

Aflac Maximum Difference[®]

CANCER INDEMNITY INSURANCE

We've been dedicated to helping provide peace of mind and financial security for nearly 60 years.



Aflac[®]

We've got you under our wing.[®]

MAXIMUM DIFFERENCE®

CANCER INDEMNITY INSURANCE

Policy Series A76000

MD

Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Maximum Difference insurance policy. The plan pays a cash benefit upon initial treatment of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Maximum Difference plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.

The Maximum Difference insurance policy has:

- No lifetime limit—policy won't terminate based on number or dollar amount of claims paid.
- No network restrictions—you choose your own medical treatment provider.
- No coordination of benefits—we pay regardless of any other insurance.



THE FACTS SAY YOU NEED THE PROTECTION OF THE AFLAC MAXIMUM DIFFERENCE® PLAN:

FACT NO. 1

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 2

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Maximum Difference[®] is designed to provide you with cash benefits if a positive diagnosis of cancer ever occurs. This means that you will have added financial resources to help with expenses incurred due to cancer treatment, to help with ongoing living expenses, or to help with any purpose you choose.

Today, the chances of surviving cancer are better than ever. But would your finances survive a cancer diagnosis? For almost 60 years, we've been dedicated to helping provide individuals and their families with peace of mind and financial security when they need it most. In fact, Aflac helped pioneer cancer insurance in 1958. And as a leading provider of supplemental health insurance in the U.S., we continue to offer ways to keep you safe, sound, and well protected.

Plan Benefits Include:

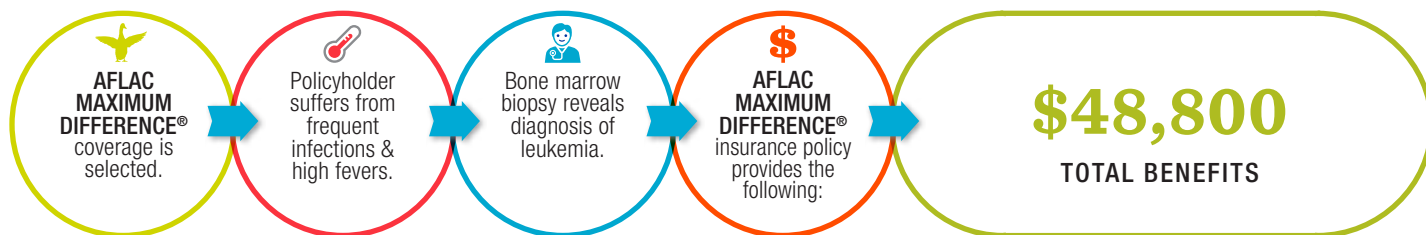
- Daily hospitalization benefits payable for hospital stays, with increased benefits for dependent children.
- Benefits payable for injected chemotherapy, oral chemotherapy, radiation therapy, and antinausea drugs.
- Benefits payable for experimental treatments, cancer surgery, and prosthetic devices.
- Transportation and lodging benefits payable for travel to receive treatment.

Additional Plan Features:

- Dependent children – Covered at no additional cost.
- Portable – You can take the plan with you if you leave your job for any reason.
- Guaranteed-renewable – As long as premiums are paid, the policy cannot be canceled.
- Fast claim processing – Usually within 4 days.*

*Company statistics, December 31, 2011.

HOW IT WORKS



The above example is based on a scenario for Aflac Maximum Difference[®] that includes the following benefit conditions: Bone marrow biopsy (Surgical/Anesthesia Benefit) of \$175, Initial Treatment Benefit of \$3,000, venous port (Surgical/Anesthesia Benefit) of \$175, Injected Chemotherapy Benefit (10 weeks) of \$9,000, Immunotherapy Benefit (3 months) of \$1,500, Antinausea Benefit (3 months) of \$450, Hospital Confinement Benefit (10-week hospitalization) of \$33,000, Blood and Plasma Benefit (10 transfusions) of \$1,500.

The policy has limitations and exclusions that may affect benefits payable. 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 benefit details, definitions, limitations, and exclusions.

