

Group Critical Illness Insurance

You can count on Aflac to help ease the financial impact of surviving a critical illness.



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COVERED CRITICAL ILLNESS BENEFITS:	Percentage of Face Amount
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW DISEASE	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN FAILURE	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
TYPE I DIABETES	100%
CORONARY ARTERY DISEASE	100%
NON-INVASIVE CANCER	100%
INITIAL DIAGNOSIS BENEFIT	
We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease.	
REOCCURRENCE BENEFIT	
We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 1 consecutive month.	
SKIN CANCER BENEFIT (ONCE PER CALENDAR YEAR)	
Pays \$1,000 per calendar year for the diagnosis of skin cancer.	
CHILD COVERAGE AT NO ADDITIONAL COST	
Each dependent child is covered at 100 percent of the primary covered person's benefit amount at no additional charge. Children-only coverage is not available.	
HEALTH SCREENING BENEFIT (1 PER CALENDAR YEAR) Payable for health screening tests performed while a covered person's coverage is in force. We will pay this benefit one time per calendar year, per covered person. 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.	Employee/Spouse: \$100 Child: 100% of the Health Screening Amount
TRANSIENT ISCHEMIC ATTACK (TIA) BENEFIT Payable when a covered person is diagnosed with a Transient Ischemic Attack (TIA). This benefit is payable in addition to all other applicable benefits. This benefit is payable once per calendar year.	\$250

PROGRESSIVE DISEASES RIDER	Percentage of Face Amount
AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%
ALZHEIMER'S DISEASE	100%
PARKINSON'S DISEASE	100%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	100%
CROHN'S DISEASE	100%

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. The Progressive Disease benefit is payable only once per disease. For any subsequent Progressive Disease to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

OPTIONAL CRITICAL ILLNESS BENEFIT RIDER	Percentage of Face Amount
OPTIONAL CRITICAL ILLNESS BENEFIT	
ADRENAL HYPOFUNCTION (ADDISON'S DISEASE), CEREBROSPINAL MENINGITIS, DIPHTHERIA, ENCEPHALITIS, HUNTINGTON'S CHOREA, LEGIONNAIRE'S DISEASE, LYME DISEASE, MALARIA, MUSCULAR DYSTROPHY, MYASTHENIA GRAVIS, NECROTIZING FASCIITIS, OSTEOMYELITIS, POLIOMYELITIS (POLIO), RABIES, SICKLE CELL ANEMIA, SYSTEMIC LUPUS, SYSTEMIC SCLEROSIS (SCLERODERMA), TETANUS, TUBERCULOSIS	100%

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force. For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

CHILDHOOD CONDITIONS RIDER	Percentage of Face Amount
CYSTIC FIBROSIS	100%
CEREBRAL PALSY	100%
CLEFT LIP OR CLEFT PALATE	100%
DOWN SYNDROME	100%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	100%
SPINA BIFIDA	100%

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure.

LIMITATIONS AND EXCLUSIONS

Benefit percentages will be paid based on the face amount in effect on the critical illness date of diagnosis.

Riders become effective when the rider is issued. If it is issued after the certificate, the rider will have a later effective date.

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

ATTAINED AGE PREMIUMS

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

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;
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.
- Accident: Any condition caused by an Accident will not be covered.

Diagnosis must be made in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, confinement and covered tests, are payable only while

coverage is in force.

TERMS YOU NEED TO KNOW

Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

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
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging
- Metastatic Cancer

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer.

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

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

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.

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:

- 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.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Disease: The date a doctor diagnoses a covered person as having a Bone Marrow Disease where such diagnosis is based on clinical and/or laboratory findings as supported by the covered person's medical records.
- 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 Disease: The date the doctor diagnoses a covered person as having Coronary Artery Disease where such diagnosis is based on clinical and/or laboratory findings as supported by the covered person's medical records.
- 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

diagnoses a covered person as having Kidney Failure where such diagnosis is based on clinical and/or laboratory findings as supported by the covered person's medical records.

