Aflac Critical Illness Insurance

The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a ***general summary*** *of the coverage. This overview is subject to the terms, conditions, and limitations of policy series CI 2800.*

What is Aflac critical illness insurance? Why should I consider it?

Aflac critical illness insurance provides lump sum benefits upon the diagnosis of each covered critical illness or event, including the following:

- Major Organ Transplant
- End-Stage Renal Failure
- Stroke
- Coma
- Paralysis
- Burns
- Loss of Sight
- Loss of Hearing
- Loss of Speech
- Heart Attack
  - Coronary Artery Bypass Surgery
- Specific Heart Procedures

Any of these diagnoses or events would be life-changing. While major medical insurance can help with the costs of treatment, ***what about the out-of-pocket expenses that pile up*** while you or a loved one is out of work as a result of a covered critical illness? Aflac critical illness insurance ***benefits are paid directly to you (unless otherwise assigned) to use as you see fit.*** You can use the benefits to help with mortgage or rent payments, groceries, car payments—however you like.

What are some of the highlights of the Aflac critical illness plan?

- An annual Health Screening Benefit is included.
- Spouse coverage is available.
- Benefit amounts range from $5000 to $50,000 for employees. The benefit amount for spouses range from $5,000 to $30,000.
- Each dependent child is covered at 50% of the primary insured's amount at no additional charge.
- Coverage may be guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Your premiums are paid through the convenience of payroll deduction.
- Your plan is portable (with certain stipulations). That means you may be able to take your coverage with you if you leave your job.

Underwritten by Continental American Insurance Company
A proud member of the Aflac family of insurers

Am I eligible for Aflac critical illness coverage? What about my family?

You are eligible to apply for Aflac critical illness coverage if you:

- Are between the ages of 18 and 69;
- Are a full-time, benefit-eligible employee;
- Are working at least 40 hours per week;
- Have been employed for at least 0 continuous days by the enrollment date; **and**
- Are not a seasonal or temporary employee.

Your spouse must be between the ages of 18 and 69 to be eligible for coverage, and dependent children must be younger than age 26.

What core benefits does the Aflac critical illness plan feature?

- **First Occurrence Benefit**

  After the waiting period, you may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

- **Additional Occurrence Benefit**

  After the waiting period, you may receive benefits for each different covered critical illness. Dates of diagnosis must be separated by at least six months.

- **Reoccurrence Benefit**

  You may receive benefits for the recurrence of any covered critical illness. Dates of diagnosis must be separated by at least 12 months.

- **Heart Benefit**

  After the waiting period, you may receive benefits for the following covered heart surgeries and procedures:

  - Coronary Artery Bypass Surgery (reduces the benefit for heart attack)
  - Mitral valve replacement or repair
  - Aortic valve replacement or repair
  - Surgical treatment of abdominal aortic aneurysm
  - AnjioJet clot busting*
  - Balloon angioplasty (or balloon valvuloplasty)*
  - Laser angioplasty*
  - Atherectomy*
  - Stent implantation*
  - Cardiac catherization*
  - Automatic implantable (or internal) cardioverter defibrillator (AICD)*
  - Pacemaker insertion*

  **Benefits for these procedures are payable at a percentage of your maximum benefit and will reduce the benefit amounts payable for other covered heart procedures.*

- **Health Screening Benefit**

  After the waiting period, you may receive a maximum of $100 for any one covered screening test per calendar year (regardless of the test results). This benefit is payable for you (the employee) and your covered spouse, not for dependent children. Covered screening tests include the following:

  - 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

What else do I need to know about the Aflac critical illness plan?

You should know that the plan includes:

- A **30-day waiting period.** This means that no benefits are payable for any insured before coverage has been in force 30 days from your effective date of coverage.
- A **pre-existing condition limitation.** A *pre-existing condition* is a sickness or physical condition that, within the 12 month period before your plan's effective date, resulted in the insured's receiving medical advice or treatment. No benefits are payable for any condition or illness starting within 12 months of an insured's effective date that is caused by, contributed to, or resulting from a pre-existing condition.
- **Certain exclusions.** No benefits are payable for loss resulting from:
  - Intentionally self-inflicted injury or action;
  - Suicide or attempted suicide while sane or insane;
  - Illegal activities or participation in an illegal occupation;
  - War-participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service.
  - Substance abuse; **or**
  - Diagnosis and/or treatment received outside the United States.

Mark III - Semimonthly (24pp./yr.)

