usual and customary duties of your occupation [or, if you are not employed: are completely unable to perform two or more of the activities of daily living (ADLs) without the assistance of another person] 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 or activities, and may each month thereafter require a physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL without assistance.

Aflac will also waive, from month to month, any premiums falling due while you are receiving hospice benefits under the Hospice Benefit.

CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions: (1) Your policy has been in

force for at least six months; (2) We have received premiums for at least six consecutive months; (3) Your premiums have been paid through payroll deduction; (4) You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and (5) You re-establish premium payments through your new employer's payroll deduction process or 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 deduction process.)

TERMS YOU NEED TO KNOW

EFFECTIVE DATE: The Effective Date of the policy is the date shown in the Policy Schedule, not the date the application is signed.

FAMILY COVERAGE: *Family Coverage* includes the insured, spouse, and dependent children to age 26. Newborn children are automatically insured from the moment of birth. *One-parent family coverage* includes the insured and all dependent children to age 26.

GUARANTEED-RENEWABLE: The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

Aflac pays only for treatment of cancer, including direct extension, metastatic spread, or recurrence, or any conditions or diseases directly caused or aggravated by the specified diseases or the treatment of the specified diseases. Benefits are not provided for premalignant conditions; conditions with malignant potential; or any other disease, sickness, or incapacity. Pathological proof of diagnosis must be submitted. Clinical diagnosis will be accepted when a pathological diagnosis is medically inappropriate, provided medical evidence sustains the diagnosis and the covered person receives treatment for cancer.

The First-Occurrence Benefit is not payable for: (1) any internal cancer diagnosed or treated before the Effective Date of the policy and the subsequent recurrence, extension, or metastatic spread of such internal cancer that is diagnosed prior to the Effective Date of the policy; (2) the diagnosis of skin cancer or melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same cancer.

