

Aflac Group Critical Illness Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Guaranteed-issue coverage available to employee and spouse.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts are available from \$5,000 up to \$50,000 for employees and up to \$25,000 for spouse.
- An Annual Health Screening benefit is included.
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).
- Includes an Additional Benefits Rider with benefits for the following:
 - Coma
 - Paralysis
 - Severe Burn
 - Loss of Sight
 - Loss of Hearing
 - Loss of Speech
- Includes a Heart Event Rider

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:

Up to **\$10,000** for employees and up to **\$5,000** for spouses with no participation requirement.

For employee amounts over **\$10,000** and spouse amounts over **\$5,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages

Employee 18-69

Spouse 18-69

Children under age 26

Benefit-eligible employees, working at least **30** hours or more weekly, with at least **0** days of continuous employment by the date of the enrollment are eligible. If an employee is eligible, his spouse is eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. Spouses are eligible for benefit amounts equaling **50%** of the employee amount, not to exceed the \$25,000 maximum benefit. If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and is limited to face amounts up to \$25,000.

Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 50% of the primary insured amount at no additional charge. The payment of benefits for a dependent child does not reduce the face amount of the primary insured.

Children-only coverage is not available. Please see the Definitions section for a complete definition of *dependent children*.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

First Occurrence Benefit – After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Critical Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Coronary Artery Bypass Surgery+	25%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Additional Occurrence Benefit – We will pay benefits for each different Critical Illness in the order the events occur. We will pay benefits for any one Critical Illness once every six months. Therefore, no benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior Critical Illness by at least 6 months.

Re-occurrence Benefit - We will pay benefits for the re-occurrence any Critical Illness once every twelve months. Therefore, once benefits have been paid for Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least 12 months.

+ Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.

Health Screening Benefit- \$100

After the Waiting Period, an Insured may receive a maximum of \$100 for any one covered 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 amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains in force. This benefit is payable for the covered employee and spouse. This benefit is not paid for Dependent Children. The covered health screening tests include but are not limited to:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Chest x-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate Cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermograph

Additional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Coma	100%
Paralysis	100%
Severe Burns	100%
Loss of Speech	100%
Loss of Sight	100%
Loss of Hearing	100%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Heart Event Rider

Covered Surgeries and Procedures	Percentage of Face Amount
Category 1	
Coronary Artery Bypass Surgery	100%
Mitral valve replacement or repair	100%
Aortic valve replacement or repair	100%
Surgical Treatment of Abdominal aortic aneurysm	100%
Category 2**	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent implantation	10%
Cardiac catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

LIMITATIONS AND EXCLUSIONS

If diagnosis occurs after age 70, benefits are reduced by 50%.

The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane;
- 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 below).

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.

Pre-Existing Condition Limitation

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in you receiving medical advice or treatment or caused symptoms for which an ordinarily prudent person would seek medical advice or treatment.

We will not pay benefits for any condition or critical illness starting within 12 months of the effective date 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 will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

Additional Benefit Rider Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%.

All limitations and exclusions that apply to the Critical Illness plan also apply to the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective.

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

Benefits are not payable for loss if these conditions result from another Critical Illness.

The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

Heart Event Rider Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%.

We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown if the date of treatment is after the waiting period; treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount.

The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the 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 the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium.

Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness.

Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. Payment of the Category I benefit will terminate the rider. If a Category II benefit is paid first this will reduce the benefit amount payable for a subsequent Category I procedure. If a Category I and II are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the Initial Face Amount shown on the Rider Schedule. The total amount of benefits payable under the rider is limited to the initial face amount at your applicable age.

PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to an insured's effective date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any surgical procedure occurring within 12 months of an insured's effective date which is caused by, contributed to, or resulting from a pre-existing condition.

A claim for benefits for loss starting after 12 months from an insured's effective date 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 an insured's effective date.

Any benefits for coronary artery bypass surgery denied under the coverage due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

EXCLUSIONS

No benefits will be paid if the specified critical illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. No benefits will be paid for loss which occurred prior to the effective date of coverage.

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

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

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

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company, Columbia, South Carolina.

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IV (5/17)

Guaranteed-Issue Amounts - \$10,000 for Employee and \$5,000 for Spouse

GROUP CRITICAL ILLNESS	CI^G
City of Lawrenceburg - SemiMonthly (24pp/yr)	

NON- TOBACCO for Employee

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.68	\$3.60	\$4.53	\$5.45	\$6.38	\$7.30	\$8.23	\$9.15	\$10.08	\$11.00
30-39	\$3.28	\$4.80	\$6.33	\$7.85	\$9.38	\$10.90	\$12.43	\$13.95	\$15.48	\$17.00
40-49	\$4.85	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
50-59	\$6.73	\$11.70	\$16.68	\$21.65	\$26.63	\$31.60	\$36.58	\$41.55	\$46.53	\$51.50
60-69	\$9.75	\$17.75	\$25.75	\$33.75	\$41.75	\$49.75	\$57.75	\$65.75	\$73.75	\$81.75

NON- TOBACCO for Spouse

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.68	\$3.14	\$3.60	\$4.06	\$4.53	\$4.99	\$5.45	\$5.91	\$6.38
30-39	\$3.28	\$4.04	\$4.80	\$5.56	\$6.33	\$7.09	\$7.85	\$8.61	\$9.38
40-49	\$4.85	\$6.40	\$7.95	\$9.50	\$11.05	\$12.60	\$14.15	\$15.70	\$17.25
50-59	\$6.73	\$9.21	\$11.70	\$14.19	\$16.68	\$19.16	\$21.65	\$24.14	\$26.63
60-69	\$9.75	\$13.75	\$17.75	\$21.75	\$25.75	\$29.75	\$33.75	\$37.75	\$41.75

TOBACCO for Employee

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.15	\$4.55	\$5.95	\$7.35	\$8.75	\$10.15	\$11.55	\$12.95	\$14.35	\$15.75
30-39	\$4.18	\$6.60	\$9.03	\$11.45	\$13.88	\$16.30	\$18.73	\$21.15	\$23.58	\$26.00
40-49	\$7.90	\$14.05	\$20.20	\$26.35	\$32.50	\$38.65	\$44.80	\$50.95	\$57.10	\$63.25
50-59	\$11.58	\$21.40	\$31.23	\$41.05	\$50.88	\$60.70	\$70.53	\$80.35	\$90.18	\$100.00
60-69	\$17.05	\$32.35	\$47.65	\$62.95	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75

TOBACCO for Spouse

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.15	\$3.85	\$4.55	\$5.25	\$5.95	\$6.65	\$7.35	\$8.05	\$8.75
30-39	\$4.18	\$5.39	\$6.60	\$7.81	\$9.03	\$10.24	\$11.45	\$12.66	\$13.88
40-49	\$7.90	\$10.98	\$14.05	\$17.13	\$20.20	\$23.28	\$26.35	\$29.43	\$32.50
50-59	\$11.58	\$16.49	\$21.40	\$26.31	\$31.23	\$36.14	\$41.05	\$45.96	\$50.88
60-69	\$17.05	\$24.70	\$32.35	\$40.00	\$47.65	\$55.30	\$62.95	\$70.60	\$78.25

Rates do not include cancer benefit.

Rates include \$100 Health Screening Benefit.



We've got you under our wing.[®]

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Underwritten by:
Continental American Insurance Company
2001 Diverse Street | Columbus, South Carolina 29202