

Aflac Group Critical Illness Advantage Plan

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$25,000 for spouses.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- Guaranteed-issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- Premiums are paid through convenient payroll deduction.
- The plan doesn't have a waiting period for benefits.
- Coverage is portable, with certain stipulations.
- Annual health screening benefit is included.

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:
Up to **\$20,000** for employees and up to **\$10,000** for spouses with no participation requirement.

For employee amounts over **\$20,000** and spouse amounts over **\$10,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages:

- Employee 18-69
- Spouse 18-69
- Children under age 26

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

1. Spouse coverage is available up to **50%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, ***the employee must also apply***. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$25,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. ***Children-only coverage is not available.***

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.

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 12 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$60 per calendar year

The Health Screening Benefit is payable once per calendar year 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. The covered health screening tests include, but are not limited to, the following:

- Stress test on a bicycle or treadmill
- 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
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- DNA stool analysis
- Spiral CT screening for lung cancer
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LD

Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%.

Pre-Existing Conditions Limitation

Pre-existing condition is a sickness or physical condition that existed within the 12-month period before the insured's effective date. A medical professional must have advised, diagnosed, or treated the Insured for the condition to be considered pre-existing.

We will not pay benefits for any critical illness resulting from or affected by a pre-existing condition if the critical illness was diagnosed within the 12-month period after the insured's effective date.

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 any of the following:

- **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** of any kind, including:
 - War (declared or undeclared) or military conflicts.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
 - 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, may be payable only while coverage is in force.

Group Critical Illness Advantage

Mark III Accounts - 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	\$ 3.39	\$ 4.99	\$ 6.58	\$ 8.17	\$ 9.76	\$ 11.36	\$ 12.95	\$ 14.54	\$ 16.13	\$ 17.73
30-39	\$ 4.53	\$ 7.25	\$ 9.98	\$ 12.71	\$ 15.43	\$ 18.16	\$ 20.88	\$ 23.61	\$ 26.34	\$ 29.06
40-49	\$ 7.30	\$ 12.81	\$ 18.31	\$ 23.81	\$ 29.32	\$ 34.82	\$ 40.33	\$ 45.83	\$ 51.33	\$ 56.84
50-59	\$ 12.08	\$ 22.37	\$ 32.65	\$ 42.94	\$ 53.22	\$ 63.51	\$ 73.79	\$ 84.08	\$ 94.36	\$ 104.64
60-69	\$ 18.99	\$ 36.18	\$ 53.37	\$ 70.56	\$ 87.75	\$ 104.94	\$ 122.13	\$ 139.32	\$ 156.51	\$ 173.69

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 3.39	\$ 4.19	\$ 4.99	\$ 5.78	\$ 6.58	\$ 7.37	\$ 8.17	\$ 8.97	\$ 9.76
30-39	\$ 4.53	\$ 5.89	\$ 7.25	\$ 8.62	\$ 9.98	\$ 11.34	\$ 12.71	\$ 14.07	\$ 15.43
40-49	\$ 7.30	\$ 10.06	\$ 12.81	\$ 15.56	\$ 18.31	\$ 21.06	\$ 23.81	\$ 26.57	\$ 29.32
50-59	\$ 12.08	\$ 17.23	\$ 22.37	\$ 27.51	\$ 32.65	\$ 37.80	\$ 42.94	\$ 48.08	\$ 53.22
60-69	\$ 18.99	\$ 27.58	\$ 36.18	\$ 44.77	\$ 53.37	\$ 61.96	\$ 70.56	\$ 79.15	\$ 87.75

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	\$ 4.13	\$ 6.46	\$ 8.79	\$ 11.12	\$ 13.45	\$ 15.78	\$ 18.11	\$ 20.43	\$ 22.76	\$ 25.09
30-39	\$ 6.18	\$ 10.57	\$ 14.95	\$ 19.33	\$ 23.71	\$ 28.10	\$ 32.48	\$ 36.86	\$ 41.24	\$ 45.63
40-49	\$ 10.61	\$ 19.41	\$ 28.22	\$ 37.02	\$ 45.83	\$ 54.63	\$ 63.44	\$ 72.24	\$ 81.05	\$ 89.85
50-59	\$ 18.61	\$ 35.43	\$ 52.24	\$ 69.05	\$ 85.87	\$ 102.68	\$ 119.49	\$ 136.30	\$ 153.12	\$ 169.93
60-69	\$ 28.85	\$ 55.90	\$ 82.95	\$ 109.99	\$ 137.04	\$ 164.09	\$ 191.14	\$ 218.19	\$ 245.24	\$ 272.29

TOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 4.13	\$ 5.29	\$ 6.46	\$ 7.62	\$ 8.79	\$ 9.95	\$ 11.12	\$ 12.28	\$ 13.45
30-39	\$ 6.18	\$ 8.37	\$ 10.57	\$ 12.76	\$ 14.95	\$ 17.14	\$ 19.33	\$ 21.52	\$ 23.71
40-49	\$ 10.61	\$ 15.01	\$ 19.41	\$ 23.81	\$ 28.22	\$ 32.62	\$ 37.02	\$ 41.42	\$ 45.83
50-59	\$ 18.61	\$ 27.02	\$ 35.43	\$ 43.83	\$ 52.24	\$ 60.65	\$ 69.05	\$ 77.46	\$ 85.87
60-69	\$ 28.85	\$ 42.37	\$ 55.90	\$ 69.42	\$ 82.95	\$ 96.47	\$ 109.99	\$ 123.52	\$ 137.04

Base Plan:

- With Cancer Benefit
- \$60 Health Screening Benefit
- Without Skin Cancer Benefit
- Without Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:

- No additional riders

Provisions:

- Pre-Existing Condition Limitation: 12/12
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 12 Months
- Benefit Reduction at Age 70
- Standard Portability
- Rate Guarantee: 2 Years

Group Attributes:

- Situs State: VA
- Eligible Lives: 1750

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

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