Maximum Difference® Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
CANCER TREATMENT BENEFITS:	
INITIAL TREATMENT BENEFIT	\$3,000; lifetime max \$3,000 per covered person
INJECTED CHEMOTHERAPY BENEFIT	\$900 per week; no lifetime max
NONHORMONAL ORAL CHEMOTHERAPY BENEFIT	\$400 per month, up to a max of \$1,200 per month ²
HORMONAL ORAL CHEMOTHERAPY BENEFIT	\$400 per month up to 24 months, after 24 months \$100 per month; up to a max of \$1,200 per month ²
RADIATION THERAPY BENEFIT	\$500 per week; no lifetime max
EXPERIMENTAL TREATMENT BENEFIT	\$500 per week if charged; \$125 per week if no charge; no lifetime max
IMMUNOTHERAPY BENEFIT	\$500 once per month; \$2,500 lifetime max per covered person
ANTINAUSEA BENEFIT	\$150 per month; no lifetime max
STEM CELL TRANSPLANTATION BENEFIT	\$10,000; lifetime max \$10,000 per covered person
BONE MARROW TRANSPLANTATION BENEFIT	\$10,000; lifetime max \$10,000 per covered person; \$1,000 to donor
BLOOD AND PLASMA BENEFIT	Inpatient: \$150 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$250 per day; no lifetime max
EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT	\$1,500 to have oocytes extracted and harvested; \$500 for storage; \$2,000 lifetime max per covered person
SURGICAL/ANESTHESIA BENEFIT	\$140-\$5,000 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$6,250; no lifetime max on number of operations
SKIN CANCER SURGERY BENEFIT	\$50-\$600; no lifetime max on number of operations
HOSPITALIZATION BENEFITS:	
HOSPITAL CONFINEMENT BENEFIT:	
• Hospitalization for 30 days or less	Insured/Spouse: \$300 per day; Dependent Child: \$375 per day; no lifetime max
• Hospitalization for Days 31+	Insured/Spouse: \$600 per day; Dependent Child: \$750 per day; no lifetime max
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT	\$300 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
CONTINUING CARE BENEFITS:	
EXTENDED-CARE FACILITY BENEFIT	\$150 per day; limited to 30 days per year, per covered person
HOME HEALTH CARE BENEFIT	\$150 per visit; limited to 30 visits per year, per covered person
HOSPICE CARE BENEFIT	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per covered person
NURSING SERVICES BENEFIT	\$150 per day; no lifetime max
SURGICAL PROSTHESIS BENEFIT	\$3,000; lifetime max \$6,000 per covered person
PROSTHESIS NONSURGICAL BENEFIT	\$250 per occurrence; lifetime max \$500 per covered person
RECONSTRUCTIVE SURGERY BENEFIT	\$350-\$3,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:	
AMBULANCE BENEFIT	\$250 ground or \$2,000 air; no lifetime max
TRANSPORTATION BENEFIT	\$.50 per mile; max \$1,500 per round trip
LODGING BENEFIT	\$80 per day; limited to 90 days per year

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

²Up to three different oral chemotherapy medicines per calendar month.

**American Family Life Assurance Company of Columbus
(herein referred to as Aflac)**

**The policy described in this document provides supplemental coverage
and will be issued only to supplement insurance already in force.**

LIMITED BENEFIT

**SPECIFIED DISEASE
INSURANCE**

POLICY SERIES A76100

**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)**

1. Read Your Policy Carefully: This document 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. Cancer Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

3. All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

A. CANCER TREATMENT BENEFITS:

1. DIRECT NONSURGICAL TREATMENT BENEFITS: All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit A1c).

a. INITIAL TREATMENT BENEFIT: Aflac will pay \$3,000 (three thousand dollars) the first time a Covered Person receives one or more of the following: Radiation Therapy Benefits, Injected Chemotherapy Benefits, or Oral Chemotherapy Benefits. Lifetime maximum benefit of \$3,000 per Covered Person.

b. INJECTED CHEMOTHERAPY BENEFIT: Aflac will pay \$900 (nine hundred dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

c. ORAL CHEMOTHERAPY BENEFITS:

(i) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$400 (four hundred dollars) per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Non-Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

(ii) HORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$400 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$100 (one hundred dollars) per Calendar Month, during which a Covered Person is

prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include, but are not limited to, Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as Tamoxifen.

Oral Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. Total benefits are payable for up to three different Oral Chemotherapy medicines per Calendar Month, up to a maximum of \$1,200 (one thousand two hundred dollars) per Calendar Month. Refills within the same Calendar Month, are not considered a different Chemotherapy medicine. No lifetime maximum.

d. RADIATION THERAPY BENEFIT: Aflac will pay \$500 (five hundred dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.

e. EXPERIMENTAL TREATMENT BENEFIT: Aflac will pay \$500 (five hundred dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer treatments. Aflac will pay \$125 (one hundred twenty five dollars) once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer treatments as part of a clinical trial which does not charge patients for inclusion.

