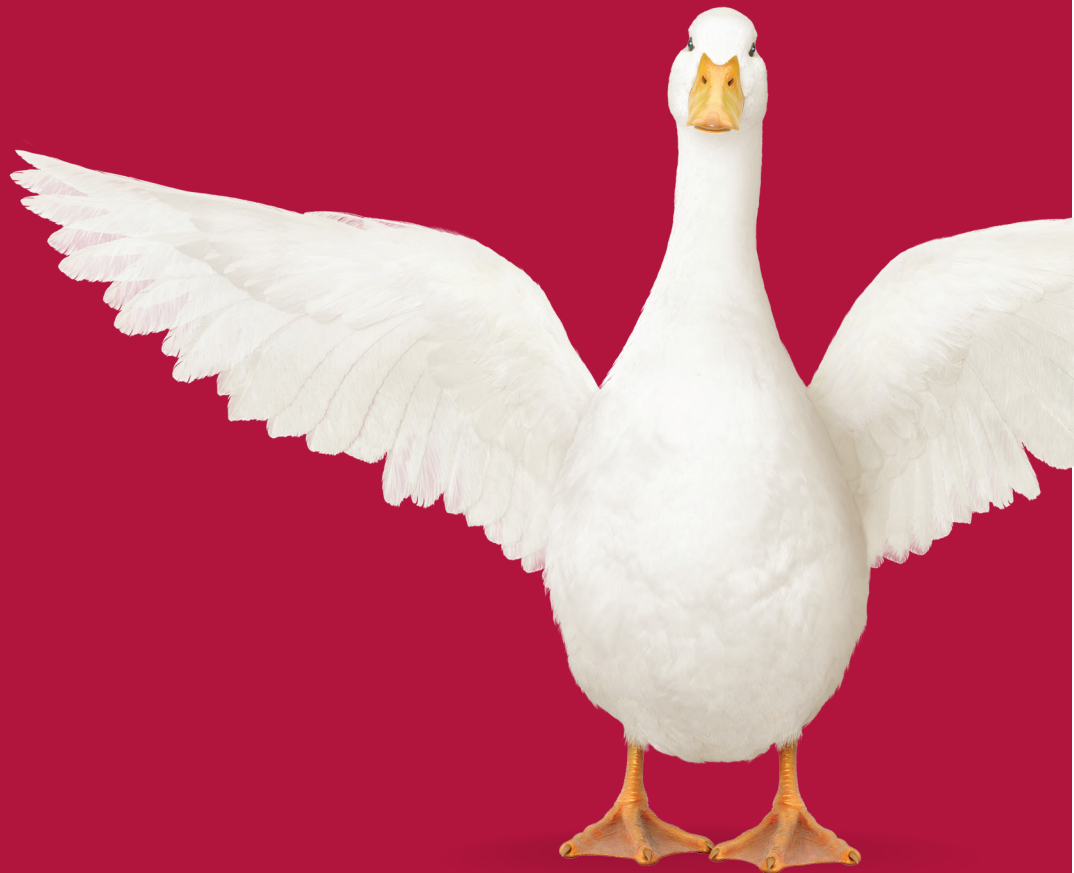


# Aflac Group Critical Illness Advantage

**INSURANCE – PLAN INCLUDES BENEFITS  
FOR CANCER AND HEALTH SCREENING**

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



THIS IS NOT A MEDICARE SUPPLEMENT PLAN.  
If you are eligible for Medicare, review the Guide to Health  
Insurance for People with Medicare, which is available from  
the company.



We've got you under our wing.®



## 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 notice the difference in 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 may not be 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 a heart attack or stroke.

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



### Understanding the facts can help you decide if the Aflac group Critical Illness plan makes sense for you.

#### FACT NO. 1

AN ESTIMATED **83.6** MILLION

AMERICAN ADULTS—GREATER THAN 1 IN 3—HAVE ONE OR MORE TYPES OF CARDIOVASCULAR DISEASE (CVD).<sup>1</sup>

#### FACT NO. 2

**\$108.9** BILLION

THE AMOUNT OF MONEY CORONARY HEART DISEASE COST THE UNITED STATES. THIS TOTAL INCLUDES THE COST OF HEALTH CARE SERVICES, MEDICATIONS AND LOST PRODUCTIVITY.<sup>2</sup>

<sup>1</sup> American Heart Association/American Stroke Association 2013 Statistical Fact Sheet

<sup>2</sup> Centers for Disease Control and Prevention Heart Disease Fact Sheet 2015

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

For over 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 under our wing.

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.

