

Peace of Mind *and*  
Real Cash Benefits



GROUP ACCIDENT INSURANCE

AC1<sup>G</sup>



We've got you under our wing.®

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, Pre-Existing Condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer. This product is not available in all states.

# GROUP ACCIDENT INSURANCE

Policy Series CA7700-MP This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

# AC1<sup>G</sup>

## Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.



### FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see back of brochure for guidelines.)

# 33.2

**MILLION**

The number of people who in 2005 sought medical attention for an injury; 2.8 million people were hospitalized for injuries.\*

\*Injury Facts 2008, National Safety Council.

## HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
<p><b>HOSPITAL ADMISSION</b></p> <p>We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident (within six months of the date of the accident). We will pay this benefit once per calendar year, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	\$1,000	\$1,000	\$1,000
<p><b>HOSPITAL CONFINEMENT (per day)</b></p> <p>We will provide this benefit on the first day of hospital confinement for up to 365 days per Covered Accident when an insured is confined to a hospital due to a Covered Accident. Hospital confinement must begin within 90 days from the date of the accident.</p>	\$200	\$200	\$200
<p><b>HOSPITAL INTENSIVE CARE (per day)</b></p> <p>This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.</p>	\$400	\$400	\$400
<p><b>MEDICAL FEES (for each accident)</b></p> <p>If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.</p>	\$125	\$125	\$75
<p><b>PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)</b></p> <p>Quadriplegia</p> <p>Paraplegia</p>	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

## ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL-DEATH</b>	\$50,000	\$10,000	\$5,000
<b>ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)</b>	\$100,000	\$50,000	\$15,000
<b>SINGLE DISMEMBERMENT</b>	\$6,250	\$2,500	\$1,250
<b>DOUBLE DISMEMBERMENT</b>	\$25,000	\$10,000	\$5,000
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	\$1,250	\$500	\$250
<b>PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)</b>	\$100	\$100	\$100

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

**Accidental Injury** means bodily injury caused solely by or as the result of a Covered Accident.

**Covered Accident** means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.

## LIMITATIONS AND EXCLUSIONS

### WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those that are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common-Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Participating in any professional or semiprofessional organized sport.
- Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician.
- Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.

A doctor or physician does not include you or a member of your immediate family.

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

### PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a loss that is caused by, that is contributed to, or that results from a Pre-Existing Condition for 12 months after the Effective Date of your certificate and attached riders, as applicable.

**Pre-Existing Condition** means within the 12-month period prior to the Effective Date of a certificate and attached riders, as applicable: (1) those conditions for which medical advice or treatment was received or recommended, or (2) the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

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

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

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-Existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

**You and Your** refer to an employee as defined in the plan.

**Spouse** means the person married to you on the Effective Date of the rider. The

rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

**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 Children 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 or her parent(s) for support, the above age 26 limitation shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such child's 26th birthday.

### PORTABLE COVERAGE

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

### TERMINATION

Insurance for an insured employee will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date the employee ceases to meet the definition of an employee as defined in the master policy, (4) the premium due date which falls on or first follows the employee's 70th birthday, or (5) the date the employee is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

### EFFECTIVE DATE

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

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

Underwritten by:  
Continental American Insurance Company  
2801 Devine Street | Columbia, South Carolina 29205

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## MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD	
<b>FRACTURES (closed reduction):</b>			
Hip/Thigh	\$4,500	\$4,000	<ul style="list-style-type: none"> <li>• Open reduction is paid at 150% of closed reduction.</li> <li>• Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction.</li> <li>• Chip fractures are paid at 10% of the fracture benefit.</li> <li>• Partial dislocations are paid at 25% of the dislocation benefit.</li> </ul>
Vertebrae (except processes)	\$4,050	\$3,600	
Pelvis	\$3,600	\$3,200	
Skull (depressed)	\$3,375	\$3,000	
Leg	\$2,700	\$2,400	
Forearm/Hand/Wrist	\$2,250	\$2,000	
Foot/Ankle/Knee Cap	\$2,250	\$2,000	
Shoulder Blade/Collar Bone	\$1,800	\$1,600	
Lower Jaw (mandible)	\$1,800	\$1,600	
Skull (simple)	\$1,575	\$1,400	
Upper Arm/Upper Jaw	\$1,575	\$1,400	
Facial Bones (except teeth)	\$1,350	\$1,200	
Vertebral Processes	\$900	\$800	
Coccyx/Rib/Finger/Toe	\$360	\$320	
<b>DISLOCATIONS (closed reduction):</b>			
Hip	\$3,600	\$2,700	
Knee (not knee cap)	\$2,600	\$1,950	
Shoulder	\$2,000	\$1,500	
Foot/Ankle	\$1,600	\$1,200	
Hand	\$1,400	\$1,050	
Lower Jaw	\$1,200	\$900	
Wrist	\$1,000	\$750	
Elbow	\$800	\$600	
Finger/Toe	\$320	\$240	

