Aflac

Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS FOR CANCER AND HEALTH SCREENING

We help take care of your expenses while you take care of yourself.

Aflac®

AFLAC GROUP CRITICAL ILLNESS INSURANCE

Policy Form CAI2800PA 1-11

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 but notice the strain it's placed on 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 just aren't 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 cancer, a heart attack, or a stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction and stress over 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.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.

Here's why the Aflac group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac group Critical Illness plan is just another innovative way to help make sure you're well protected.

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.

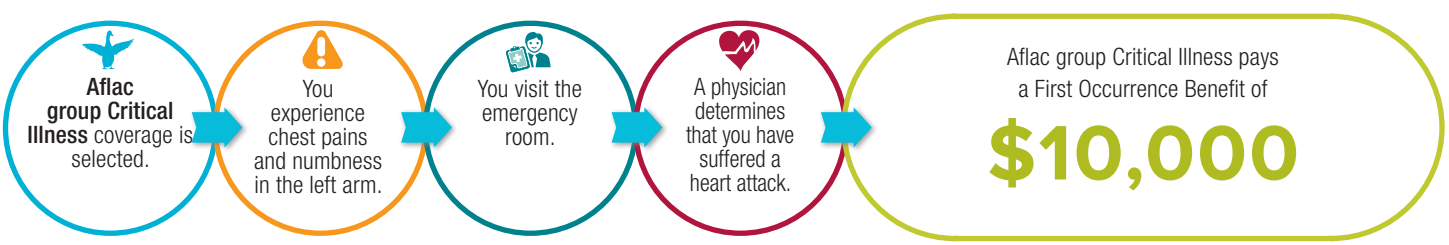
The Aflac group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Major Organ Transplant
  - End-Stage Renal Failure
  - Coronary Artery Bypass Surgery
  - Carcinoma In Situ
- Health Screening Benefit

Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase spouse coverage.

How it works



Amount payable based on $10,000 First Occurrence Benefit.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
MAJOR ORGAN TRANSPLANT	100%
END-STAGE RENAL FAILURE	100%
CARCINOMA IN SITU (Payment of this benefit will reduce your benefit for cancer by 25%.)	25%
CORONARY ARTERY BYPASS SURGERY (Payment of this benefit will reduce your benefit for heart attack by 25%.)	25%

FIRST OCCURRENCE BENEFIT
After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Recurrence of a previously diagnosed cancer is payable provided the diagnosis is made when the certificate is in-force, and provided the insured is free of any signs or symptoms of that cancer for 12 consecutive months, and has been treatment-free for that cancer for 12 consecutive months.

ADDITIONAL OCCURRENCE BENEFIT
If you collect full benefits for a critical illness under the plan and later are diagnosed with one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months or for cancer at least 6 months treatment free.

REOCCURRENCE BENEFIT
If you collect full benefits for a covered condition and are later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer at least 12 months treatment-free. Cancer that has spread (metastasized), even though there is a new tumor, will not be considered an additional occurrence unless you have gone treatment-free for 12 months.

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.

HEALTH SCREENING BENEFIT (Employee and Spouse only)
After the waiting period, you may receive a maximum of $100 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under the plan. There is no limit to the number of years you can receive the Health Screening Benefit; it will be payable as long as coverage remains in force. This benefit is only payable for Health Screening Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

ADDITIONAL BENEFITS RIDER (This benefit is paid based on your selected benefit amount.)

PARALYSIS	100%
SEVERE BURN	100%
COMA	100%
LOSS OF SPEECH / SIGHT / HEARING	100%

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EXPENSE BENEFITS UP TO $5,000

Subject to the provisions of the plan, if an Insured incurs Eligible Medical Expenses for Cancer (internal or invasive) and/or Skin Cancer that is initially diagnosed while this policy is in force, the following benefits are available:

1. Cancer (internal or invasive): For the treatment of Cancer, we will pay the actual expenses incurred in any calendar year, not to exceed the calendar year maximum, provided the Cancer is initially diagnosed while the plan is in force with respect to the insured.

2. Skin Cancer: For the treatment of Skin Cancer, we will pay the 10% of the actual expenses incurred for Eligible Medical Expenses in any calendar year, not to exceed the calendar year maximum, provided the Skin Cancer is initially diagnosed while the plan is in force with respect to the Insured.

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions the apply to the critical illness plan also apply to the riders unless amended by the riders.

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

CANCER AND CRITICAL ILLNESS

The plan provides benefits only for the treatment of Internal Cancer and/or Skin Cancer and lump sum benefits for critical illnesses, as defined herein. The plan does not provide benefits for any other disease, sickness or incapacity. No benefits will be paid for expenses incurred outside the United States or its Territories. Diagnosis must be made in the United States. The plan contains a 30-day waiting period. This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force 30 days from his Effective Date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from his Effective Date; or, at the Employee's option, he may elect to void the certificate from the beginning and receive a full refund of premium.

