### **GROUP CRITICAL ILLNESS ADVANTAGE INSURANCE**

#### ADDITIONAL CRITICAL ILLNESSES SUMMARY PAGE



#### WHAT WE WILL PAY

#### **COVERED CRITICAL ILLNESSES**

Illnesses Covered Under Plan	Percentage of Maximum Benefit
Severe Burn*	100%
Coma**	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%

<sup>\*</sup>This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

#### These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

We will pay the critical illness benefit if the insured is diagnosed with one of the critical illnesses shown if the date of diagnosis occurs while the plan is in force and the critical illness is not excluded by name or specific description in the plan.

#### **Initial Diagnosis**

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

#### **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 6 consecutive months.

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

All limitations and exclusions that apply to the critical illness plan also apply to these benefits.

No benefits will be paid for loss which occurred prior to the effective date of the plan.

#### Date of Diagnosis is defined as follows:

- 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.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible.
- Paralysis: The date a doctor diagnoses an insured 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 insured's medical records.
- Severe Burn: The date the burn takes place.

Critical Illness is one of the illnesses defined below:

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

**Underwritten by Continental American Insurance Company** 

A proud member of the Aflac family of insurers



AG210841 R2 IV (1/16)

<sup>\*\*</sup>These benefits are payable for loss due to a covered underlying disease or a covered assistant

**Coma** means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

· Spontaneous eye movements,

Vocalization.

· Response to painful stimuli, and

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- · Encephalitis
- Epilepsy

- · Hyperglycemia
- Hypoglycemia
- Meningitis

**Paralysis** or **Paralyzed** means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. 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.

**Loss of Sight** means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. 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

Hypoxia

· Optic nerve disease

**Loss of Speech** means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. 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

**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 payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

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

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

**aflacgroupinsurance.com** | 1.800.433.3036 | 1.866.849.2970 fax

**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

## Voluntary Critical Illness

The Aflac Critical Illness Plan provides a cash benefit when an insured person is diagnosed with a major covered illness such as internal cancer, heart attack, or stroke. The benefit is paid directly to you as a lump-sum to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. The Critical Illness Plan is also HSA compatible.

Once per calendar year, complete a preventive health screening to earn a \$50 wellness benefit, payable to you and your spouse.

- ✓ Pays in addition to medical insurance benefits
- ✓ No waiting period or age reduction
- Pays 50% of benefit for base conditions on a recurrence (after 6 months)\*
- ✓ Pays 100% of benefit on additional occurrence (after 6 months)\*

VOLUNTARY CRITICAL ILLNESS HIGHLIGHTS					
Maximum Benefit Amount (Contingent Upon Diagnosis)					
Invasive Cancer 100%					
Non-Invasive Cancer	25%				
Skin Cancer	\$250 per calendar year				
Heart Attack	100%				
Coma	100%				
Coronary Artery Bypass	25%				
Stroke	100%				
Kidney Failure (End-Stage Renal)	100%				
Permanent Paralysis	100%				
Severe Burns	100%				

Voluntary Critical Illness Highlights					
Lump Sum Benefit Amount	Choice of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$30,000				
Dependent Coverage	Covered at 50% of employee amount				
Guarantee Issue	Yes				
Portable	Yes				
Wellness Benefit	\$50 for Employee and Spouse each calendar year				

<sup>\*</sup> An insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit

# Voluntary Critical Illness

EMPLOYEE NON-TOBACCO MONTHLY PREMIUMS						
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	\$3.24	\$4.96	\$6.68	\$8.40	\$10.12	\$11.84
26-30	\$4.00	\$6.48	\$8.97	\$11.45	\$13.93	\$16.41
31-35	\$4.49	\$7.47	\$10.44	\$13.42	\$16.39	\$19.36
36-40	\$5.58	\$9.63	\$13.69	\$1 <i>7.75</i>	\$21.81	\$25.86
41-45	\$6.55	\$11.58	\$16.60	\$21.63	\$26.66	\$31.69
46-50	\$7.64	\$13.76	\$19.88	\$26.00	\$32.12	\$38.24
51-55	\$11.33	\$21.14	\$30.96	\$40.77	\$50.58	\$60.39
56-60	\$11.06	\$20.60	\$30.13	\$39.67	\$49.21	\$58.75
61-65	\$21.94	\$42.35	\$62.77	\$83.19	\$103.60	\$124.02
66+	\$38.20	\$74.89	\$111 <i>.57</i>	\$148.26	\$184.94	\$221.63