## SPECIFIC INJURIES

EMPLOYEE//SPOUSE//CHILD	EMPLOYEE//SPOUSE//CHILD
<b>RUPTURED DISC</b> (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
<b>TENDONS/LIGAMENTS</b> (within 60 days; surgical repair within 90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.	
	\$400 (Single) \$600 (Multiple)
<b>TORN KNEE CARTILAGE</b> (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
<b>EYE INJURIES</b>	
Treatment and surgical repair within 90 days	\$250
Removal of foreign body	\$50
<b>CONCUSSION</b> (a head injury resulting in electroencephalogram abnormality)	
	\$200
<b>COMA (lasting 30 days or more)</b>	\$10,000
<b>EMERGENCY DENTAL WORK (per accident)</b>	
Repaired with crown	\$150
Resulting in extraction	\$50
<b>BURNS (treatment within 72 hours and based on percent of body surface burned):</b>	
<b>Second-Degree Burns</b>	
Less than 10%	\$100
At least 10%, but less than 25%	\$200
At least 25%, but less than 35%	\$500
35% or more	\$1,000
<b>Third-Degree Burns</b>	
Less than 10%	\$500
At least 10%, but less than 25%	\$3,000
At least 25%, but less than 35%	\$7,000
35% or more	\$10,000
<b>First-degree burns are not covered.</b>	
<b>LACERATIONS (treatment and repair within 72 hours):</b>	
Under 2" long	\$50
2" to 6" long	\$200
Over 6" long	\$400
Lacerations not requiring stitches	\$25
Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	

## ADDITIONAL BENEFITS

	EMPLOYEE//SPOUSE//CHILD
<b>AMBULANCE</b>	\$100
<b>AIR AMBULANCE</b> If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.	\$500
<b>BLOOD/PLASMA</b> If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	\$100
<b>APPLIANCES</b> We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.	\$100
<b>INTERNAL INJURIES</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>ACCIDENT FOLLOW-UP TREATMENT</b> We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.	\$25
<b>EXPLORATORY SURGERY</b> [without repair (i.e., arthroscopy)]	\$250
<b>PROSTHESIS</b> If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.	\$500
<b>PHYSICAL THERAPY</b> We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the Covered Accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.	\$25
<b>TRANSPORTATION</b> If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.	\$300 (train/plane) \$150 (bus)
<b>FAMILY LODGING BENEFIT (per night)</b> If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.	\$100

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MAXIMUM DIFFERENCE<sup>®</sup> ESSENTIALS  
CANCER INDEMNITY INSURANCE

MID<sup>E</sup>



We've got you under our wing.®

# MAXIMUM DIFFERENCE<sup>®</sup> ESSENTIALS

CANCER INDEMNITY INSURANCE

Policy A761ESTN

# MD<sup>E</sup>

## The Need

Despite the best efforts of doctors, researchers, and countless organizations, Cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role Cancer plays in America's overall health. According to the American Cancer Society:\*

- 1** In the United States, men have slightly less than a 1-in-2 lifetime risk of developing Cancer; for women, the risk is a little more than 1-in-3.
- 2** About 1,479,350 new Cancer cases were expected to be diagnosed in 2009.

\*Cancer Facts & Figures 2009.



