

# ***Aflac Group Critical Illness Plan Lump Sum Single Payment Policy/First Occurrence***

***Effective Date: January 1, 2018***

## ***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**

Employees - 18-69

Spouses - 18-69

Children under age 26

Benefit-eligible employees working at least 20 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 or her 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 **100%** 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.

| <b>Critical Illnesses Covered Under Plan</b> | <b>Percentage of Face Amount</b> |
|--|----------------------------------|
| Heart Attack                                 | 100%                             |
| Stroke                                       | 100%                             |
| Major Organ Transplant                       | 100%                             |
| Kidney Failure (End Stage)                   | 100%                             |
| Coronary Artery Bypass**                     | 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***

| <b>Illnesses Covered Under Plan</b> | <b>Percentage of Face Amount</b> |
|-------------------------------------|----------------------------------|
| 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*

| Illnesses Covered Under Plan  | Percentage of Face Amount |
|---|---------------------------|
| <b>Category 1</b>   |                           |
| Coronary Artery Bypass Surgery  | 100%                      |
| Mitral valve replacement or repair                                    | 100%                      |
| Aortic valve replacement or repair                                    | 100%                      |
| Surgical Treatment of Abdominal aortic aneurysm                       | 100%                      |
| <b>Category 2**</b>   |                           |
| 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%.

### *Exceptions And Reductions*

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 that critical illness will only apply 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 and Exceptions***

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date resulted in the insured receiving medical advice or treatment. We will not pay benefits for any 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 critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

### ***Additional Benefit Rider Exceptions***

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 Exceptions***

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. Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If Category I and Category II procedures are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the initial face amount shown. The insured is only eligible to receive one payment for each benefit category listed. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of the base certificate.

### ***Pre-Existing Conditions Exception***

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.

### ***Exceptions***

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.***

***Customer Service 800.433.3036***

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## *Aflac Group Critical Illness Semi-Monthly Rates*

### NON-TOBACCO - Employee

|              | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|--------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>18-29</b> | \$2.76  | \$3.77   | \$4.78   | \$5.79   | \$6.80   | \$7.81   | \$8.82   | \$9.82   | \$10.83  | \$11.84  |
| <b>30-39</b> | \$3.44  | \$5.14   | \$6.83   | \$8.52   | \$10.21  | \$11.91  | \$13.60  | \$15.29  | \$16.99  | \$18.68  |
| <b>40-49</b> | \$5.22  | \$8.69   | \$12.16  | \$15.63  | \$19.10  | \$22.57  | \$26.04  | \$29.51  | \$32.98  | \$36.45  |
| <b>50-59</b> | \$7.60  | \$13.45  | \$19.29  | \$25.14  | \$30.99  | \$36.84  | \$42.68  | \$48.53  | \$54.38  | \$60.23  |
| <b>60-69</b> | \$12.67 | \$23.59  | \$34.51  | \$45.43  | \$56.35  | \$67.27  | \$78.19  | \$89.11  | \$100.04 | \$110.96 |

### NON-TOBACCO - Spouse

|              | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 |
|--------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| <b>18-29</b> | \$2.76  | \$3.26  | \$3.77   | \$4.27   | \$4.78   | \$5.28   | \$5.79   | \$6.29   | \$6.80   |
| <b>30-39</b> | \$3.44  | \$4.29  | \$5.14   | \$5.98   | \$6.83   | \$7.68   | \$8.52   | \$9.37   | \$10.21  |
| <b>40-49</b> | \$5.22  | \$6.96  | \$8.69   | \$10.43  | \$12.16  | \$13.90  | \$15.63  | \$17.37  | \$19.10  |
| <b>50-59</b> | \$7.60  | \$10.52 | \$13.45  | \$16.37  | \$19.29  | \$22.22  | \$25.14  | \$28.06  | \$30.99  |
| <b>60-69</b> | \$12.67 | \$18.13 | \$23.59  | \$29.05  | \$34.51  | \$39.97  | \$45.43  | \$50.89  | \$56.35  |

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### TOBACCO - Employee

|              | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|--------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>18-29</b> | \$3.30  | \$4.86   | \$6.41   | \$7.97   | \$9.52   | \$11.08  | \$12.63  | \$14.19  | \$15.74  | \$17.29  |
| <b>30-39</b> | \$4.42  | \$7.10   | \$9.77   | \$12.45  | \$15.12  | \$17.80  | \$20.47  | \$23.15  | \$25.82  | \$28.49  |
| <b>40-49</b> | \$8.60  | \$15.46  | \$22.31  | \$29.17  | \$36.02  | \$42.88  | \$49.73  | \$56.59  | \$63.44  | \$70.30  |
| <b>50-59</b> | \$13.34 | \$24.93  | \$36.52  | \$48.11  | \$59.70  | \$71.29  | \$82.88  | \$94.47  | \$106.07 | \$117.66 |
| <b>60-69</b> | \$22.64 | \$43.53  | \$64.42  | \$85.31  | \$106.21 | \$127.10 | \$147.99 | \$168.88 | \$189.77 | \$210.66 |

### TOBACCO - Spouse

|              | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 |
|--------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| <b>18-29</b> | \$3.30  | \$4.08  | \$4.86   | \$5.64   | \$6.41   | \$7.19   | \$7.97   | \$8.74   | \$9.52   |
| <b>30-39</b> | \$4.42  | \$5.76  | \$7.10   | \$8.44   | \$9.77   | \$11.11  | \$12.45  | \$13.78  | \$15.12  |
| <b>40-49</b> | \$8.60  | \$12.03 | \$15.46  | \$18.89  | \$22.31  | \$25.74  | \$29.17  | \$32.60  | \$36.02  |
| <b>50-59</b> | \$13.34 | \$19.14 | \$24.93  | \$30.73  | \$36.52  | \$42.32  | \$48.11  | \$53.91  | \$59.70  |
| <b>60-69</b> | \$22.74 | \$33.09 | \$43.53  | \$53.98  | \$64.42  | \$74.87  | \$85.31  | \$95.76  | \$106.21 |