

Aflac Cancer Protection Assurance

SPECIFIED DISEASE INSURANCE – OPTION 2

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



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

AFLAC CANCER PROTECTION ASSURANCE

SPECIFIED DISEASE INSURANCE – OPTION 2

Policy Series B70000



We're there when you need us most

The unfortunate reality is cancer touches almost everyone at some point in their lives, whether it's yourself or a loved one. But each person has a unique story, especially when it comes to cancer treatment. We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families – before, during, and after treatment.

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower you to seek treatment, while easing the financial concerns that often accompany it.

Benefits paid directly to you

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Health insurance was never intended to cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these.



Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Aflac Cancer Protection Assurance stays with you for life*

We're with you, even when you're well. We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

How it works

AFLAC CANCER PROTECTION ASSURANCE INSURANCE - OPTION 2

POLICYHOLDER SUFFERS FROM FREQUENT INFECTIONS AND HIGH FEVER.



POLICYHOLDER VISITS PHYSICIAN.



PHYSICIAN RECOMMENDS BONE MARROW BIOPSY.



PATIENT RECEIVES DIAGNOSIS OF LEUKEMIA AND UNDERGOES TREATMENT.

TOTAL BENEFITS OF

\$29,575

The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 with three units of the Initial Diagnosis Building Benefit Rider (purchased three years prior to claim) and includes the following benefit conditions: Initial Diagnosis Benefit of \$5,000, Initial Diagnosis Building Benefit Rider (three units for three years) of \$900, Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$4,800, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$9,600, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800, Annual Care Benefit (paid on the first anniversary of diagnosis) of \$500.

*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy and certain riders contain a 30-day waiting period. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per day; maximum benefit payment will be \$375 per calendar month Physician Administered: \$1,600 per day; maximum benefit payment will be \$1,600 per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 per day; maximum benefit payment will be \$150 per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$100 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person
EXTENDED-CARE FACILITY	\$100 per day; lifetime maximum of 100 days, per covered person
HOME HEALTH CARE	\$100 per day; lifetime maximum of 100 days, per covered person
HOSPICE CARE	\$1,000 for first day; \$100 per day thereafter; lifetime maximum of 100 days, per covered person
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person
AMBULANCE	\$250 ground \$2,000 air ambulance
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip
LODGING	\$65 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes
OPTIONAL RIDERS:	DESCRIPTION:
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child

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

**AFLAC CANCER
PROTECTION
ASSURANCE COVERAGE**

CAUTION!

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

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

SPECIFIED DISEASE INSURANCE

Outline of Coverage for Policy Form Series B70200

- (1) **Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of the 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) **Specified Disease Insurance Coverage** is designed to supplement a Covered Person's 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 not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (3) The policy is NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Aflac.
- (4) **Benefits:** Aflac will pay the following benefits, as applicable, while coverage is in force, subject to all other limitations and exclusions, conditions, and provisions of the policy, unless indicated otherwise. All treatments listed below must be National Cancer Institute (NCI) or Food and Drug Administration (FDA) approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

CANCER SCREENING BENEFIT: Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:

mammogram • breast ultrasound • breast MRI • thermography • CA15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Pap smear/ThinPrep • PSA (blood test for prostate cancer) • CEA (blood test for colon cancer) • P32 uptake serum protein electrophoresis (blood test for multiple myeloma) • testicular ultrasound • transrectal ultrasound • abdominal ultrasound • flexible sigmoidoscopy • colonoscopy • virtual colonoscopy • cystoscopy • colposcopy • bronchoscopy • mediastinoscopy • esophagoscopy • sigmoidoscopy • proctosigmoidoscopy • gastroscopy • laryngoscopy • chest X-ray • computerized tomography (CT or CAT scan) • magnetic resonance imaging (MRI) • bone scan • thyroid scan • multiple gated acquisition (MUGA) scan • positron emission tomography (PET) scan • biopsy • hemocult stool specimen (lab confirmed)
• Genetic Testing • bone marrow donor screening • cancer vaccine

This benefit is limited to one \$75 payment per Calendar Year, per Covered Person, with no Positive Medical Diagnosis. If a Covered Person receives a Positive Medical Diagnosis for Internal Cancer or an Associated Cancerous Condition, this benefit will pay up to a total of three \$75 payments per Calendar Year for screenings performed on such Covered Person. Screenings must be administered by licensed medical personnel. Except for Genetic Testing, bone marrow donor screening, and cancer vaccine, the screening must be performed for the purpose of determining whether Cancer or an Associated Cancerous Condition exists in a Covered Person. No lifetime maximum.