### ARE YOU PROTECTED IF SOMETHING UNEXPECTED HAPPENS?

#### HERE'S HOW WE CAN HELP.

Aflac's Maximum Difference Cancer insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

- 1** Your coverage is portable, which means it goes with you if you change jobs.
- 2** Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
- 3** Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of Columbus.





QUICK-REFERENCE

**BENEFITS** are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute (NCI) or the Food and Drug Administration (unless stated otherwise) for Cancer or an Associated Cancerous Condition, as applicable. To be payable, the benefits listed below require a charge to be incurred for the applicable treatment or service, except for the Experimental Treatment Benefit (as detailed below) and the Hospice Care Benefit. If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government hospital, the benefits listed below will not require a charge for them to be payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
<b><i>DIRECT NONSURGICAL TREATMENT BENEFITS</i></b>			
<p>Benefits are payable the calendar week or calendar month, as applicable, during which a Covered Person receives and incurs a charge for the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.</p>			
<b>INITIAL TREATMENT</b>	\$1,000	\$1,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
<b>INJECTED CHEMOTHERAPY</b>	\$450 once per calendar week	None	Limited to the calendar week in which the charge for medication(s) or treatment is incurred.
<b>ORAL CHEMOTHERAPY</b>  <i>NONHORMONAL</i>  <i>HORMONAL</i>	\$200 per medication, per calendar month  \$200 per medication, per calendar month up to 24 months  \$50 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy	None  None	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$600 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy treatments are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.
<b>RADIATION THERAPY</b>	\$250 once per calendar week	None	Benefit is limited to the calendar week in which the charge for the therapy is incurred.
<b>EXPERIMENTAL TREATMENT</b>	\$250 once per calendar week if a charge is incurred; \$75 once per calendar week if no charge is incurred for inclusion in a clinical trial	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the charge for the treatment is incurred, if there is a charge.

The policy has limitations that may affect benefits payable.

This brochure is for illustrative purposes only. See the policy for complete definitions, details, limitations, and exclusions.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
<b>INDIRECT/ADDITIONAL THERAPY BENEFITS</b>			
<p>The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives and incurs a charge for the applicable treatment.</p>			
<b>EGG HARVESTING AND STORAGE (CRYOPRESERVATION)</b>  <i>EXTRACTION AND HARVESTING STORAGE</i>	\$1,000  \$ 350	\$1,350	Payable for a Covered Person to have oocytes extracted and harvested. In addition, a one-time fee per Covered Person is payable for the storage of a Covered Person's oocytes or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition.
<b>IMMUNOTHERAPY</b>	\$250 once per calendar month	\$1,250	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
<b>ANTI-NAUSEA</b>	\$75 once per calendar month	None	Payable for anti-nausea drugs prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
<b>STEM CELL TRANSPLANTATION</b>	\$5,000	\$5,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
<b>BONE MARROW TRANSPLANTATION</b>  <i>COVERED PERSON DONOR</i>	\$5,000  \$ 500	\$5,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. Does not include stem cell transplantations.
<b>BLOOD &amp; PLASMA</b>  <i>INPATIENT</i>   <i>OUTPATIENT</i>	\$75 times the number of days paid under the Hospital Confinement Benefit   \$125 per day	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered hospital confinement. Outpatient benefit is payable for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, hospital, or ambulatory surgical center. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
<b>SURGICAL TREATMENT BENEFITS</b>			
<b>SURGICAL/ ANESTHESIA</b>	\$70–\$2,500 (based on the Schedule of Operations listed in the policy)  25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed \$3,125. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
<b>SKIN CANCER SURGERY</b>	\$25–\$300 (based on skin Cancer surgeries listed in the policy)	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: \$300.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
<b>HOSPITALIZATION BENEFITS</b>			
<p><b>HOSPITAL CONFINEMENT, DAYS 1–30</b> <i>NAMED INSURED/ SPOUSE DEPENDENT CHILD</i></p> <p><b>HOSPITAL CONFINEMENT, DAYS 31+</b> <i>NAMED INSURED/ SPOUSE DEPENDENT CHILD</i></p>	<p>\$150 per day \$200 per day</p> <p>\$300 per day \$350 per day</p>	<p>None</p> <p>None</p>	<p>For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a hospital for treatment and is charged for a room as an inpatient. During any continuous period of hospital confinement for 31 days or more, Aflac will pay benefits as described for Days 1–30. Beginning with the 31st day of such continuous hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is charged for a room as an inpatient.</p> <p>If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.</p>
<p><b>OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE</b></p>	<p>\$150 per day</p>	<p>None</p>	<p>Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician’s office. Surgery must be performed on an outpatient basis in a hospital or an ambulatory surgical center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: \$150.</p>
<b>CONTINUING CARE BENEFITS</b>			
<p><b>EXTENDED-CARE FACILITY</b></p>	<p>\$75 per day</p>	<p>None</p>	<p>Payable when an insured is hospitalized and receiving Hospital Confinement Benefits and is later confined, within 30 days of the covered hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the hospital used as such (an extended-care facility). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. If more than 30 days separates confinements in an extended-care facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined as an inpatient to the extended-care facility within 30 days of that confinement. Benefits are limited to 30 days per calendar year, per Covered Person.</p>
<p><b>HOME HEALTH CARE</b></p>	<p>\$75 per visit (Limit of 10 visits per hospitalization and 30 visits per calendar year for each Covered Person)</p>	<p>None</p>	<p>Payable when hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then either home health care or health supportive services are provided by a licensed, certified, or duly qualified person, other than an immediate family member. Visits must begin within 7 days of release from the hospital. Benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services. Benefit is not payable the same day the Hospice Care Benefit is payable.</p>