CANCER

No benefits will be paid for any Cancer treatments that have not been approved by a physician as being medically necessary.

CRITICAL ILLNESS – PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Condition means a sickness or physical condition which, within the 90-day period prior to the Effective Date of an Insured's coverage resulted in medical advice or treatment.

We will not pay benefits for any critical illness starting within 12 months of the Effective Date of an insured which is caused by, contributed to, or resulting from a Pre-Existing Condition.

A claim for benefits for loss starting after 12 months from the Effective Date of an insured will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date of an insured's coverage.

Applicable to Cancer and/or Carcinoma in Situ: If all other plan provisions are met, recurrence of a previously diagnosed cancer will not be reduced or denied provided the diagnosis is made when the certificate is in-force, and provided the insured is free of any signs or symptoms of that cancer for 12 consecutive months, and has been treatment-free for that cancer for 12 consecutive months.

EXCLUSIONS

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated above).

No benefits will be paid for loss which occurred prior to the effective date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

TERMS YOU NEED TO KNOW

The **Effective Date** of your coverage is the date your insurance begins as determined on your certificate schedule. Your coverage effective date is subject to provisions in the plan regarding incontestability and time limits on certain defenses.

Employee means the insured as shown on the certificate schedule.

Spouse means your legal wife or husband.

Dependent Children means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the effective date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on dependent child(ren) will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of 26 shall not apply. Proof of such incapacity and dependency must be furnished to us within 31 days following such 26th birthday.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

Treatment Free means a period of time without the consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines. For the purpose of this definition treatment does not include maintenance drug therapy or routine follow-up visits to verify if cancer or carcinoma in situ has returned.

Maintenance Drug Therapy means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer recurrence rather than the palliative or suppression of a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack. The diagnosis must include all of the following criteria:
1. New and serial eletrocardiographic (EKG) findings consistent with myocardial

infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which begins on or after the coverage effective date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable waiting period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Cancer (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark's Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Carcinoma in Situ means cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

End-Stage Renal Failure means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his license in treating a critical illness. It doesn't include an insured or their family member.

Eligible Medical Expenses means medically necessary expenses for services and supplies required by a physician incurred by an Insured as a result of treatment of Cancer or Skin Cancer. An expense is incurred on the date the service is performed or supplies are furnished.

Eligible Medical Expenses will include the following:

For Hospital and Medical Services – Hospital room and board, hospital miscellaneous services and supplies, intensive care room and board, medical & surgical services of a physician, biopsies, physicians visits in the hospital, nursing care by other than an immediate family member, anesthesia, physical exams, laboratory tests, diagnostic x-rays, blood and blood transfusions, second and third surgical opinions, breast or artificial limb and prosthesis.

For Out of Hospital Treatment – Home health care services and supplies, hospice care, rental or purchase of durable medical equipment, nursing care facility.

Specialized Cancer Treatment – Chemotherapy, immunotherapy, gene therapy, cobalt and radiation treatment, transplant of tissue, body organs and bone marrow.

For Drugs and Medicines – Prescription drugs and medicines, medication for side effects related to cancer, treatment.

For Transportation and Lodging – Ambulance (ground or air), commercial transportation to a specialized treatment center when recommended by your physician, lodging for Cancer patient when receiving treatment on an outpatient basis.

Extra Benefits – Physical or speech therapy, professional mental health consultation, tutorial services for any Dependent Child who is undergoing Cancer treatment, hairpieces or wigs.

Written Request means a written request in a form satisfactory to us signed by you and received at our home office in Columbia, South Carolina.

ADDITIONAL BENEFITS RIDER DEFINITIONS

Coma means a state of unconsciousness for 30 consecutive days with: (1) no reaction to external stimuli; (2) no reaction to internal needs; and (3) the use of life support systems.

Paralysis/Paralyzed means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.

Severe Burn/Severely Burned means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity, or radiation that is a full-thickness or third-degree burn, as determined by a physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity, or radiation.)

Loss of Sight, Speech, or Hearing means: (1) Loss of Speech means the total and permanent loss of the ability to speak as the result of physical injury. (2) Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrevocable loss. (3) Loss of Sight means the total and irreversible loss of all sight in both eyes.

Treatment means consultation, care, or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION

Your insurance may terminate when the plan is terminated; the 31st 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.

THIS IS NOT A MEDICARE SUPPLEMENT PLAN.

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Aflac.

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

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form CAI2800PA 1-11.