PROPHYLACTIC SURGERY BENEFIT (DUE TO A POSITIVE GENETIC TEST RESULT): Aflac will pay \$250 when a Covered Person has surgery due to a positive test result received for a genetic alteration or mutation associated with a hereditary Cancer syndrome and such surgery is recommended by a Physician. The Genetic Testing must be performed while coverage is in force.

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

CANCER DIAGNOSIS BENEFITS:

INITIAL DIAGNOSIS BENEFIT: Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while the policy is in force, subject to the Limitations and Exclusions.

Named Insured or Spouse	\$5,000
Dependent Child	\$10,000

This benefit is payable once per Covered Person, per lifetime. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

ADDITIONAL OPINION BENEFIT: Aflac will pay \$300 when a charge is incurred for an additional surgical opinion from a Physician or an evaluation or consultation with a Physician for the purpose of determining the appropriate course of treatment for a covered Internal Cancer or Associated Cancerous Condition. **This benefit is payable once per Covered Person, per lifetime.**

CANCER TREATMENT BENEFITS:

NONSURGICAL TREATMENT BENEFITS:

RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY, OR EXPERIMENTAL CHEMOTHERAPY BENEFIT:

SELF-ADMINISTERED: Aflac will pay \$375 per day for which a Covered Person receives and incurs a charge for self-administered Physician-prescribed Chemotherapy, Immunotherapy, or Experimental Chemotherapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition. The maximum benefit payment will be \$375 per Calendar Month.

PHYSICIAN-ADMINISTERED: Aflac will pay \$1,600 per day for which a Covered Person is prescribed, receives, and incurs a charge for Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy administered by a member of the medical profession in a Medical Facility as part of a treatment regimen for Cancer or an Associated Cancerous Condition. The maximum benefit payment will be \$1,600 per Calendar Month.

After this benefit has been paid for 12 Calendar Months, Aflac will require annual documentation from the attending Physician certifying that the Cancer or Associated Cancerous Condition is still detectable and active in the body and is not in remission in order for this benefit to continue to be payable.

HORMONAL THERAPY BENEFIT: Aflac will pay \$25 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Therapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

TOPICAL CHEMOTHERAPY BENEFIT: Aflac will pay \$150 per day for which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. The maximum benefit payment will be \$150 per Calendar Month.

See the Payment of Nonsurgical Treatment Benefits section for additional information.

INDIRECT/ADDITIONAL THERAPY BENEFITS:

ANTINAUSEA BENEFIT: Aflac will pay \$100 once per Calendar Month for which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which a person receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy, the Calendar Month prior to such treatment, and the Calendar Month following such treatment. No lifetime maximum.

STEM CELL AND BONE MARROW TRANSPLANTATION BENEFIT: Aflac will pay \$7,000 when a Covered Person

receives and incurs a charge for a peripheral Stem Cell Transplantation or a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Lifetime maximum of \$7,000 per Covered Person. In addition, Aflac will pay the Covered Person's donor an indemnity amount for his or her expenses as a result of the donation procedure as follows: \$100 for stem cell donation, or \$750 for bone marrow donation. This benefit is payable one time per Covered Person.

BLOOD AND PLASMA BENEFIT: Aflac will pay \$50 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 for the treatment of Internal Cancer or an Associated Cancerous Condition during a covered Hospital confinement. Aflac will pay \$175 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, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

SURGICAL TREATMENT BENEFITS:

SURGERY/ANESTHESIA BENEFIT: Aflac will pay according to the benefits in the Schedule of Operations in the policy when a Covered Person has a surgical procedure performed for the direct treatment of a covered Internal Cancer or Associated Cancerous Condition and a charge is incurred for such surgical procedure. If any surgical procedure 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 surgical procedure most nearly similar in severity and gravity.