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
<b>CONTINUING CARE BENEFITS</b>			
<b>HOSPICE CARE</b>  <i>DAY 1</i>  <i>ADDITIONAL DAYS</i>	\$1,000 (one-time benefit) \$50 per day	\$12,000	Payable when diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
<b>NURSING SERVICES</b>	\$75 per day	None	Payable while a Covered Person is confined in a hospital and requires full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
<b>SURGICAL PROSTHESIS</b>	\$1,500	\$3,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
<b>PROSTHESIS NONSURGICAL</b>	\$125 per occurrence	\$250	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
<b>RECONSTRUCTIVE SURGERY</b>	\$350–\$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: \$3,000.
<b>AMBULANCE, TRANSPORTATION, LODGING, AND MAMMOGRAPHY BENEFITS</b>			
<b>AMBULANCE</b>  <i>GROUND</i>  <i>AIR</i>	\$ 250  \$2,000	None	Payable for ambulance transportation to or from a hospital where treatment is received. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.
<b>TRANSPORTATION</b>	50 cents per mile, up to \$1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a hospital/facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
<b>LODGING</b>	\$80 per day	None	Payable for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.
<b>MAMMOGRAPHY</b>	\$70 per calendar year	None	Payable when charges are incurred for an annual screening by low-dose mammography for the presence of occult breast Cancer. This benefit is limited to one payment per calendar year, per Covered Person.

**POLICY BENEFITS CONTINUE ON NEXT PANEL.**

## PREMIUM WAIVER AND RELATED BENEFITS

**WAIVER OF PREMIUM:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [or if not employed: are completely unable to perform two or more activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities and may each month thereafter require a Physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL while this benefit is in force. Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

**CONTINUATION OF COVERAGE:** Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions: the policy was in force for at least six months; we received premiums for at least six consecutive months; your premiums were paid through payroll deduction; you or your employer notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and you re-establish premium payments with Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and we receive premiums for at least six consecutive months.

## LIMITATIONS AND EXCLUSIONS

We pay only for treatment of Cancer and Associated Cancerous Conditions diagnosed while the policy is in force, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity. The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage or, at your option, you may elect to void the coverage and receive a full refund of premium.

A hospital does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

An ambulatory surgical center does not include a doctor's or dentist's office, a clinic, or other such location.

## TERMS YOU NEED TO KNOW

**Associated Cancerous Condition:** An Associated Cancerous Condition is a myelodysplastic blood disorder, myeloproliferative blood disorder, or carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a positive medical diagnosis. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.