Treatments must be approved by the NCI as a viable experimental treatment for Cancer. This 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. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the treatment is incurred. No lifetime maximum.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

a. IMMUNOTHERAPY BENEFIT: Aflac will pay \$500 (five hundred dollars) per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in

which the charge for Immunotherapy is incurred. Lifetime maximum of \$2,500 (two thousand five hundred dollars) per Covered Person.

Any medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy Benefit, or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.

- b. ANTI-NAUSEA BENEFIT:** Aflac will pay \$150 (one hundred fifty dollars) per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.
- c. STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$10,000 (ten thousand dollars) when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$10,000 (ten thousand dollars) per Covered Person.
- d. BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$10,000 (ten thousand dollars) when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$1,000 (one thousand dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 (ten thousand dollars) per Covered Person.
- e. BLOOD AND PLASMA BENEFIT:** Aflac will pay \$150 (one hundred fifty dollars) times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$250 (two hundred fifty dollars) for each day a Covered Person receives and incurs a charge 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. This benefit does not pay for immunoglobulins, Immunotherapy, anti-hemophilia factors, or colony-stimulating factors. No lifetime maximum.
- f. EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$1,500 (one thousand five hundred dollars) for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 (five hundred dollars) for the storage of a Covered Person's oocyte(s) 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. Lifetime maximum of \$2,000 (two thousand dollars) per Covered Person.

Form A92401

3. SURGICAL TREATMENT BENEFITS:

- a. SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or 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.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit A3b. Reconstructive Surgery will be payable under Benefit C7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$6,250 (six thousand two hundred fifty dollars). No lifetime maximum on the number of operations.

- b. SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$600 (six hundred dollars). No lifetime maximum on the number of operations.

Laser or Cryosurgery \$ 50

Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

B. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):

a. HOSPITALIZATION FOR 30 DAYS OR LESS: When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$300
Dependent Child	\$375

b. HOSPITALIZATION FOR 31 DAYS OR MORE: During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit B1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$600
Dependent Child	\$750

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

2. OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:

When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$300 (three hundred dollars). For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$300 (three hundred dollars). No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

C. CONTINUING CARE BENEFITS:

1. EXTENDED-CARE FACILITY BENEFIT: When a Covered Person is hospitalized and receives benefits under Benefit B1 and is later confined, within 30 days of the covered Hospital confinement, 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, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$150 (one hundred fifty dollars) per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit B1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

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 benefits under Benefit B1 and is confined as an inpatient to the Extended Care Facility within 30 days of that confinement.

2. HOME HEALTH CARE BENEFIT: When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$150 (one hundred fifty dollars) when a charge is incurred for each such visit, subject to the following conditions:

- a.** The home health care or health supportive services must begin within seven days of release from the Hospital.
- b.** This benefit is limited to ten visits per hospitalization for each Covered Person.
- c.** This benefit is limited to 30 visits in any Calendar Year for each Covered Person.
- d.** This 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.
- e.** Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

3. HOSPICE CARE BENEFIT: When a Covered Person is 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, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition, (hereinafter referred to as "Terminally Ill") Aflac will pay a one-time benefit of \$1,000 (one thousand dollars) for the first day the Covered Person receives Hospice care and \$50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000 (twelve thousand dollars).

4. NURSING SERVICES BENEFIT: While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the

Hospital, Aflac will pay \$150 (one hundred fifty dollars) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These 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. No lifetime maximum.

5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$3,000 (three thousand dollars) when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$6,000 (six thousand dollars) per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. **PROSTHESIS NONSURGICAL BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$500 (five hundred dollars) per Covered Person.
7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000 (three thousand dollars). No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$3,000
Breast Reconstruction	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above 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 above for the operation most nearly similar in severity and gravity.

D. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an

Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

Form A92401

2. **TRANSPORTATION BENEFIT:** If a Covered Person requires treatment for Cancer or an Associated Cancerous Condition that has been prescribed by the attending Physician, Aflac will pay 50 cents per mile, up to a maximum of \$1,500 (one thousand five hundred dollars) for transportation of the Covered Person and a companion, limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. If commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay for one additional person to accompany the Covered Person. If the treatment is for a covered Dependent Child and commercial travel is necessary, Aflac will pay for up to two adults to accompany the covered 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.

3. **LODGING BENEFIT:** Aflac will pay \$80 (eighty dollars) per day when a charge is incurred 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 for Cancer or an Associated Cancerous Condition 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.

E. PREMIUM WAIVER AND RELATED BENEFITS:

1. **WAIVER OF PREMIUM BENEFIT:** 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 [if you are not employed: are completely unable to perform two or more 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.