EXCEPTIONS: Prophylactic Surgery and procedures payable under the Cancer Screening Benefit, Skin Cancer Surgery Benefit, or Reconstructive Surgery Benefit will not be payable under the Surgery/Anesthesia Benefit.

The Surgery/Anesthesia Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid.

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 \$4,250. No lifetime maximum on the number of operations.

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 amount listed below when a charge is incurred for the specific procedure. The amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$100
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Surgeries OTHER THAN Laser or Cryosurgery:

Excision of lesion of skin without flap or graft	170
Flap or graft without excision	250
Excision of lesion of skin with flap or graft	400

PROPHYLACTIC SURGERY BENEFIT (WITH CORRELATING INTERNAL CANCER DIAGNOSIS): Aflac will pay \$250 when, as recommended by a Physician due to a covered diagnosis of Internal Cancer or an Associated Cancerous Condition, one of the Prophylactic Surgeries shown below is performed on a Covered Person:

1. mastectomy due to a covered diagnosis of Internal Cancer other than breast Cancer;
2. oophorectomy due to a covered diagnosis of Internal Cancer other than ovarian Cancer; or
3. orchiectomy due to a covered diagnosis of Internal Cancer other than testicular Cancer.

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

HOSPITALIZATION BENEFITS:

HOSPITAL CONFINEMENT BENEFITS:

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 for each day the Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

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 above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below for each day the Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$400
Dependent Child	\$500

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 \$200. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgery/Anesthesia Benefit. The maximum daily benefit will not exceed \$200. 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 the procedures listed in the Cancer Screening Benefit or any surgery performed in a Physician's office.

CONTINUING CARE BENEFITS:

EXTENDED-CARE FACILITY BENEFIT: When a Covered Person 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, (collectively referred to as "Extended-Care Facility"), as the direct result of Internal Cancer or an Associated Cancerous Condition, Aflac will pay \$100 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. Lifetime maximum of 100 days per Covered Person.

HOME HEALTH CARE BENEFIT: When a Covered Person has either home health care or health supportive services provided on his or her behalf, as the direct result of Internal Cancer or an Associated Cancerous Condition, Aflac will pay \$100 per day when a charge is incurred for each such visit, subject to the following conditions:

1. 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.
2. 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.

Lifetime maximum of 100 days per Covered Person.

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

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 for the first day the Covered Person receives Hospice care and \$100 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. Lifetime maximum of 100 days per Covered Person.

This benefit is not payable the same day the Home Health Care Benefit is payable.

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 \$100 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.

SURGICAL PROSTHESIS BENEFIT: Aflac will pay \$2,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or an Associated Cancerous Condition treatment. Lifetime maximum of \$4,000 per Covered Person.

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

NONSURGICAL PROSTHESIS BENEFIT: Aflac will pay \$175 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 \$350 per Covered Person.

RECONSTRUCTIVE SURGERY BENEFIT:

BREAST RECONSTRUCTION: Aflac will pay the amount 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 an Associated Cancerous Condition. The maximum daily benefit will not exceed \$2,000.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$2,000
Breast Reconstruction (occurring within five years of breast Cancer diagnosis)	500
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	220
Permanent Areola Repigmentation	100

OTHER RECONSTRUCTIVE SURGERY: Aflac will pay the amount 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 an Associated Cancerous Condition. The maximum daily benefit will not exceed \$500.

Facial Reconstruction	\$ 500
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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. No lifetime maximum on number of operations.

EGG HARVESTING, STORAGE (CRYOPRESERVATION), AND IMPLANTATION BENEFIT: Aflac will pay \$1,000 for a Covered Person to have oocytes extracted and harvested due to a positive diagnosis of Internal Cancer or an Associated Cancerous Condition. In addition, Aflac will pay, one time per Covered Person, \$200 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. Aflac will also pay \$200 for embryo transfer resulting from such stored oocyte(s) or sperm of a Covered Person. Lifetime maximum of \$1,400 per Covered Person.