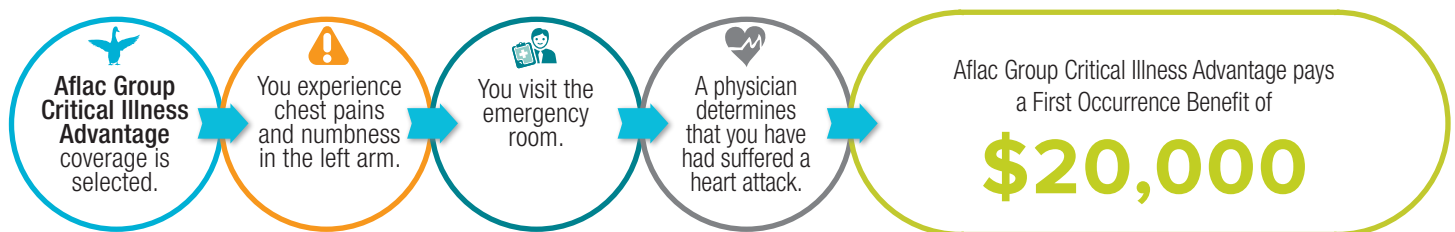
### The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
- Health Screening Benefit

### Features:

- Benefits are paid directly to you, unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four days.

### How it works



Amount payable based on \$20,000 First Occurrence Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>BURNS*</b>	100%
<b>COMA**</b>	100%
<b>PARALYSIS**</b>	100%
<b>LOSS OF SIGHT / HEARING / SPEECH**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

#### INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Employee benefit amount available is \$20,000. Spouse coverage is also available in a benefit amount of \$10,000. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

#### ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### 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. Children-only coverage is not available.

#### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$150 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

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.**

### COVERED HEALTH SCREENING TESTS INCLUDE:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Blood test for triglycerides</li><li>• Bone marrow testing</li><li>• Breast ultrasound</li><li>• CA 15-3 (blood test for breast cancer)</li><li>• CA 125 (blood test for ovarian cancer)</li><li>• CEA (blood test for colon cancer)</li><li>• Chest X-ray</li><li>• Colonoscopy</li><li>• DNA stool analysis</li><li>• Fasting blood glucose test</li><li>• Flexible sigmoidoscopy</li></ul> | <ul style="list-style-type: none"><li>• Hemocult stool analysis</li><li>• Mammography</li><li>• Pap smear</li><li>• PSA (blood test for prostate cancer)</li><li>• Serum cholesterol test to determine level of HDL and LDL</li><li>• Serum protein electrophoresis (blood test for myeloma)</li><li>• Spiral CT screening for lung cancer</li><li>• Stress test on a bicycle or treadmill</li><li>• Thermography</li></ul> |
|---|---|

### PROGRESSIVE DISEASES RIDER

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

---

---

# CRITICAL ILLNESS ADVANTAGE INSURANCE

LIMITATIONS AND EXCLUSIONS,  
TERMS YOU NEED TO KNOW, AND NOTICES

---

---

## LIMITATIONS AND EXCLUSIONS

**Cancer Diagnosis Limitation** Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

### EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Suicide** – committing or attempting to commit suicide, while sane or insane
- **Illegal Acts** – participating or attempting to participate in an illegal

activity, or working at an illegal job

- **Participation in Aggressive Conflict:**

- War (declared or undeclared) or military conflicts; this does not include terrorism
- Insurrection or riot
- Civil commotion or civil state of belligerence

- **Illegal Substance Abuse:**

- Abuse of legally-obtained prescription medication
- Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

## TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- |                                     |                    |
|-------------------------------------|--------------------|
| • Aplastic anemia                   | • Thalassemia      |
| • Congenital neutropenia            | • Fanconi anemia   |
| • Severe immunodeficiency syndromes | • Leukemia         |
| • Sickle cell anemia                | • Lymphoma         |
|                                     | • Multiple myeloma |

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Cancer (internal or invasive) is a disease that meets either of the following definitions:

A malignant tumor characterized by:

- The uncontrolled growth and spread of malignant cells, and
- The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology.

Cancer (internal or invasive) also includes:

- |  |  |
|--|--|
| • Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm, | excess blasts),  |
| • Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),            | • Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or |
| • Myelodysplastic syndrome – RAEB (refractory anemia with  | • Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).                             |

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin

- |  |  |
|--|--|
| • Melanoma in Situ                                       | – Breslow depth less than 0.77mm, or   |
| • Melanoma that is diagnosed as – Clark's Level I or II, | – Stage 1A melanomas under TNM Staging |

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

- |   |  |
|---|--|
| • Internal Carcinoma in Situ                        | • Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts) |
| • Myelodysplastic Syndrome – RA (refractory anemia) |  |

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

- |                                       |  |
|---------------------------------------|--|
| • Basal cell carcinoma                | • Melanoma that is diagnosed as        |
| • Squamous cell carcinoma of the skin | – Clark's Level I or II,               |
| • Melanoma in Situ                    | – Breslow depth less than 0.77mm, or   |
|                                       | – Stage 1A melanomas under TNM Staging |

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:

- |  |  |
|--|--|
| – A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening, | – Medical evidence exists to support the diagnosis,            |
|  | – A doctor is treating you for cancer or carcinoma in situ, or |

- A positive diagnosis cannot otherwise be made by a doctor without jeopardizing the life of the claimant.

