



AF™ Limited Benefit Critical Illness Insurance
with Cancer Benefit

Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

AF™ **Limited Benefit Critical Illness Insurance** can help provide financial protection so you can focus on recovery.



Approximately every 39 seconds, an American will have a heart attack.¹

How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost*
- Compatible with a Health Savings Account
- Option to add an infectious disease rider in select states

Coverage is available for you, your children, and your lawful spouse at determined benefit amounts.

HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

- Pap Smear
- Prostate Test
- Skin Biopsy
- Colonoscopy
- Stress Test
- Echocardiogram
- Electrocardiogram (EKG)
- Blood Glucose Testing
- Neuroimaging Studies

SCREENING BENEFIT

(per calendar year per covered employee and covered spouse)

\$50

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

¹AHA 2021 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 26, 2021, p2



Group Critical Illness Insurance

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from \$10,000, \$20,000 or \$30,000. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost.* If elected, spousal benefit amounts will be 50% of the employee benefit amount.

CRITICAL ILLNESS BENEFITS		
Pays once per Covered Person for each Critical Illness shown below.		
	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	-
Stroke Benefit (Permanent damage due to a stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any invasive cancer benefit.	25%	-
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY RATES**

AGE	\$10,000		\$20,000		\$30,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$5.40	\$9.12	\$8.82	\$16.24	\$12.24	\$23.38
30-39	\$9.76	\$16.68	\$17.54	\$31.36	\$25.30	\$46.06
40-49	\$19.36	\$33.40	\$36.76	\$64.84	\$54.14	\$96.26
50-59	\$35.14	\$61.14	\$68.30	\$120.28	\$101.46	\$179.42
60 & Over	\$59.08	\$103.10	\$116.18	\$204.24	\$173.26	\$305.34

SPOUSE MONTHLY RATES**

AGE	\$5,000		\$10,000		\$15,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.08	\$5.56	\$4.18	\$9.16	\$5.28	\$12.72
30-39	\$5.42	\$9.94	\$8.86	\$17.90	\$12.30	\$25.84
40-49	\$10.70	\$19.68	\$19.40	\$37.40	\$28.10	\$55.12
50-59	\$19.26	\$35.62	\$36.52	\$69.26	\$53.78	\$102.90
60-69	\$32.30	\$59.88	\$62.62	\$117.78	\$92.92	\$175.70

**The premium and amount of benefits vary dependent upon the amount selected at time of application.

Group Critical Illness Insurance

Plan Benefit Highlights

Health Screening Benefit

Pays \$50 when a covered employee or covered spouse receives a covered health screening test. This benefit covers several qualified tests, including, but not limited to: Pap smear, prostate test, skin biopsy, colonoscopy, blood test for triglycerides, doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, and neuroimaging studies. This policy pays for one test per covered employee and one test per covered spouse per calendar year regardless of the number of tests received during the calendar year. This benefit is available without a diagnosis of a critical illness. This benefit does not reduce the critical illness lump sum benefit amount.

Critical Illness Benefit

Pays once per covered person for each critical illness. Each critical illness must be separated by at least 90 days following the first critical illness occurrence date.

Heart Attack

Pays following a Heart Attack due to coronary artery disease. Any previous amounts paid for a coronary artery bypass surgery will be deducted from the amount payable under this benefit. A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Coronary Artery Bypass Surgery

Pays following open heart surgery performed by a physician to correct coronary artery disease with bypass grafts. Coronary artery bypass surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than coronary artery bypass surgery.

Stroke (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a stroke which results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent damage due to a stroke does not include transient ischemic attacks (TIA).

Paralysis (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a covered accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

Major Organ Failure

Pays following the date the covered person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

End Stage Renal Failure

Pays following the occurrence date of end stage renal failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

Effective Date

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on active employment and premium has been paid.

Cancer Critical Illness Benefit

Early Stage Cancer (Carcinoma In Situ)

Pays 25% of the critical illness cancer benefit amount following diagnosis of early stage of internal cancer in which the tumor or tumor cells are confined to the organ or tissue where it first developed without having invaded neighboring tissue. Carcinoma in Situ does not include skin cancer. Some examples of covered early stage cancer include prostate cancer, breast cancer, or colon cancer meeting certain diagnosis requirements. Partial payments for Carcinoma in Situ reduce the Invasive cancer benefit. At no time will combined payments for any cancer related benefits exceed 100% of the cancer critical illness benefit amount.

Invasive Cancer

Pays a cancer critical illness benefit amount following the occurrence date and diagnosis of Invasive Cancer with uncontrolled growth, function, or spread of cells in any part of the body. The documented staging will be used to determine if the cancer meets the Invasive Cancer definition.

Recurrent Diagnosis Benefit

Upon a second occurrence of certain specified critical illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered critical illness events include Heart Attack, permanent damage due to a stroke, and major organ failure. The second occurrence date must be separated by at least 180 days following the first occurrence date of that same critical illness. Once a recurrent diagnosis benefit has been paid for a critical illness, no further benefits for that same critical illness will be payable.

Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until the earliest of these dates: a) your 75th birthday, b) 10 years from the portability effective date, c) the date the policy is terminated, or d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

Limitations and Exclusions

Pre-Existing Condition Limitation

No critical illness benefit will be payable for a critical illness which is caused by or resulting from a Pre-Existing Condition when the critical illness occurrence date occurs before a covered person has been continuously covered under the policy for 12 consecutive months. Pre-Existing Condition means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, accident, sickness, physical condition or mental illness.

A Heart Attack is an acute myocardial infarction due to coronary artery disease resulting in death of a portion of the heart muscle. Diagnosis must be supported by onset of new symptoms and any of the following: EKG changes, elevation of biochemical markers, or imaging studies, consistent with an acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack will be acceptable. Heart attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Exclusions

We will not pay benefits for any critical illness resulting from or caused, whether directly or indirectly, by: (a) An intentionally self-inflicted accident or sickness. (b) Suicide or attempted suicide, while sane or insane. (c) Participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority. (d) Being Intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions. Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the critical illness occurred. (e) Committing, or attempting to commit a felony. (f) Being incarcerated in any type of penal institution. (g) Alcoholism or drug addiction. (h) A diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

*This product may contain limitations, exclusions, and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** This brochure highlights important features of the policy. Please refer to your certificate for complete details.*

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Protection for the Unexpected

Being diagnosed with an infectious disease is likely unsettling, but you might rest a little easier knowing you have coverage in place. Benefit payments are made directly to you and may help ease the financial pressures from a diagnosis.

How It Works

If diagnosed with one of the infectious diseases below, the following benefits may be payable:

- Benefits are payable up to **50%** of your critical illness benefit amount based on an approved diagnosis. Your coverage extends to eligible children at **25%** of the insured's infectious disease benefit amount.
- Your spouse's benefit, if covered, will be **50%** of their critical illness benefit amount.

What's Covered

This benefit is paid to you based on a diagnosis of any of the following infectious diseases:

- Anthrax
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Bacterial Cerebrospinal Meningitis
- Osteomyelitis
- Botulism
- Pertussis (Whooping Cough)
- Cholera
- Poliomyelitis
- COVID-19
- Q Fever
- Dengue Fever
- Rabies
- Diphtheria
- Rocky Mountain Spotted Fever
- Encephalitis
- Sepsis
- Hansen's Disease
- Tetanus
- Hepatitis B or C
- Trichinosis
- Histoplasmosis
- Tuberculosis
- Human Immunodeficiency Virus (HIV)
- Tularemia
- Legionnaire's Disease
- Typhoid Fever
- Malaria

Did you know?



There were **15,662** reported pertussis cases in 2019.¹

¹ Center for Disease Control, www.cdc.gov/pertussis/downloads/pertuss-surv-report-2019-508.pdf, Accessed on Feb. 10, 2021.

Availability of this rider may vary by state. Refer to your policy for complete details. **This flyer must be used in conjunction with a G925 brochure.** The rider will terminate on the same date as the policy or certificate to which it is attached.

Limitations

For benefits to be payable you must be admitted as a resident patient to a hospital and charged for room and board facilities. The term hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

- The infectious disease must be diagnosed after your effective date.
- The infectious disease benefit will only be paid once per infectious disease, per covered person, per lifetime.
- Any infectious disease not explicitly listed in your policy document isn't payable under this rider.
- If two or more infectious diseases are diagnosed at the same time, benefits will only be paid for the disease that occurred first.
- The benefit amount will be paid after diagnosing a covered infectious disease, and a minimum hospitalization of 7 consecutive days.
- The benefit amount will be paid to your beneficiary if:
 - You are diagnosed with an infectious disease, and
 - You are hospitalized as an inpatient but pass away from the diagnosed infectious disease before the minimum hospitalization period of 7 consecutive days.

Pre-Existing Conditions

No infectious disease benefit will be payable for an infectious disease caused by or resulting from a pre-existing condition when the infectious disease occurrence date occurs before you have been continuously covered under this rider for 12 consecutive months.

Pre-Existing Condition means a disease, sickness, physical condition or mental illness for which a covered person has experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before your effective date of coverage under this rider.

The term Pre-Existing Condition also includes conditions related to such disease, accident, sickness, physical condition, or mental illness.

Termination

Your coverage will end on the earliest of these dates.

- The end of the last period for which premium has been paid, subject to the grace period.
- The date you notify us in writing to terminate coverage.
- The end of the month following your 75th birthday.
- The date the rider is discontinued.
- The date the policy is discontinued.
- The date your employment terminates.

	Monthly Premiums
Individual per \$1000 benefit amount	\$1
Children per \$250 benefit amount	
Spouse per \$1000 benefit amount	\$1



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