Group Critical Illness Insurance

You can count on Aflac to help ease the financial impact of surviving a critical illness.

In Georgia, Group Critical Illness Limited Benefit Insurance Plan.

This plan does not contain comprehensive adult wellness benefits as defined by law.

AFLAC GROUP CRITICAL ILLNESS

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: **$10,000**
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	

Amount payable based on $10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

COVERED CRITICAL ILLNESS BENEFITS:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	100%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%

INITIAL DIAGNOSIS BENEFIT

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS BENEFIT

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

REOCCURRENCE BENEFIT

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

SKIN CANCER BENEFIT

We will pay $1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT (In Missouri, Conversion Privilege (Successor Insured))

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

State references refer to the state of your group and not your resident state.

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

EXCLUSIONS

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
  - In Alaska and Nevada, injuring or attempting to injure oneself intentionally.
  - In Vermont, injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured while sane.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, committing or attempting to commit suicide while sane.
  - In Pennsylvania and Vermont, committing or attempting to commit suicide.
  - In Illinois and Minnesota, this exclusion does not apply.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
  - In Maryland, this exclusion does not apply.
  - In Illinois and Pennsylvania, Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska, being engaged in an illegal occupation, or commission of or attempting to commit a felony.
  - In Nevada, being convicted of participating in a felony, or working at an illegal job that could result in a financial gain for the member obtained through illicit means. This exclusion does not apply to acts or victims of domestic violence, regardless of whether the insured contributed to any loss or injury.
  - In Ohio, committing or attempting to commit a felony, or working at an illegal job.
  - In Utah, voluntarily participating in an illegal activity or voluntary working at an illegal job;
  - In Vermont, participating or attempting to participate in a felony, or working at an illegal job.
- Participation (in Utah, Voluntary participation) in aggressive conflict of any kind (in Nevada, conflict of the following types), including:
  - War (declared or undeclared) or military conflicts
    - In Florida and North Carolina, war does not include acts of terrorism.
    - In Oklahoma war, or act of war, declared or undeclared, when serving in the military service or an auxiliary unit thereto;
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
  - In D.C., participation in aggressive conflict of any kind, including:
    - War (declared or undeclared) or military conflicts;
    - Insurrection or riot (Riot means a public disturbance involving an assemblage of 5 or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for riot shall apply only when a person willfully engages in a riot or willfully incites or urges other persons to engage in a riot.
  - In Maryland, participation in aggressive conflict of any kind, including war (declared or undeclared) or military conflicts.
- Illegal substance abuse which includes the following:
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs
  - In Kentucky, Illegal substance abuse which includes the following:
    - Any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of any drug unless administered on the advice of a doctor and taken in accordance with the doctor's instructions.
  - In Louisiana, Illegal substance abuse which includes the following:
    - Illegal intoxication or
    - Being under the influence of narcotics unless administered on the advice of a doctor.
  - In Massachusetts, Illegal substance abuse which includes the following:
    - Abuse of legally-obtained prescription medication
    - Illegal use of non-prescription drugs
    - Services provided for alcohol and drug detoxification
  - In Maryland, Nevada, South Dakota and Vermont, this exclusion does not apply.
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.
  - In Pennsylvania and Utah, this exclusion does not apply.
- In Texas, diagnosis of a critical illness made by a family member.
- In Maryland, any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in §1-302 of the Health Occupations Article.

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin (In Maryland, this exclusion will not apply when the skin cancer metastasizes and leads to internal cancer.)
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,

  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging
- Metastatic Cancer

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging

Critical Illness is a disease or a sickness as defined in the plan that first manifests (In Maryland and South Dakota, that manifests; In Illinois, began) while your coverage is in force. In Pennsylvania, a disease or sickness as defined in the plan that is diagnosed or first treated while your coverage is in force.

Date of Diagnosis is defined as follows:

- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
  - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of Cancer and/or Carcinoma in Situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
  - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of Cancer and/or Carcinoma in Situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial Infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Metastatic Cancer: The date a doctor determines cancer has metastasized to other parts of the body from the original site.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).
- Type I Diabetes: The date a doctor diagnoses an insured as having type I diabetes based on clinical and/or laboratory findings as supported by medical records.

Dependent children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth. Definition may vary by state. Read your certificate carefully for details.

Spouse is your legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your application. Definition may vary by state. Read your certificate carefully for details.

A doctor does not include you or any of your family members. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law. (In Pennsylvania, reference to family-members-in-law is not applicable.)

In South Dakota, A doctor who is your family member may treat you if that doctor:

- Is the only doctor in the area; and,
- Acts within the scope of his or her practice.

In Arizona and Texas, the above definition of doctor is not applicable.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with

heart attack (myocardial infarction), and

- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine physphokinase (CPK) a CPKMB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (endstage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction). (In Illinois, contributed to by language does not apply.)

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

Type I Diabetes excludes gestational diabetes and prediabetes.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day (In Nevada, the 60th day) after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

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Continental American Insurance Company • Columbia, South Carolina

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