

# AFLAC CANCER CARE

## CANCER INDEMNITY INSURANCE

Policy Series A78000

### PERSON COUNTY GOVERNMENT

CC  
CLASSIC

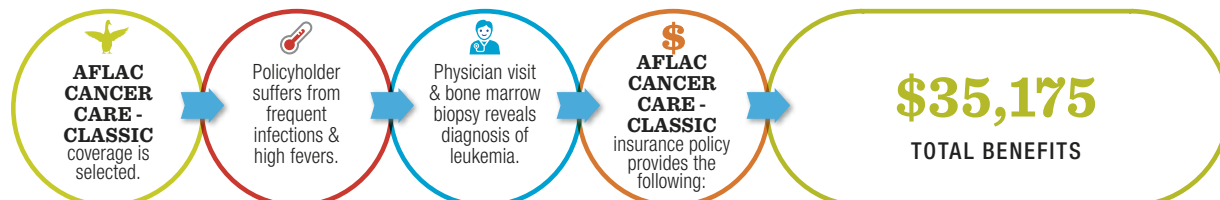
## Added Protection for You and Your Family

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

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



### HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$4,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$6,000, Immunotherapy Benefit (3 months) of \$1,050, Antinausea Benefit (3 months) of \$300, Hospital Confinement Benefit (10-week hospitalization) of \$22,000, Blood/Plasma Benefit (10 transfusions) of \$1,000.

### THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

#### FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

#### FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

<sup>1</sup>Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

## Classic Cancer Care Benefit Overview

### BENEFIT NAME

### BENEFIT AMOUNT

Cancer Wellness Benefit

\$75 per year, per Covered Person

#### Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$135; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

#### Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$600 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Hormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Radiation Therapy Benefit

\$350 per week; no lifetime max

Experimental Treatment Benefit

\$350 per week if charged; \$100 per week if no charge; no lifetime max

Immunotherapy Benefit

\$350 once per month; \$1,750 lifetime max per Covered Person

Antinausea Benefit

\$100 per month; no lifetime max

Stem Cell Transplantation Benefit

\$7,000; lifetime max \$7,000 per Covered Person

Bone Marrow Transplantation Benefit

\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor

Blood and Plasma Benefit

Inpatient: the actual charges up to \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: the actual charges up to \$175 per day; no lifetime max

Surgical/Anesthesia Benefit

\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$35–\$400; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$200 per day; no lifetime max

#### Hospitalization Benefits:

Hospital Confinement Benefit:

- Hospitalization for 30 days or less
- Hospitalization for Days 31+

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

#### Continuing Care Benefits:

Extended-Care Facility Benefit

\$100 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$100 per day; limited to 30 days per year, per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$100 per day; no lifetime max

Surgical Prosthesis Benefit

\$2,000; lifetime max \$4,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$175 per occurrence; lifetime max \$350 per Covered Person

Reconstructive Surgery Benefit

\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

#### Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.40 per mile; max \$1,200 per round trip; no lifetime max

Lodging Benefit

\$65 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.

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

## TERMS YOU NEED TO KNOW

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

**ASSOCIATED CANCEROUS CONDITION:** Myelodysplastic blood disorder, myeloproliferative blood disorder, or 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 you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). "Spouse" is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, chiefly dependent upon the policyholder or subscriber for support and maintenance, and became so incapacitated prior to age 26. "Dependent Children" are your natural children, stepchildren, adopted children, or foster children who are under age 26. This includes your Dependent Children for whom you must provide medical support under a court or administrative order.

**EFFECTIVE DATE:** The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

**PHYSICIAN:** A person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed by the state where treatment is received to treat the type of condition for which a claim is made and acting within the scope of his or her license.

**PRE-EXISTING CONDITION:** Those conditions for which medical advice, diagnosis, care, or treatment was recommended by or received from a Physician within the 12-month period immediately preceding the Effective Date of coverage.

## ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor's or dentist's office, clinic, or other such location.

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

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

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, the benefits listed in the policy will not require a charge for them to be payable.

**There is no recovery for pre-existing diagnosed Cancer. No benefits will be provided during the first 12 months of the policy for Cancer diagnosed before the 30th day after the Effective Date shown in the Policy Schedule. The policy contains a 30-day waiting period. See the Limitations and Exclusions section for conditions not covered by the policy. If you are age 65 or older on the Effective Date of coverage, Pre-Existing Conditions include only conditions specifically eliminated by rider.**





Rate sheet prepared by Client User on 3/23/2017 12:30:11 PM.  
North Carolina Payroll Premium rates are Semi-Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.  
For more information about policy/plan benefits and limitations, please refer to the accompanying  
product brochure for each insurance policy/plan listed below.

**AFLAC CANCER CARE PLAN CLASSIC - Series A78300**

		Premium	IDR* (5 units)	Total
18-75	INDIVIDUAL	\$15.86	\$2.93	\$18.79
18-75	INSURED/SPOUSE	\$26.98	\$6.50	\$33.48
18-75	ONE-PARENT FAMILY	\$15.86	\$2.93	\$18.79
18-75	TWO-PARENT	\$26.98	\$6.50	\$33.48

IDR\* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units