

# *Aflac Critical Illness Insurance Plan*

**Effective Date: July 1, 2015**

**Guaranteed Issue Amounts:    Employee- \$10,000                      Spouse- \$5,000**

*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 CA12800.*

## **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 \$5,000 to \$50,000 for employees. The benefit amount for spouses is \$5,000 to \$25,000.
- 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.

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*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 30 hours per week;
- 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 catheterization\*
- 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 \$100.00 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.

## Monthly Rates for Employee and Spouse

### 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>	\$5.35	\$7.20	\$9.05	\$10.90	\$12.75	\$14.60	\$16.45	\$18.30	\$20.15	\$22.00
<b>30-39</b>	\$6.35	\$9.60	\$12.65	\$15.70	\$18.75	\$21.80	\$24.85	\$27.90	\$30.95	\$34.00
<b>40-49</b>	\$9.70	\$15.90	\$22.10	\$28.30	\$34.50	\$40.70	\$46.90	\$53.10	\$59.30	\$65.50
<b>50-59</b>	\$13.45	\$23.40	\$33.35	\$43.30	\$53.25	\$63.20	\$73.15	\$83.10	\$93.05	\$103.00
<b>60-69</b>	\$19.50	\$35.50	\$51.50	\$67.50	\$83.50	\$99.50	\$115.50	\$131.50	\$147.50	\$163.50

### 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>	\$5.35	\$6.28	\$7.20	\$8.13	\$9.05	\$9.98	\$10.90	\$11.83	\$12.75
<b>30-39</b>	\$6.55	\$8.08	\$9.60	\$11.13	\$12.65	\$14.18	\$15.70	\$17.23	\$18.75
<b>40-49</b>	\$9.70	\$12.80	\$15.90	\$19.00	\$22.10	\$25.20	\$28.30	\$31.40	\$34.50
<b>50-59</b>	\$13.45	\$18.43	\$23.40	\$28.38	\$33.35	\$38.33	\$43.30	\$48.28	\$53.25
<b>60-69</b>	\$19.50	\$27.50	\$35.50	\$43.50	\$51.50	\$59.50	\$67.50	\$75.50	\$83.50

### 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>	\$6.30	\$9.10	\$11.90	\$14.70	\$17.50	\$20.30	\$23.10	\$25.90	\$28.70	\$31.50
<b>30-39</b>	\$8.35	\$13.20	\$18.05	\$22.90	\$27.75	\$32.60	\$37.45	\$42.30	\$47.15	\$52.00
<b>40-49</b>	\$15.80	\$28.10	\$40.40	\$52.70	\$65.00	\$77.30	\$89.60	\$101.90	\$114.20	\$126.50
<b>50-59</b>	\$23.15	\$42.80	\$62.45	\$82.10	\$101.75	\$121.40	\$141.05	\$160.70	\$180.35	\$200.00
<b>60-69</b>	\$34.10	\$64.70	\$95.30	\$125.90	\$156.50	\$187.10	\$217.70	\$248.30	\$278.90	\$309.50

### TOBACCO - Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
<b>18-29</b>	\$6.30	\$7.70	\$9.10	\$10.50	\$11.90	\$13.30	\$14.70	\$16.10	\$17.50
<b>30-39</b>	\$8.35	\$10.78	\$13.20	\$15.63	\$18.05	\$20.48	\$22.90	\$25.33	\$27.75
<b>40-49</b>	\$15.80	\$21.95	\$28.10	\$34.25	\$40.40	\$46.55	\$52.70	\$58.85	\$65.00
<b>50-59</b>	\$23.15	\$32.98	\$42.80	\$52.63	\$62.45	\$72.28	\$82.10	\$91.93	\$101.75
<b>60-69</b>	\$34.10	\$49.40	\$64.70	\$80.00	\$95.30	\$110.60	\$125.90	\$141.20	\$156.50

*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.*

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**Continental American Insurance Company  
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*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 / [Aflacgroupinsurance.com](http://Aflacgroupinsurance.com)**

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*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.*