If a pathological or clinical diagnosis can only be made postmortem, liability shall be assumed retroactively beginning with the date of the terminal admission to the hospital for not less than 45 days before the date of death.

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of cancer and/or carcinoma in situ is based on such specimens.)
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial Infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a

doctor to be total and irreversible.

- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of cancer and/or carcinoma in situ is based on such specimens.)
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis

is based on clinical and/or laboratory findings as supported by the insured's medical records.

- Severe Burn: The date the burn takes place.
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, who is listed on your application. Dependent children are your or your spouse's natural children, foster children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn, adopted and foster children are equally considered under this plan. A newborn child will be covered from the moment of birth, if the birth occurs while the plan is in force. Foster children and adopted children will be treated the same as newborn infants and are eligible for coverage on the same basis upon placement in the foster home or placement for adoption.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. The employee or the employee's spouse must provide the company with proof of this incapacity and dependency to the company within 31 days following the dependent child's 26th birthday, but not more frequently than annually.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we:

- Will allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- Will enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- Will not disenroll or eliminate coverage of the child unless we are provided satisfactory written evidence that: a. The court or administrative order is no longer in effect; or b. The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return, or the child does not reside with the parent or in the insurer's service area.

Diagnosis (Diagnosed) refers to the definitive and certain identification of



an illness or disease that:

- Is made by a doctor and
- Is based on clinical or laboratory investigations, as supported by your medical records.

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed to treat the type of condition for which a claim is made.
- Licensed as a doctor by the state where treatment is received, and

A doctor does not include you or any of your family members.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease

- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox, which is an acute contagious disease that is cause
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Cardiomyopathy
- Cirrhosis
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary Artery Disease
- Cystic fibrosis
- Hepatitis
- Interstitial lung disease
- Lymphangioliomyomatosis.
- Polycystic liver disease
- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy

- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues).

This results in loss of fluid and sometimes shock.

- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
  - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
  - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education,

training, or experience.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines.

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

## REINSTATEMENT

If any renewal premium is not paid on time (as outlined in the initial payment agreement) for the plan, the company (or an agent who is authorized by the company) may accept the late premium and reinstate the plan without requiring a new application. If the company (or authorized agent) does require an application for reinstatement and issues a conditional receipt for the premium tendered, the plan will be reinstated upon the company's approval, or lacking such approval, upon the 45th day following the date of the conditional receipt (unless the company has previously notified the policyholder in writing of its disapproval of such application). Reinstatement is subject to the terms of the plan.

## PROGRESSIVE DISEASES RIDER

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

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple

Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or
- Visual disturbances.

## OPTIONAL BENEFITS RIDER

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

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor

is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease.

To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations:
  - Muscle rigidity
  - Tremor
  - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine

Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of

personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

#### YOU MAY CONTINUE YOUR COVERAGE

When coverage would otherwise terminate because employment ends with the employer, coverage may be continued. You may continue the coverage that is in force on the date employment ends, including dependent coverage in effect. Coverage may not be continued if you fail to pay any required premium or the group master policy terminates. If you qualify, the same benefits, plan provisions, and premium rate will be applied.

#### TERMINATION OF COVERAGE

Coverage will terminate on the earliest of: (1) the date the plan is terminated; (2) the 31st day after the premium due date if the required premium has not been paid; or (3) the date you are no longer a member of an eligible class.

Coverage for an insured spouse or dependent child will terminate the premium due date following the earliest of: (1) the date the spouse or dependent child no longer qualifies as a dependent; (2) the date your written request to terminate spouse/dependent child coverage is received. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was active.

## NOTICES

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 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 the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary 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.**

**We've got you  
under our wing.®**

**[aflacgroupinsurance.com](http://aflacgroupinsurance.com) || 1.800.433.3036**

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

The certificate to which this sales material pertains is 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.

This brochure is subject to the terms, conditions, and limitations of policy Series C21000.