NONTOBACCO - Employee

AGES	$ 5,000	$ 10,000	$ 15,000	$20,000	$25,000	$ 30,000	$ 35,000	$ 40,000	$ 45,000	$ 50,000
18-29	$ 2.76	$ 3.77	$ 4.78	$ 5.79	$ 6.80	$ 7.81	$ 8.82	$ 9.82	$ 10.83	$ 11.84
30-39	$ 3.44	$ 5.14	$ 6.83	$ 8.52	$ 10.21	$ 11.91	$ 13.60	$ 15.29	$ 16.99	$ 18.68
40-49	$ 5.22	$ 8.69	$ 12.16	$ 15.63	$ 19.10	$ 22.57	$ 26.04	$ 29.51	$ 32.98	$ 36.45
50-59	$ 7.60	$ 13.45	$ 19.29	$ 25.14	$ 30.99	$ 36.84	$ 42.68	$ 48.53	$ 54.38	$ 60.23
60-69	$ 12.67	$ 23.59	$ 34.51	$ 45.43	$ 56.35	$ 67.27	$ 78.19	$ 89.11	$ 100.03	$ 110.96

NONTOBACCO - Spouse

AGES	$ 5,000	$ 7,500	$ 10,000	$ 12,500	$ 15,000	$17,500	$20,000	$22,500	$25,000	$30,000
18-29	$ 2.76	$ 3.26	$ 3.77	$ 4.27	$ 4.78	$ 5.28	$ 5.79	$ 6.29	$ 6.80	$ 7.81
30-39	$ 3.44	$ 4.29	$ 5.14	$ 5.98	$ 6.83	$ 7.68	$ 8.52	$ 9.37	$ 10.21	$ 11.91
40-49	$ 5.22	$ 6.96	$ 8.69	$ 10.43	$ 12.16	$ 13.90	$ 15.63	$ 17.37	$ 19.10	$ 22.57
50-59	$ 7.60	$ 10.52	$ 13.45	$ 16.37	$ 19.29	$ 22.22	$ 25.14	$ 28.06	$ 30.99	$ 36.84
60-69	$ 12.67	$ 18.13	$ 23.59	$ 29.05	$ 34.51	$ 39.97	$ 45.43	$ 50.89	$ 56.35	$ 67.27

TOBACCO - Employee

AGES	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
18-29	$ 3.30	$ 4.86	$ 6.41	$ 7.97	$ 9.52	$ 11.08	$ 12.63	$ 14.18	$ 15.74	$ 17.29
30-39	$ 4.42	$ 7.10	$ 9.77	$ 12.45	$ 15.12	$ 17.80	$ 20.47	$ 23.15	$ 25.82	$ 28.49
40-49	$ 8.60	$ 15.46	$ 22.31	$ 29.17	$ 36.02	$ 42.88	$ 49.73	$ 56.59	$ 63.44	$ 70.30
50-59	$ 13.34	$ 24.93	$ 36.52	$ 48.11	$ 59.70	$ 71.29	$ 82.88	$ 94.47	$ 106.06	$ 117.66
60-69	$ 22.64	$ 43.53	$ 64.42	$ 85.31	$ 106.21	$ 127.10	$ 147.99	$ 168.88	$ 189.77	$ 210.66

TOBACCO - Spouse

AGES	$5,000	$7,500	$10,000	$12,500	$15,000	$17,500	$20,000	$22,500	$25,000	$30,000
18-29	$ 3.30	$ 4.08	$ 4.86	$ 5.64	$ 6.41	$ 7.19	$ 7.97	$ 8.74	$ 9.52	$ 11.08
30-39	$ 4.42	$ 5.76	$ 7.10	$ 8.44	$ 9.77	$ 11.11	$ 12.45	$ 13.78	$ 15.12	$ 17.80
40-49	$ 8.60	$ 12.03	$ 15.46	$ 18.89	$ 22.31	$ 25.74	$ 29.17	$ 32.60	$ 36.02	$ 42.88
50-59	$ 13.34	$ 19.14	$ 24.93	$ 30.73	$ 36.52	$ 42.32	$ 48.11	$ 53.91	$ 59.70	$ 71.29
60-69	$ 22.64	$ 33.09	$ 43.53	$ 53.98	$ 64.42	$ 74.87	$ 85.31	$ 95.76	$ 106.21	$ 127.10

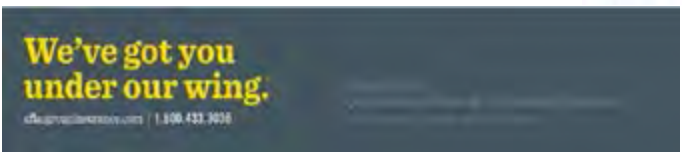
Rates do not include cancer benefit.

Rates include: $100 Health Screening Benefit, Additional Benefits Rider, Heart Rider, and no additional riders.

Guaranteed Issue Amount = $10,000 EE / $5,000 Spouse

No benefit reduction at age 70.

Please Note: Premiums shown are accurate as of publication. They are subject to change.



Published: Mar-14

NC-CI-24PP-WOC-100HSB-CBP-SSH-HRT-70BENERED+9-TNT

Note: 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.

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 • 2801 Devine Street • Columbia, South Carolina 29205

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that you may not receive any of the benefits in the plan. As a result, please check to the coverage in all health insurance policies you already have or may have before you buy this insurance to verify the absence of any assignments or liens.

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.

800.433.3036 | aflacgroupinsurance.com

Aflac Hospital Indemnity Plan

Effective Date: September 1, 2015

Plan Features

- Benefits are available for spouse and/or dependent children.
- Premiums are paid by convenient payroll deduction.
- The plan covers injuries and sickness.
- Admission and per-day hospital confinement benefits are included.
- Wellness benefit is included.
- Surgery and anesthesia benefits are included.
- High or Low Plan Options- Employee may only choose one option.

