

**Peace of Mind and
Real Cash Benefits**



GROUP CANCER AND CRITICAL ILLNESS

CI^G



We've got you under our wing.®

You can win the battle against a critical illness, but can you handle the added costs?

A group cancer and critical illness plan helps prepare you for the added costs of battling a specific critical illness and provides benefits to help with the cost of cancer.

The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn't have to be spoiled by medical bills.

With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.



COVERAGE WORK SHEET

Employee Benefit: \$ _____

Spouse Benefit: \$ _____

Child Benefit: \$ _____
(50 percent of the primary insured amount)

Total Weekly Deduction: \$ _____

BENEFITS

COVERED CRITICAL ILLNESSES:¹

| | | | |
|---|------|---|------|
| CANCER (Internal or Invasive) | 100% | RENAL FAILURE (End-Stage) | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% | CARCINOMA IN SITU ² | 25% |
| STROKE (Apoplexy or Cerebral Vascular Accident) | 100% | CORONARY ARTERY BYPASS SURGERY ² | 25% |
| MAJOR ORGAN TRANSPLANT | 100% | | |

FIRST-OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. If you are deemed ineligible due to a previous medical condition you still retain the ability to purchase Spouse coverage.

Recurrence of a previously diagnosed cancer is payable provided the diagnosis is made when the certificate is in-force, and provided the insured is free of any signs or symptoms of that cancer for 12 consecutive months, and has been treatment-free for that cancer for 12 consecutive months.

ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

RE-OCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

EXPENSE BENEFITS UP TO \$5,000

Subject to the provisions of the plan, if an Insured incurs Eligible Medical Expenses for Cancer (internal or invasive) and/or Skin Cancer that is initially diagnosed while this policy is in force, the following benefits are available:

1. Cancer (internal or invasive): For the treatment of Cancer, we will pay the actual expenses incurred in any calendar year, not to exceed the calendar year maximum, provided the Cancer is initially diagnosed while the plan is in force with respect to the insured.
2. Skin Cancer: For the treatment of Skin Cancer, we will pay the 10% of the actual expenses incurred for Eligible Medical Expenses in any calendar year, not to exceed the calendar year maximum, provided the Skin Cancer is initially diagnosed while the plan is in force with respect to the Insured.

CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.

\$50 CANCER / HEALTH SCREENING BENEFIT (Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

¹All covered conditions are subject to the definitions found in your certificate.

²If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

CANCER AND CRITICAL ILLNESS

The plan provides benefits only for the treatment of Internal Cancer and/or Skin Cancer and lump sum benefits for critical illnesses, as defined herein.

The plan does not provide benefits for any other disease, sickness or incapacity.

No benefits will be paid for expenses incurred outside the United States or its Territories. Diagnosis must be made in the United States.

The plan contains a 30-day waiting period. This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force 30 days from his Effective Date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from his Effective Date; or, at the Employee's option, he may elect to void the certificate from the beginning and receive a full refund of premium.

CANCER

No benefits will be paid for any Cancer treatments that have not been approved by a physician as being medically necessary.

CRITICAL ILLNESS – PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Condition means a sickness or physical condition which, within the 90-day period prior to the Effective Date of an Insured's coverage resulted in medical advice or treatment.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

We will not pay benefits for any critical illness starting within 12 months of the Effective Date of an insured which is caused by, contributed to, or resulting from a Pre-Existing Condition.

A claim for benefits for loss starting after 12 months from the Effective Date of an insured will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date of an insured's coverage.

EXCLUSIONS

We won't pay for loss due to: (1) Intentionally self inflicted injury or action. (2) Suicide or attempted suicide while sane or insane. (3) Illegal activities or participation in an illegal occupation. (4) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence. (5) Substance abuse.

Diagnosis must be made and treatment received in the United States.

Applicable to Cancer and/or Carcinoma in Situ: If all other plan provisions are met, recurrence of a previously diagnosed cancer will not be reduced or denied provided the diagnosis is made when the certificate is in-force, and provided the insured is free of any signs or symptoms of that cancer for 12 consecutive months, and has been treatment-free for that cancer for 12 consecutive months.

TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown in your Certificate Schedule.

Employee means the insured as shown in the Certificate Schedule.

Spouse means an Employee's legal wife or husband.

Dependent Children means your natural children, stepchildren, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural children born after the Effective Date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Child(ren) will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Eligible Medical Expenses means medically necessary expenses for services and supplies required by a physician incurred by an Insured as a result of treatment of Cancer or Skin Cancer. An expense is incurred on the date the service is performed or supplies are furnished.

Eligible Medical Expenses will include the following:

For Hospital and Medical Services – Hospital room and board, hospital miscellaneous services and supplies, intensive care room and board, medical & surgical services of a physician, biopsies, physicians visits in the hospital, nursing care by other than an immediate family member, anesthesia, physical exams, laboratory tests, diagnostic x-rays, blood and blood transfusions, second and third surgical opinions, breast or artificial limb and prosthesis.

For Out of Hospital Treatment – Home health care services and supplies, hospice care, rental or purchase of durable medical equipment, nursing care facility.

Specialized Cancer Treatment – Chemotherapy, immunotherapy, gene therapy, cobalt and radiation treatment, transplant of tissue, body organs and bone marrow.

For Drugs and Medicines – Prescription drugs and medicines, medication for side effects related to cancer, treatment.

For Transportation and Lodging – Ambulance (ground or air), commercial transportation to a specialized treatment center when recommended by your physician, lodging for Cancer patient when receiving treatment on an outpatient basis.

Extra Benefits – Physical or speech therapy, professional mental health consultation, tutorial services for any Dependent Child who is undergoing Cancer treatment, hairpieces or wigs.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria: 1. New and serial electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which is first manifested on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Cancer (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark's Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Skin Cancer means basal cell carcinoma, basal cell epithelioma, or squamous cell carcinoma of the skin.

The diagnosis of Skin Cancer must be established according to the criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Clinical Diagnosis of Skin Cancer will be accepted as evidence that Skin Cancer exists in an Insured when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Skin Cancer.

Renal Failure (Kidney Failure) means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; 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.

This information is only a brief description of the coverage and is not the ruling contract. Coverage is subject to certain definitions, conditions, limitations, and exclusions, which are detailed in the master policy, certificate, and applicable riders. If there is a conflict between this brochure and the contract, the terms and conditions of the contract will prevail. For a complete listing of the plan definitions, provisions, as well as all limitations and exclusions, please refer to the group master policy, CAI2800PA.

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 the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

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.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.

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