## Group Critical Illness Advantage

### Ashe County Schools - Monthly (12pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 7.14	\$ 9.77	\$ 12.39	\$ 15.02	\$ 17.64	\$ 20.26	\$ 22.89	\$ 25.51	\$ 28.14	\$ 30.76
30-39	\$ 8.80	\$ 13.09	\$ 17.37	\$ 21.65	\$ 25.93	\$ 30.22	\$ 34.50	\$ 38.78	\$ 43.06	\$ 47.35
40-49	\$ 12.88	\$ 21.24	\$ 29.61	\$ 37.97	\$ 46.33	\$ 54.69	\$ 63.05	\$ 71.42	\$ 79.78	\$ 88.14
50-59	\$ 20.84	\$ 37.16	\$ 53.48	\$ 69.80	\$ 86.12	\$ 102.44	\$ 118.76	\$ 135.08	\$ 151.40	\$ 167.72
60+	\$ 35.80	\$ 67.08	\$ 98.36	\$ 129.64	\$ 160.92	\$ 192.20	\$ 223.48	\$ 254.76	\$ 286.04	\$ 317.32

NONTOBACCO - Spouse										
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$ 7.14	\$ 8.46	\$ 9.77	\$ 11.08	\$ 12.39	\$ 13.70	\$ 15.02	\$ 16.33	\$ 17.64	
30-39	\$ 8.80	\$ 10.94	\$ 13.09	\$ 15.23	\$ 17.37	\$ 19.51	\$ 21.65	\$ 23.79	\$ 25.93	
40-49	\$ 12.88	\$ 17.06	\$ 21.24	\$ 25.43	\$ 29.61	\$ 33.79	\$ 37.97	\$ 42.15	\$ 46.33	
50-59	\$ 20.84	\$ 29.00	\$ 37.16	\$ 45.32	\$ 53.48	\$ 61.64	\$ 69.80	\$ 77.96	\$ 86.12	
60+	\$ 35.80	\$ 51.44	\$ 67.08	\$ 82.72	\$ 98.36	\$ 114.00	\$ 129.64	\$ 145.28	\$ 160.92	

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 8.21	\$ 11.91	\$ 15.60	\$ 19.30	\$ 22.99	\$ 26.68	\$ 30.38	\$ 34.07	\$ 37.76	\$ 41.46
30-39	\$ 11.21	\$ 17.90	\$ 24.58	\$ 31.27	\$ 37.96	\$ 44.65	\$ 51.33	\$ 58.02	\$ 64.71	\$ 71.40
40-49	\$ 17.68	\$ 30.83	\$ 43.99	\$ 57.15	\$ 70.30	\$ 83.46	\$ 96.62	\$ 109.77	\$ 122.93	\$ 136.09
50-59	\$ 30.87	\$ 57.23	\$ 83.58	\$ 109.93	\$ 136.29	\$ 162.64	\$ 188.99	\$ 215.35	\$ 241.70	\$ 268.05
60+	\$ 53.34	\$ 102.16	\$ 150.98	\$ 199.79	\$ 248.61	\$ 297.43	\$ 346.25	\$ 395.07	\$ 443.89	\$ 492.70

TOBACCO - Spouse										
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$ 8.21	\$ 10.06	\$ 11.91	\$ 13.75	\$ 15.60	\$ 17.45	\$ 19.30	\$ 21.14	\$ 22.99	
30-39	\$ 11.21	\$ 14.55	\$ 17.90	\$ 21.24	\$ 24.58	\$ 27.93	\$ 31.27	\$ 34.61	\$ 37.96	
40-49	\$ 17.68	\$ 24.25	\$ 30.83	\$ 37.41	\$ 43.99	\$ 50.57	\$ 57.15	\$ 63.72	\$ 70.30	
50-59	\$ 30.87	\$ 44.05	\$ 57.23	\$ 70.40	\$ 83.58	\$ 96.76	\$ 109.93	\$ 123.11	\$ 136.29	
60+	\$ 53.34	\$ 77.75	\$ 102.16	\$ 126.57	\$ 150.98	\$ 175.38	\$ 199.79	\$ 224.20	\$ 248.61	

**Base Plan:**

- With Cancer Benefit
- \$150 Health Screening Benefit
- \$250 Skin Cancer Benefit
- With Additional Benefits  
(Loss of Sight, Speech, Hearing)  
(Coma, Burns, Paralysis)

**Riders:**

- Optional Benefits Rider (BTAP)
- Progressive Diseases Rider

**Provisions:**

- No Pre-Existing Condition Limitation
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 6 Months
- Standard Portability
- Rate Guarantee: 2 Years

**Group Attributes:**

- Situs State: NC
- Eligible Lives: 505

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

Published: Feb-16 Series C21000

CI21000-160216-085744-F3ziiED2-0388hIR-52793