Issue Ages

- Employee: 18–64
- Spouse: 18–64
- Children: under age 26
- Full-time, benefit-eligible employees working at least 40 hours per week are eligible to apply. Employees must be actively at work on the date of application and the effective date of coverage. Seasonal and temporary employees are not eligible.

  Class I

  All full-time and part-time benefit-eligible employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

  Class II

  A Class I primary insured is eligible for Class II coverage if he:

  · Was previously insured under Class I; and

  · Is no longer employed by the policyholder.

  The employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate. Only dependents covered under Class I coverage are eligible for continued coverage under Class II. Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.
- The employee may purchase supplemental hospital indemnity coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.
- A spouse is the person married to the employee on the effective date of this coverage. A spouse means the legal spouse who is between the ages of 18 and 64. A spouse must not be hospitalized or unable to perform his or her normal duties or activities on the date of application and the effective date of coverage.
- Dependent child means natural children, stepchildren, foster children, legally adopted children, or children placed for adoption who are under age 26.
- Guaranteed-Issue
- During the initial enrollment and for newly eligible employees, coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period and will be underwritten.

Portability

- When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.
- The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 31 days before any change is to take effect.
- The employee may continue the coverage until the earlier of:
  · The date he fails to pay the required premium; or
  · The date the class of coverage is terminated.
- Coverage may not be continued:
  · If the employee fails to pay any required premium; or
  · If the company receives notice of Class I plan termination.

Benefits

Hospital Confinement (per day)	*High Option*	*Low Option*
	$150	*$100*

We will pay the amount shown when an insured is confined to a hospital as a resident bed patient as the result of injuries received in a covered injury or because of a covered sickness. To receive this benefit for injuries received in an injury, the insured must be confined to a hospital within six months of the date of the covered accident.

The maximum period for which a covered person can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident is 180 days. This benefit is payable for only one hospital confinement at a time—even if the confinement is a result of more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.

Hospital Admission (per confinement)	*High Option*	*Low Option*
	$1,500	*$500*

We will pay the amount shown when an insured is admitted to a hospital and confined as a resident bed patient because of an injury or because of a covered sickness. To receive this benefit for injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident.

We will not pay benefits for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

We will pay this benefit only once for each covered accident or covered sickness. If an insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

This benefit option will be based on the insured's current major medical plan's deductible to assist the insured in meeting the out-of-pocket liability.

Surgical Benefit (per procedure)	*High Option*	*Low Option*
	Up to $1,500	*Up to $750*

If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity).

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.

Anesthesia Benefits	*High Option*	*Low Option*
	Up to $375	*Up to $188*

When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.

Wellness Benefit	*High Option*	*Low Option*
	$50	*$50*

We will pay the amount shown when an insured visits a doctor and he is neither injured nor sick. This benefit is payable once per calendar year per insured.

Pre-Existing Condition Limitation

A pre-existing condition means, within the 12-month period prior to the insured's effective date, conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury that is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the insured's effective date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition—whichever is less. A claim for benefits for loss starting after 12 months from the effective date of the insured's certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition. Pregnancy is considered a pre-existing condition if conception was before the coverage effective date.

If the certificate is issued as a replacement for a certificate previously issued under this plan, then the pre-existing condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining pre-existing condition limitation period of the prior certificate continues to apply to the prior level of benefits.

Exclusions

We will not pay benefits for loss contributed to by, caused by, or resulting from:

1. War – Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when the insured is in such service.
2. Suicide – Committing or attempting to commit suicide, while sane or insane.
3. Self–Inflicted Injuries – Injuring or attempting to injure yourself intentionally.
4. Traveling – Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
5. Racing – Riding in or driving any motor–driven vehicle in a race, stunt show or speed test.
6. Aviation – Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those, which are not motor–driven.
7. Intoxication – Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts – Participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports – Participating in any organized sport: professional or semi–professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or sickness for which benefits are paid or payable by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

Terminations

An employee's insurance will terminate on the earliest of the following:

1. The date the plan is terminated, for Class I insureds;
2. The 31st day after the premium due date if the required premium has not been paid;
3. The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds; or
4. The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

1. The date the Plan is terminated, for dependents of Class I insureds;
2. The 31st day after the premium due date, if the required premium has not been paid;
3. The date the spouse or dependent child ceases to be a dependent; or
4. The premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

Semi-Monthly Premium Rates

	High Option	*Low Option*
Employee	$14.72	$6.93
Employee and Spouse	$30.21	$14.22
Employee and Dependent Child(ren)	$25.91	$12.04
Employee and Family	$41.40	$19.33

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

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

Continental American Insurance Company • 2801 Devine Street • Columbia, South Carolina 29205

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 is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that you may not receive any of the benefits in the plan.

As a result, please check to the coverage in all health insurance policies you already have or may have before you buy this insurance to verify the absence of any assignments or liens.

Customer Service
800.433.3036
www.aflacgroupinsurance.com

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Series CA8500-MP(VA).