WAIVER OF PREMIUM: 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 (or if not employed: are unable to perform 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 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 will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

LIMITATIONS AND EXCLUSIONS

We pay only for treatment of Cancer and Associated Cancerous Conditions diagnosed while the policy is in force, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity. The 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 two years from the Effective Date of such person's coverage or, at your option, you may elect to void the coverage and receive a full refund of premium.

A hospital does not include a hospice unit, including any bed designated as a hospice bed; a swing bed; a convalescent home; a convalescent, rest, or nursing facility; or facilities used primarily for the aged, drug or alcohol rehabilitation, and those primarily affording custodial or educational care.

An ambulatory surgical center does not include a doctor's or dentist's office, a clinic, or other such location.

TERMS YOU NEED TO KNOW

Associated Cancerous Condition: An *Associated Cancerous Condition* is a myelodysplastic blood disorder, myeloproliferative blood disorder, or 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: *Cancer* is a disease that let itself be known 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* includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).
2. *Nonmelanoma Skin Cancer* is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

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

Covered Person: A *Covered Person* is any person covered under 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) coverage as applied for by you on the application. *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 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. **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.**

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

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

Physician: A *Physician* is a person legally qualified to practice medicine, other than 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.

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MD

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 Maximum Difference Cancer 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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QUICK-REFERENCE

BENEFITS are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute (NCI) or the Food and Drug Administration (unless stated otherwise) for Cancer or an Associated Cancerous Condition, as applicable. To be payable, the benefits listed below require a charge to be incurred for the applicable treatment or service, except for the Experimental Treatment Benefit (as detailed below), the Bone Marrow Transplantation Benefit, and the Hospice Care Benefit. If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government hospital, the benefits listed below will not require a charge for them to be payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
DIRECT NONSURGICAL TREATMENT BENEFITS			
Benefits are payable the calendar week or calendar month, as applicable, during which a Covered Person receives and incurs a charge for the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.			
INITIAL TREATMENT	$3,000	$3,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
INJECTED CHEMOTHERAPY	$900 once per calendar week	None	Limited to the calendar week in which the charge for medication(s) or treatment is incurred.
ORAL CHEMOTHERAPY *NONHORMONAL* *HORMONAL*	 $400 per medication, per calendar month $400 per medication, per calendar month up to 24 months $100 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy	 None None	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of $1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy treatments are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.
RADIATION THERAPY	$500 once per calendar week	None	Benefit is limited to the calendar week in which the charge for the therapy is incurred.
EXPERIMENTAL TREATMENT	$500 once per calendar week if a charge is incurred; $125 once per calendar week if no charge is incurred for inclusion in a clinical trial	None	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. Benefit is limited to the calendar week in which the charge for the treatment is incurred, if there is a charge.

The policy has limitations that may affect benefits payable.
This brochure is for illustrative purposes only. See the policy for complete definitions, details, limitations, and exclusions.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
INDIRECT/ADDITIONAL THERAPY BENEFITS			
The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives and incurs a charge for the applicable treatment.			
EGG HARVESTING AND STORAGE (CRYOPRESERVATION) *EXTRACTION AND HARVESTING* *STORAGE*	$1,500 $ 500	$2,000	Payable for a Covered Person to have oocytes extracted and harvested. In addition, a one-time fee per Covered Person is payable 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 or an Associated Cancerous Condition.
IMMUNOTHERAPY	$500 once per calendar month	$2,500	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
ANTI-NAUSEA	$150 once per calendar month	None	Payable for anti-nausea drugs prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
STEM CELL TRANSPLANTATION	$10,000	$10,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
BONE MARROW TRANSPLANTATION *COVERED PERSON* *DONOR*	$10,000 $ 1,000	$10,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for the transplantation procedure. Does not include stem cell transplantations.
BLOOD & PLASMA *INPATIENT* *OUTPATIENT*	$150 times the number of days paid under the Hospital Confinement Benefit $250 per day	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered hospital confinement. Outpatient benefit is payable 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. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
SURGICAL TREATMENT BENEFITS			
SURGICAL/ ANESTHESIA	$140–$5,000 (based on the Schedule of Operations listed in the policy) 25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed $6,250. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. 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. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
SKIN CANCER SURGERY	$50–$600 (based on skin Cancer surgeries listed in the policy)	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: $600.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
HOSPITALIZATION BENEFITS			
HOSPITAL CONFINEMENT, DAYS 1–30 *NAMED INSURED/ SPOUSE DEPENDENT CHILD* HOSPITAL CONFINEMENT, DAYS 31+ *NAMED INSURED/ SPOUSE DEPENDENT CHILD*	$300 per day $375 per day $600 per day $750 per day	None None	For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a hospital for treatment and is charged for a room as an inpatient. During any continuous period of hospital confinement for 31 days or more, Aflac will pay benefits as described for Days 1–30. Beginning with the 31st day of such continuous hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is charged for a room as an inpatient. 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.
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	$300 per day	None	Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician's office. Surgery must be performed on an outpatient basis in a hospital or an ambulatory surgical center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: $300.
CONTINUING CARE BENEFITS			
EXTENDED-CARE FACILITY	$150 per day	None	Payable when an insured is hospitalized and receiving Hospital Confinement Benefits and is later confined, within 30 days of the covered hospital confinement, to an extended-care facility, a skilled nursing facility, a transitional care unit or any bed designated as a swing bed, or to a section of the hospital used as such (an extended-care facility). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. If more than 30 days separates confinements in an extended-care facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined as an inpatient to the extended-care facility within 30 days of that confinement. Benefits are limited to 30 days per calendar year, per Covered Person.
HOME HEALTH CARE	$150 per visit (Limit of 10 visits per hospitalization and 30 visits per calendar year for each Covered Person)	None	Payable when hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then either home health care or health supportive services are provided by a licensed, certified, or duly qualified person, other than an immediate family member. Visits must begin within 7 days of release from the hospital. 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. Benefit is not payable the same day the Hospice Care Benefit is payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
CONTINUING CARE BENEFITS			
HOSPICE CARE *DAY 1* *ADDITIONAL DAYS*	$1,000 (one-time benefit) $50 per day	$12,000	Payable when 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. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
NURSING SERVICES	$150 per day	None	Payable while a Covered Person is confined in a hospital and requires full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
SURGICAL PROSTHESIS	$3,000	$6,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
PROSTHESIS NONSURGICAL	$250 per occurrence	$500	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
RECONSTRUCTIVE SURGERY	$350–$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: $3,000.
AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS			
AMBULANCE *GROUND* *AIR*	$ 250 $2,000	None	Payable for ambulance transportation to or from a hospital where treatment is received. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.
TRANSPORTATION	50 cents per mile, up to $1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a hospital/facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
LODGING	$80 per day	None	Payable 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. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.

POLICY BENEFITS CONTINUE ON NEXT PANEL.