**Cancer:** Cancer is a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a positive medical diagnosis.

1. **Internal Cancer** includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).
2. **Nonmelanoma Skin Cancer** is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

**Covered Person:** A Covered Person is any person covered under individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children) coverage as applied for by you on the application. Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. **Dependent Children** are your natural children, stepchildren, or legally adopted children who are under age 26. **A Dependent Child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.**

**Effective Date:** The Effective Date is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

**Guaranteed-Renewable:** The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

**Physician:** A Physician is a person legally qualified to practice medicine, other than a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.



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**Peace of Mind and  
Real Cash Benefits**



**GROUP CRITICAL ILLNESS**  
Includes Cancer and Wellness

**CI<sup>G</sup>**



# GROUP CRITICAL ILLNESS

Policy Series CAI2800TN



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

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness.

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: \$ \_\_\_\_\_  
(25 percent of the primary insured amount)

Total Weekly Deduction: \$ \_\_\_\_\_

This work sheet is for illustration purposes only. It does not imply coverage.



## BENEFITS

### COVERED CRITICAL ILLNESSES:<sup>1</sup>

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End-Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU <sup>2</sup>	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY <sup>2</sup>	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. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.

### 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.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.

### \$75 HEALTH SCREENING BENEFIT

#### (Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$75 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.

OVER

1.4 MILLION

FACT

The number of new cancer cases that were expected to be diagnosed in 2009.<sup>3</sup>

<sup>3</sup>Cancer Facts & Figures 2009, American Cancer Society.

### 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

<sup>1</sup>All covered conditions are subject to the definitions found in your certificate.

<sup>2</sup>If 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 DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

When not caused by an accident, the following waiting period will apply.

The plan contains a 30-day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed before coverage has been in force 30 days from the Insured's Effective Date. If an Insured is first diagnosed during the Waiting Period, benefits for treatment of that medically related Specified Critical Illness will apply only to loss commencing after twelve months from the Insured's Effective Date; or, at your option, you may elect to void this rider from the beginning and receive a full refund of

premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

### EXCLUSIONS

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;

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

- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

### PRE-EXISTING CONDITION LIMITATION

**Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to the Effective Date, either: (1) resulted in You receiving medical advice or treatment; or (2) caused symptoms for which an ordinarily prudent person would seek medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12 months of the Effective Date 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 will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A condition will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

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

### 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, step-children, 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 Children 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 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 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.

**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.

**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.

### PORTABLE COVERAGE

When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

### TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is terminated; (2) The 31st day after the premium due date if the required premium has not been paid; (3) The date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

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Real Cash Benefits**



**GROUP HOSPITAL INDEMNITY**  
HSA Compatible

**HI2<sup>G</sup>**



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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

# GROUP HOSPITAL INDEMNITY

Supplemental Hospital Indemnity

Policy Series CA8500-MP This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

# HI2<sup>G</sup>

## Will your major medical insurance cover all of your bills?

Supplemental hospital indemnity insurance provides financial help to enhance your current coverage.

Your health insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any deductible or other expenses that are not covered by the plan. As a result, you could incur significant out-of-pocket expenses if you or a family member were hospitalized.

You don't want to be caught unprepared in a medical emergency and have to rely on your family's savings to cover the extra expenses you may face. This plan can help cover those expenses and protect your savings.



### COVERAGE WORK SHEET

#### PAYROLL DEDUCTION

Deductions Begin: \_\_\_\_\_

Effective date: \_\_\_\_\_

Total Deduction: \_\_\_\_\_

This work sheet is for illustration purposes only. It does not imply coverage.

## BENEFITS

### HOSPITAL CONFINEMENT (UP TO 180 DAYS PER CONFINEMENT)

#### Plan 2 - \$200 per day

This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for Injuries received in a Covered Accident, the Covered Person must be confined to a hospital within six months of the date of the Covered Accident.

This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.

### HOSPITAL ADMISSION

#### Plan 2 - \$300 per admission

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again.

### HOSPITAL INTENSIVE CARE (30 DAY MAXIMUM FOR ANY ONE PERIOD OF CONFINEMENT.)

#### Plan 2 - \$200 per day

This benefit is paid when a Covered Person is confined in a hospital intensive care unit because of a Covered Sickness or due to an Injury received from a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital intensive care unit within six months of the date of the Covered Accident.