If you die and your spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

- 2. 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:
- The policy has been in force for at least six months;
 - We have received premiums for at least six consecutive months;
 - Your premiums have been paid through payroll deduction;
 - 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
 - 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.

4. Optional Benefits:

INITIAL DIAGNOSIS BENEFIT RIDER:
(Series A76000) Applied for Yes No

The rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for the rider are incorrect or incomplete, the benefits under the rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

- A. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while the rider is in force.

This benefit is payable under the rider only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

- B. INITIAL DIAGNOSIS BUILDING BENEFIT:** Aflac will increase the Initial Diagnosis Benefit by \$500 (five hundred dollars) on each rider anniversary date. (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 Initial Diagnosis 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 Internal Cancer or an Associated Cancerous Condition is diagnosed 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 Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

- C. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.
- D. ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$300 (three hundred dollars) per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.
- E. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Year when a charge is incurred for each Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, Multiple Gated Acquisition (MUGA) scans, Positron Emission Tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. These exams must be performed in a Hospital, to include an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

Exceptions, Reductions and Limitations of the Initial Diagnosis Benefit Rider:

The rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for the rider are incorrect or incomplete, the benefits under the rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

The rider contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of the rider or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Benefit and Initial Diagnosis Building Benefit of the rider are not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Cancer or Associated Cancerous Condition (2) Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit or an Initial Diagnosis Building Benefit under the rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER:
(Series A76000) Applied for Yes No

The rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for the rider are incorrect or incomplete, the benefits under the rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

No diagnosis of either Cancer or an Associated Cancerous Condition is required for benefits A or B to be payable.

A. CANCER VACCINE BENEFIT: Aflac will pay \$40 (forty dollars) if a Covered Person receives any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per Calendar Year.

Form A92403

B. CANCER WELLNESS BENEFITS:

1. CANCER WELLNESS: Aflac will pay the amount shown in the Policy Schedule, per Calendar Year, when a Covered Person receives one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

Form A92403

2. BONE MARROW DONOR SCREENING: Aflac will pay \$40 (forty dollars) when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

C. ANNUAL CARE BENEFIT: Aflac will pay \$500 (five hundred dollars) on the anniversary date of a Covered Person's Internal Cancer diagnosis upon proof that the Covered Person is still under the active care of a Physician. **This benefit is not payable for Associated Cancerous Conditions or Nonmelanoma Skin Cancers.** Lifetime maximum of five annual payments per Covered Person.

SPECIFIED-DISEASE BENEFIT RIDER:
(Series A76000) Applied for Yes No

The rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for the rider are incorrect or incomplete, then the rider may be voided or claims may be denied. If voided, any premiums for the rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of the rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THE RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

1. HOSPITALIZATION FOR 30 DAYS OR LESS: When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, Aflac will pay \$200 (two hundred dollars) per day.

2. HOSPITALIZATION FOR 31 DAYS OR MORE: During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 (five hundred dollars) per day.

"Specified Disease" as used under this benefit means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of the rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s) and/or titer(s). If any of these diseases are diagnosed prior to the rider being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after the rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea

- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

RETURN OF PREMIUM BENEFIT:

(Series A76000) Applied for Yes No

Aflac will pay you a cash value based upon the annualized premium paid for the rider, the policy, and any other attached benefit riders **(premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders)**. All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender the rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If the rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of the rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$_____. If you surrender the rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: The rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for the rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When the rider terminates (is no longer in force), no further premium will be charged for it.

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

- A.** We pay only for treatment of Cancer and Associated Cancerous Conditions, 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.
 - B.** 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. At your option, you may elect to void the coverage and receive a full refund of premium.
- 6. Renewability:** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

The policy has limitations that may affect benefits payable.

This brochure is for illustration purposes only.

Refer to the policy and riders for complete definitions, details, limitations, and exclusions.

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

ASSOCIATED CANCEROUS CONDITION: 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: Disease manifested 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:** All cancers other than nonmelanoma skin cancer (see definition of nonmelanoma skin cancer).
- 2. NONMELANOMA SKIN CANCER:** 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: Any person insured under the coverage type you applied for: 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 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 date(s) coverage begins as shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

PHYSICIAN: 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.

ADDITIONAL INFORMATION

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

The term hospital does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A bone marrow transplantation does not include stem cell transplantation.

A stem cell transplantation does not include bone marrow transplantation.

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.

If treatment for cancer or an associated cancerous condition is received in a U.S. government hospital, benefits under the policy will not require a covered person to be charged for such services for benefits to be payable.



We've got you under our wing.*

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