

AFLAC GROUP CRITICAL ILLNESS

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.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



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
 - Severe Burn
 - Coma
 - Paralysis
 - Loss of Sight / Hearing / Speech
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- 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.

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: \$10,000
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	

Amount payable based on \$10,000 Initial Diagnosis Benefit.

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
SEVERE BURN	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT / HEARING / SPEECH	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	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. 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. 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. 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.

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.

*This benefit is only payable for a burn 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.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 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.

OPTIONAL BENEFITS RIDER**Percentage of
Face Amount****BENIGN BRAIN TUMOR**

100%

ADVANCED ALZHEIMER'S DISEASE

100%

ADVANCED PARKINSON'S DISEASE

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.

PROGRESSIVE BENEFITS RIDER**AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)**

100%

SUSTAINED MULTIPLE SCLEROSIS

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.

CHILDHOOD CONDITIONS RIDER**CYSTIC FIBROSIS**

50%

CEREBRAL PALSY

50%

CLEFT LIP OR CLEFT PALATE

50%

DOWN SYNDROME

50%

PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)

50%

SPINA BIFIDA

50%

TYPE 1 DIABETES

50%

**One Time Benefit
Amount****AUTISM SPECTRUM DISORDER (ASD)**

\$3,000

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. (In Indiana, diagnosis must not be specifically excluded by the plan.)

SPECIFIED DISEASES RIDER	Percentage of Face Amount
<p>TIER I SPECIFIED DISEASE BENEFIT</p> <p>Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickie Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis</p> <p>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.</p> <p>For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier I Specified Disease Benefit.</p>	<p>25%</p>
<p>TIER II SPECIFIED DISEASE BENEFIT</p> <p>Covered Diseases: Human Coronavirus</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.</p> <p>In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.</p> <p>For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier II Specified Disease Benefit.</p>	<p>10% if confined to a hospital for 4-9 days</p> <p>25% if confined to a hospital for 10 or more days</p> <p>40% if confined to an intensive care unit</p>

EMPLOYEE / UNI-TOBACCO / MONTHLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.55	\$7.10	\$10.65	\$14.20	\$17.75	\$21.30	\$24.85	\$28.40	\$31.95	\$35.49
30-39	\$5.18	\$10.36	\$15.54	\$20.72	\$25.90	\$31.09	\$36.27	\$41.45	\$46.63	\$51.81
40-49	\$9.07	\$18.14	\$27.21	\$36.27	\$45.34	\$54.41	\$63.48	\$72.55	\$81.62	\$90.69
50-59	\$16.81	\$33.61	\$50.42	\$67.23	\$84.03	\$100.84	\$117.65	\$134.45	\$151.26	\$168.07
60+	\$30.61	\$61.23	\$91.84	\$122.45	\$153.07	\$183.68	\$214.29	\$244.91	\$275.52	\$306.13

SPOUSE / UNI-TOBACCO / MONTHLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.26	\$6.52	\$9.79	\$13.05	\$16.31	\$19.57	\$22.83	\$26.09	\$29.36	\$32.62
30-39	\$4.89	\$9.79	\$14.68	\$19.57	\$24.47	\$29.36	\$34.25	\$39.15	\$44.04	\$48.93
40-49	\$8.78	\$17.56	\$26.34	\$35.12	\$43.90	\$52.69	\$61.47	\$70.25	\$79.03	\$87.81
50-59	\$16.52	\$33.04	\$49.56	\$66.08	\$82.59	\$99.11	\$115.63	\$132.15	\$148.67	\$165.19
60+	\$30.33	\$60.65	\$90.98	\$121.30	\$151.63	\$181.95	\$212.28	\$242.60	\$272.93	\$303.26

EMPLOYEE / UNI-TOBACCO / BI-WEEKLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.64	\$3.28	\$4.91	\$6.55	\$8.19	\$9.83	\$11.47	\$13.11	\$14.74	\$16.38
30-39	\$2.39	\$4.78	\$7.17	\$9.56	\$11.96	\$14.35	\$16.74	\$19.13	\$21.52	\$23.91
40-49	\$4.19	\$8.37	\$12.56	\$16.74	\$20.93	\$25.11	\$29.30	\$33.48	\$37.67	\$41.85
50-59	\$7.76	\$15.51	\$23.27	\$31.03	\$38.78	\$46.54	\$54.30	\$62.06	\$69.81	\$77.57
60+	\$14.13	\$28.26	\$42.39	\$56.52	\$70.65	\$84.78	\$98.90	\$113.03	\$127.16	\$141.29

SPOUSE / UNI-TOBACCO / BI-WEEKLY RATES

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.51	\$3.01	\$4.52	\$6.02	\$7.53	\$9.03	\$10.54	\$12.04	\$13.55	\$15.05
30-39	\$2.26	\$4.52	\$6.78	\$9.03	\$11.29	\$13.55	\$15.81	\$18.07	\$20.33	\$22.58
40-49	\$4.05	\$8.11	\$12.16	\$16.21	\$20.26	\$24.32	\$28.37	\$32.42	\$36.47	\$40.53
50-59	\$7.62	\$15.25	\$22.87	\$30.50	\$38.12	\$45.74	\$53.37	\$60.99	\$68.62	\$76.24
60+	\$14.00	\$27.99	\$41.99	\$55.99	\$69.98	\$83.98	\$97.97	\$111.97	\$125.97	\$139.96