ANNUAL CARE BENEFIT: Aflac will pay \$500 on the anniversary date of a Covered Person's diagnosis of a covered Internal Cancer or Associated Cancerous Condition for care other than the direct treatment of Cancer or an Associated Cancerous Condition to meet the Covered Person's physical, emotional, spiritual, or social needs. Lifetime maximum of five annual \$500 payments per Covered Person.

AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

AMBULANCE BENEFIT: Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

TRANSPORTATION BENEFIT: Aflac will pay 40 cents per mile for transportation, up to a combined maximum of \$1,200, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition.

This benefit includes:

1. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or Medical Facility and the residence of the Covered Person.
2. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or Medical Facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,200 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

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 \$65 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.

PREMIUM WAIVER AND RELATED BENEFITS:

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: your continuing inability to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way or to engage with reasonable continuity in another occupation in which you could be reasonably be expected to perform satisfactorily considering 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, 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 will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for the policy and riders for up to 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, and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
5. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. 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 or any other method agreed to by Aflac and the employer.

(5) Optional Benefits:

**INITIAL DIAGNOSIS BUILDING BENEFIT RIDER:
(SERIES B70050) Applied for Yes No**

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **If more than one unit has been purchased, the number of units purchased must be multiplied by \$100.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BUILDING BENEFIT** will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased for each Covered Person on the anniversary date of their coverage, while coverage remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which the rider is attached. 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 coverage, 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.

Exceptions, Reductions, and Limitations of Rider Series B70050:

The rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium paid for the rider, less any benefits paid under the rider.

The Initial Diagnosis Building Benefit is not payable for: (1) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; (2) the diagnosis of Nonmelanoma Skin Cancer; or (3) claims incurred prior to the Effective Date of the rider. A claim for the Initial Diagnosis Building Benefit is considered incurred on the date the tissue specimen, culture, and/or titer is taken upon which the original distinct diagnosis of Internal Cancer or Associated Cancerous Condition is based.

**DEPENDENT CHILD RIDER: (SERIES B70051)
Applied for Yes No**

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child 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 Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions, and Limitations of Rider Series B70051:

The rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium paid for the rider, less any benefits paid under the rider.

The Dependent Child Benefit is not payable for: (1) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; (2) the diagnosis of Nonmelanoma Skin Cancer; or (3) claims incurred prior to the Effective Date of the rider. A claim for the Dependent Child Benefit is considered incurred on the date the tissue specimen, culture, and/or titer is taken upon which the original distinct diagnosis of Internal Cancer or Associated Cancerous Condition is based.

**SPECIFIED HEALTH EVENT WITH FIRST OCCURRENCE BUILDING BENEFIT RIDER: (SERIES A78055)
Applied for Yes No**

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions Limitations provision, Limitations and Exclusions, and all other policy and rider provisions:

- A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event:

Named Insured/Spouse

\$7,500 (Lifetime maximum \$7,500 per Covered Person)

Dependent Children

\$10,000 (Lifetime maximum \$10,000 per Covered Person)

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

After the amount shown above for First-Occurrence Benefit has been paid for a Covered Person's Specified Health Event, Aflac will pay \$3,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event. This benefit is payable once per Covered Person, per Calendar Year. This benefit has no lifetime maximum.

B. FIRST-OCCURRENCE BUILDING BENEFIT: The First-Occurrence Benefit under A above, will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

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

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

D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac will pay \$300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Loss that occur within 500 days following the occurrence of the most recent covered Loss. No lifetime maximum.**

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

E. CONTINUING CARE BENEFIT: If, after being released from a Hospital Confinement, a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Specified Health Event, Aflac will pay \$150 each day a Covered Person is charged:

- | | |
|---------------------------------|------------------------|
| 1. rehabilitation therapy | 9. hospice care |
| 2. physical therapy | 10. extended care |
| 3. speech therapy | 11. Physician visits |
| 4. occupational therapy | 12. nursing home care |
| 5. respiratory therapy | 13. chemotherapy |
| 6. dietary therapy/consultation | 14. radiation therapy |
| 7. home health care | 15. outpatient surgery |
| 8. dialysis | |

This benefit is payable for only one covered Specified Health Event at a time per Covered Person and is limited to 100 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

No lifetime maximum.