SPOUSE NON-TOBACCO MONTHLY PREMIUMS						
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$1 <i>5</i> ,000	
18-25	\$3.24	\$4.10	\$4.96	\$5.82	\$6.68	
26-30	\$4.00	\$5.24	\$6.48	\$7.73	\$8.97	
31-35	\$4.49	\$5.98	\$7.47	\$8.95	\$10.44	
36-40	\$5.58	\$7.61	\$9.63	\$11.66	\$13.69	
41-45	\$6.55	\$9.06	\$11.58	\$14.09	\$16.60	
46-50	\$7.64	\$10.70	\$13.76	\$16.82	\$19.88	
51-55	\$11.33	\$16.24	\$21.14	\$26.05	\$30.96	
56-60	\$11.06	\$1 <i>5</i> .83	\$20.60	\$25.37	\$30.13	
61-65	\$21.94	\$32.15	\$42.35	\$52.56	\$62.77	
66+	\$38.20	\$56.55	\$74.89	\$93.23	\$111 <i>.57</i>	

EMPLOYEE TOBACCO MONTHLY PREMIUMS						
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	\$4.05	\$6.58	\$9.11	\$11.64	\$1 <i>4</i> .1 <i>7</i>	\$16.70
26-30	\$5.10	\$8.68	\$12.26	\$15.84	\$19.42	\$23.00
31-35	\$6.16	\$10.80	\$15.43	\$20.07	\$24.71	\$29.35
36-40	\$8.04	\$14.56	\$21.0 <i>7</i>	\$27.59	\$34.11	\$40.63
41-45	\$9.50	\$1 <i>7.</i> 49	\$25.47	\$33.46	\$41.44	\$49.43
46-50	\$11.19	\$20.86	\$30.54	\$40.21	\$49.88	\$59.55
51-55	\$1 <i>7</i> .16	\$32. <i>7</i> 9	\$48.43	\$64.07	\$ <i>7</i> 9. <i>7</i> 1	\$95.34
56-60	\$1 <i>7</i> .33	\$33.14	\$48.95	\$64.76	\$80.57	\$96.39
61-65	\$33.88	\$66.25	\$98.61	\$130.98	\$163.34	\$19 <i>5.</i> 70
66+	\$ <i>57</i> .95	\$11 <i>4</i> .3 <i>7</i>	\$1 <i>7</i> 0.80	\$227.23	\$283.66	\$340.08

SPOUSE TOBACCO MONTHLY PREMIUMS						
Age	\$5,000	\$ <b>7,</b> 500	\$10,000	\$12,500	\$1 <i>5,</i> 000	
18-25	\$4.05	\$5.31	\$6.58	\$7.84	\$9.11	
26-30	\$5.10	\$6.89	\$8.68	\$10.47	\$12.26	
31-35	\$6.16	\$8.48	\$10.80	\$13.12	\$15.43	
36-40	\$8.04	\$11.30	\$14.56	\$1 <i>7</i> .81	\$21.07	
41-45	\$9.50	\$13.50	\$1 <i>7.</i> 49	\$21.48	\$25.47	
46-50	\$11.19	\$16.03	\$20.86	\$25.70	\$30.54	
51-55	\$1 <i>7</i> .16	\$24.98	\$32.79	\$40.61	\$48.43	
56-60	\$1 <i>7</i> .33	\$25.24	\$33.14	\$41.05	\$48.95	
61-65	\$33.88	\$50.07	\$66.25	\$82.43	\$98.61	
66+	\$ <i>57</i> .95	\$86.16	\$11 <i>4</i> .3 <i>7</i>	\$142.59	\$1 <i>7</i> 0.80	