- Loss of Hearing: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Sight: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Speech: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Major Organ Failure: The date a doctor diagnoses a covered person as having a covered Major Organ Failure.
- Paralysis: The date a doctor diagnoses a covered person 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 covered person's medical records.
- 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).
- Type I Diabetes: The date a doctor diagnoses a covered person as having type I diabetes based on clinical and/or laboratory findings as supported by medical records.
- Transient Ischemic Attack (TIA): The date the Transient Ischemic Attack occurs (based on documented diagnostic tests, such as a CT scan or an MRI of the brain, a Doppler ultrasound, or an echocardiogram of the heart).

Spouse/Civil Union Partner is your legal wife or husband, including a legally-recognized same-sex spouse/civil union partner, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your application. Read your certificate carefully for details. Civil Union Partner means a member of a legally recognized union entered into under the laws of New

Jersey or any other jurisdiction, which provides substantially similar rights to marriage.

Dependent children are your or your spouse's/civil union partner's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth. Read your certificate carefully for details.

A doctor does not include you or any of your family members. For the purposes of this definition, family member includes your spouse/civil union partner 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 covered person under the plan.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or event 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.

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 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
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Loss of Sight means the total and irreversible loss of all sight in both eyes. 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 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

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. 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.

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

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).

Type I Diabetes excludes gestational diabetes and prediabetes.

Transient Ischemic Attack (TIA) occurs when blood flow to part of the brain is temporarily blocked or reduced. For a benefit to be payable, the TIA must be caused by one or more of the following diseases:

- Advanced Arteriosclerosis
- Arteriosclerosis of the arteries of the neck or brain
- Vascular embolism
- Hypertension
- Malignant Hypertension
- Brain Aneurysm
- Arteriovenous Malformation

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

PROGRESSIVE DISEASES 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 a covered person as having ALS and where such diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a doctor diagnoses a covered person as having Multiple Sclerosis and where

such diagnosis is supported by medical records.

- Alzheimer's Disease: The date a doctor diagnoses the covered person as incapacitated due to Alzheimer's disease.
- Parkinson's Disease: The date a doctor diagnoses the covered person as incapacitated due to Parkinson's disease.
- Chronic Obstructive Pulmonary Disease (COPD): The date a doctor diagnoses a covered person as having COPD based on clinical and/or laboratory findings as supported by medical records.
- Crohn's Disease: The date a doctor diagnoses a covered person as having Crohn's Disease based on clinical and/or laboratory findings as supported by medical records.

OPTIONAL CRITICAL ILLNESS RIDER

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a doctor diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor diagnoses an insured as having Encephalitis and where such diagnosis is supported by medical records.
- Huntington's Chorea: The date a doctor diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a doctor diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Lyme Disease: The date a doctor diagnoses an insured

as having Lyme Disease and where such diagnosis is supported by medical records.

- Malaria: The date a doctor diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- Muscular Dystrophy: The date a doctor diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- Myasthenia Gravis: The date a doctor diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a doctor diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- Osteomyelitis: The date a doctor diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- Poliomyelitis: The date a doctor diagnoses an insured as having Poliomyelitis and where such diagnosis is supported by medical records.
- Rabies: The date a doctor diagnoses an insured as having Rabies and where such diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a doctor diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- Systemic Lupus: The date a doctor diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a doctor diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- Tetanus: The date a doctor diagnoses an insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the insured.
- Tuberculosis: The date a doctor diagnoses an insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the insured.

Adrenal Hypofunction does not include secondary and tertiary

adrenal insufficiency.

Human Coronavirus does not include the following Human Coronaviruses: 229E, NL63, OC43, and HKU1.

CHILDHOOD CONDITIONS RIDER

Date of diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium

has not been paid by the policyholder or designated person acting on behalf of the policyholder; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

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.

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.

If you are a resident of New Mexico, you may not be eligible for this coverage. Please contact your employer for more information.

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Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be 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. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series C22000.