F. AMBULANCE BENEFIT: If, due to a covered Loss, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Loss, we will pay \$2,000. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.

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

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

G. TRANSPORTATION BENEFIT: If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ground ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Loss. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON. No lifetime maximum.**

H. LODGING BENEFIT: Aflac will pay \$75 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives special medical treatment for a covered Loss at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Loss.

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

I. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a covered Specified Health Event, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 180 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

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

SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Series A78056) Applied for Yes No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions Limitations provision, Limitations and Exclusions, and all other policy and rider provisions:

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

Named Insured/Spouse
\$7,500 (Lifetime maximum \$7,500 per Covered Person)

Dependent Children
\$10,000 (Lifetime maximum \$10,000 per Covered Person)

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

After the amount shown above for First-Occurrence Benefit has been paid for a Covered Person's Specified Health Event, Aflac will pay \$3,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health

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

B. FIRST-OCCURRENCE BUILDING BENEFIT: The First-Occurrence Benefit under A above, will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

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

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

D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac will pay \$300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Loss that occur within 500 days following the occurrence of the most recent covered Loss. No lifetime maximum.** Hospital Confinement Benefits are payable for only one covered Loss at a time per Covered Person. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

E. CONTINUING CARE BENEFIT: If, after being released from a Hospital Confinement, a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Specified Health Event, Aflac will pay \$150 each day a Covered Person is charged:

- | | |
|---------------------------------|------------------------|
| 1. rehabilitation therapy | 9. hospice care |
| 2. physical therapy | 10. extended care |
| 3. speech therapy | 11. Physician visits |
| 4. occupational therapy | 12. nursing home care |
| 5. respiratory therapy | 13. chemotherapy |
| 6. dietary therapy/consultation | 14. radiation therapy |
| 7. home health care | 15. outpatient surgery |
| 8. dialysis | |

This benefit is payable for only one covered Specified Health Event at a time per Covered Person and is limited to 100 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health

Event. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

No lifetime maximum.

- F. AMBULANCE BENEFIT:** If, due to a covered Loss, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Loss, we will pay \$2,000. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.

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

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

- G. TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ground ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Loss. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON. No lifetime maximum.**

- H. LODGING BENEFIT:** Aflac will pay \$75 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives special medical treatment for a covered Loss at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours

following treatment. This benefit is limited to 15 days per occurrence of a covered Loss.

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

- I. SPECIFIED HEALTH EVENT RECOVERY BENEFIT:** Aflac will pay \$500 per month while a Covered Person remains in Specified Health Event Recovery upon receipt of written proof of Loss from that person's Physician.

For Periods of Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

- J. WAIVER OF PREMIUM BENEFIT:**

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a covered Specified Health Event, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 180 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

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

SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT, SPECIFIED HEALTH EVENT RECOVERY BENEFIT, AND SPECIFIED HEART SURGERY BENEFIT RIDER: (Series A78057) Applied for Yes No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions Limitations provision, Limitations and Exclusions, and all other policy and rider provisions:

- A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event:

Named Insured/Spouse

\$7,500 (Lifetime maximum \$7,500 per Covered Person)

Dependent Children

\$10,000 (Lifetime maximum \$10,000 per Covered Person)

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

After the amount shown above for First-Occurrence Benefit has been paid for a Covered Person's Specified Health Event, Aflac will pay \$3,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event. This benefit is payable once per Covered Person, per Calendar Year. This benefit has no lifetime maximum.

B. FIRST-OCCURRENCE BUILDING BENEFIT: The First-Occurrence Benefit under A above, will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

C. SPECIFIED HEART SURGERY BENEFITS: Aflac will pay the amount shown below when a Covered Person undergoes one of the following:

- 1. TIER ONE \$4,000:**
 - a. Heart Valve Surgery
 - b. Surgical Treatment of Abdominal Aortic Aneurysm

The Tier One benefit is payable only once per Covered Person, per lifetime.

- 2. TIER TWO \$2,000:**
 - a. Coronary Angioplasty
 - b. Transmyocardial Revascularization (TMR)
 - c. Atherectomy
 - d. Coronary Stent Implantation
 - e. Cardiac Catheterization
 - f. Automatic Implantable Cardioverter Defibrillator (AICD) Placement
 - g. Pacemaker Placement

The Tier Two benefit is payable only once per Covered Person, per lifetime.

For Specified Heart Surgery Benefits to be payable for both a Tier One and a Tier Two Specified Heart Surgery, the subsequent surgery must occur 180 days or more

after the occurrence of the previously paid Specified Heart Surgery for such Covered Person. If a Tier One and a Tier Two Specified Heart Surgery are performed at the same time, only the highest eligible benefit will be paid.

D. SUBSEQUENT TIER ONE SPECIFIED HEART SURGERY BENEFIT: If benefits have been paid for a Tier One Specified Heart Surgery, Aflac will pay \$1,000 if such Covered Person has a subsequent Tier One Specified Heart Surgery.

For the Subsequent Tier One Specified Heart Surgery Benefit to be payable, the subsequent Tier One Specified Heart Surgery must occur 180 days or more after the occurrence of any previously paid Tier One or Tier Two Specified Heart Surgery for such Covered Person. No lifetime maximum.

E. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac will pay \$300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Loss that occur within 500 days following the occurrence of the most recent covered Loss. No lifetime maximum.**

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

F. CONTINUING CARE BENEFIT: If, after being released from a Hospital Confinement, a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Loss, Aflac will pay \$150 each day a Covered Person is charged:

- | | |
|---------------------------------|------------------------|
| 1. rehabilitation therapy | 9. hospice care |
| 2. physical therapy | 10. extended care |
| 3. speech therapy | 11. Physician visits |
| 4. occupational therapy | 12. nursing home care |
| 5. respiratory therapy | 13. chemotherapy |
| 6. dietary therapy/consultation | 14. radiation therapy |
| 7. home health care | 15. outpatient surgery |
| 8. dialysis | |

This benefit is payable for only one covered Loss at a time per Covered Person and is limited to 100 days for continuing care received within 180 days following the occurrence of the most recent covered Loss. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

No lifetime maximum.

G. AMBULANCE BENEFIT: If, due to a covered Loss, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance

transportation is required due to a covered Loss, we will pay \$2,000. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.

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

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

H. TRANSPORTATION BENEFIT: If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ground ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Loss. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON. No lifetime maximum.**

I. LODGING BENEFIT: Aflac will pay \$75 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives special medical treatment for a covered Loss at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Loss.

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

J. SPECIFIED HEALTH EVENT RECOVERY BENEFIT: Aflac will pay \$500 per month while a Covered Person remains in Specified Health Event Recovery upon receipt of written proof of Loss from that person's Physician.

For Periods of Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

K. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a covered Specified Health Event, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 180 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

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

THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO THE SPECIFIED HEALTH EVENT RIDER SERIES A78055, A78056, AND A78057. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THESE RIDERS.

- A.** Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium, less any benefits previously paid pursuant to the rider.
- B.** Benefits are not payable for losses or confinements that occur or begin before the rider Effective Date or after termination of the rider.
- C.** Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.

- D. Aflac will not pay benefits whenever coverage provided by the rider is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- E. For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Specified Health Event per Covered Person occurs on the same day, only the highest eligible benefit will be paid.
- F. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.
- G. No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in the Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his Physician for the insured.
- H. **The rider does not cover losses or confinements caused by or resulting from:**
 1. Being intoxicated or under the influence of alcohol (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the Loss occurred);
 2. Committing, or attempting to commit, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;
 3. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane;
 4. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage; or
 5. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve. (Upon notice to us of entry into an armed service, your coverage will be suspended and the pro-rata premium will be returned. If you are in the service for less than five years, your policy may be renewed on the date your service ends. To effect renewal we must receive your written application and premium within 60 days of your discharge. Your policy will be renewed on the same basis as before it was suspended.)

PRE-EXISTING CONDITIONS LIMITATIONS FOR THE SPECIFIED HEALTH EVENT RIDER SERIES A78055, A78056, AND A78057

B70225RCT

A "Pre-existing Condition" is an illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, medical advice or treatment was recommended by or received from a Physician. Benefits are not payable for losses or confinements that occur or begin before the rider Effective Date or after termination of the rider. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium, less any benefits previously paid pursuant to the rider.

(6) Payment of Nonsurgical Treatment Benefits:

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of thirty days or less, then the payment under the applicable Nonsurgical Treatment Benefit is limited to the Calendar Month in which the medication was prescribed, received, and the Covered Person incurred a charge.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of thirty days or less is refilled during a Calendar Month in which the stated amount under the applicable Nonsurgical Treatment Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional Calendar Month for which it has not previously been paid without requiring proof a Covered Person incurred a charge for the medication during that additional Calendar Month. Otherwise, if the prescription is refilled during a Calendar Month in which the stated amount under the applicable Nonsurgical Treatment Benefit has not been previously paid, then the benefit is limited to the Calendar Month in which the medication was prescribed, received, and the Covered Person incurred a charge.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional, consecutive Calendar Month without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Month.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for two additional, consecutive Calendar Months without requiring proof a Covered Person

incurred a charge for the medication during the additional, consecutive Calendar Months.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of more than thirty days is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for up to three additional, consecutive Calendar Months for which it has not previously been paid without requiring proof a Covered Person incurred a charge for the medication during the three additional, consecutive Calendar Months. Otherwise, if the prescription is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment Benefit has not been previously paid, then, so long as the Covered Person incurred a charge during the first Calendar Month of the prescription, for refills instructing a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional, consecutive Calendar Month without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Month, and for refills instructing a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for two additional, consecutive Calendar Months without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Months.

For injected treatment, the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit is payable one time per prescribed injection, but not more than one time per Calendar Month. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each month of continuous infusion of medications dispensed by a pump, implant, or patch.

If only Experimental Chemotherapy is payable during any Calendar Month, the benefit amount will be reduced 50% for Experimental Chemotherapy for which no charge is incurred. If a Covered Person received the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit at the reduced 50% amount and, later in the same Calendar Month, receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy where a charge is incurred, we will pay the difference between the 50% previously received and the Radiation Therapy,

Chemotherapy, Immunotherapy, or Experimental Therapy Benefit.

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

Except as specifically provided in the Benefits section of the policy, Aflac will pay only for treatment of Cancer, Associated Cancerous Conditions, or any other condition or disease directly caused or aggravated by Cancer or an Associated Cancerous Condition, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); 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, or any recurrence, extension, or metastatic spread of that same Cancer or Associated Cancerous Condition will apply only to treatment occurring after one year 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.

The Initial Diagnosis Benefit is not payable for: (1) Internal Cancer or an Associated Cancerous Condition diagnosed during the policy's 30-day waiting period; (2) the diagnosis of Nonmelanoma Skin Cancer; or (3) claims incurred prior to the Effective Date of the policy. A claim for the Initial Diagnosis Benefit is considered incurred on the date the tissue specimen, culture, and/or titer is taken upon which the original distinct diagnosis of Internal Cancer or Associated Cancerous Condition is based.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

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

Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.

(8) **Renewability:** The policy is guaranteed renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. We may change the premium we charge, but not specific to any one person. Any premium

change will be made for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

**RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

ASSOCIATED CANCEROUS CONDITION: Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal 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 outer 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 that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse is defined as the person to whom you are legally married or the person to whom you are joined in a civil union and who is listed on your application. Newborn children are automatically insured for 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 30 days, you must notify Aflac in writing within 31 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability and who became so disabled 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. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

EFFECTIVE DATE: The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

ADDITIONAL INFORMATION

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

Experimental chemotherapy does not include laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these experimental treatments.

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 physician does not include you or a member of your immediate family.

A stem cell transplantation does not include the bone marrow transplantation.

The diagnosis date is not the date the diagnosis is communicated to the covered person.

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, Aflac will not require a covered person to be charged for such services for benefits to be payable.





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