We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness. If we pay benefits for confinement in a hospital intensive care unit and a Covered Person becomes confined to a hospital intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

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

### EXCLUSIONS

We will not pay benefits for loss caused by Pre-Existing Conditions.

We will not pay benefits for loss contributed to, caused by, or resulting from:

- War – participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Traveling – traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands,

Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.

- Racing – Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Aviation – operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – participating in any organized sport: professional or semiprofessional.

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

- Custodial Care. This is care meant simply to help people who cannot take care of themselves.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Services performed by a relative.
- Services related to sex change, sterilization, in vitro fertilization, or reversal of a vasectomy or tubal ligation.
- A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
- Elective abortion.
- Treatment, services, or supplies received outside the United States and its possessions or Canada.
- Dental services or treatment.
- Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
- Mental or emotional disorders without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.
- Injury or sickness covered by workers' compensation.
- Routine physical exams and rest cures.

### PRE-EXISTING CONDITION LIMITATION

**Pre-Existing Condition** means within the 12-month period prior to the Effective Date of the certificate those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a Pre-Existing Condition for 12 months after the Effective Date of the certificate, or for 12 months from the date medical care, treatment, or supplies were received for the Pre-Existing Condition, whichever is less.

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

Pregnancy is a "Pre-Existing Condition" if conception was before the effective date of a certificate.

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

If a certificate is issued as a replacement for a certificate previously issued under the Plan, then the Pre-Existing Condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining period of Pre-Existing Condition limitation of the prior certificate would continue to apply to the prior level of benefits.

### TERMS YOU NEED TO KNOW

**You and Your** – Refer to an employee as defined in the Plan.

**Spouse** – Means your legal spouse who is between that ages of 18 and 64.

**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 will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children 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 26 shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such 26th birthday.

**Covered Person** – If the certificate is issued as: Individual coverage, the Covered Person means you; Employee/Spouse coverage, Covered Person means you and your legal spouse; Single Parent Family coverage, Covered Person means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage; Family coverage, Covered Person means you and your spouse

and covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

**Injury or Injuries** – An accidental bodily injury or injuries caused solely by or as the result of a Covered Accident.

**Covered Accident** – An accident, which occurs on or after a Covered Person's Effective Date, while the certificate is in force, and which is not specifically excluded.

**Sickness** – An illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an Injury.

**Covered Sickness** – An illness, infection, disease, or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force; and was not treated or for which a Covered Person did not receive advice within 12 months before the Effective Date of his/her coverage; and is not excluded by name or specific description in the certificate.

**Doctor or Physician** – A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

**A hospital is not** a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

**A hospital intensive care unit is not any of the following step-down units:** a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the certificate.

**Effective Date** – The date as shown in the Certificate Schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its Effective Date, automatically replaces any certificate or certificates previously issued to you under the plan.

**Individual Termination** – Your insurance will terminate on the earliest of the date the plan is terminated; on the 31st day after the premium due date if the required premium has not been paid; on the date you cease to meet the definition of an employee as defined in the plan; on the premium due date which falls on or first follows your 70th birthday; or on the date you are no longer a member of an eligible class.

Termination of any Covered Person's insurance under the certificate shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

**Portable Coverage** – When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

# We've got you under our wing.®

aflacgroupinsurance.com | 1.800.433.3036

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

Underwritten by:  
Continental American Insurance Company  
2801 Devine Street | Columbia, South Carolina 29205

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CA8500-MP.



# Personal Sickness Indemnity Plan

*Hospital Confinement Sickness Indemnity  
Limited Benefit Insurance*



## *Plan Benefits*

- Physician Visits
- Initial Hospitalization
- Hospital Confinement
- Major Diagnostic Exams
- Surgical
- Plus ... more

# Personal Sickness Indemnity Plan

Policies A-45100-TN, A-45200-TN, and A-45300-TN

- ❑ Policy A-45100-TN (Level 1)
- ❑ Policy A-45200-TN (Level 2)
- ❑ Policy A-45300-TN (Level 3)

## Physician Visits Benefit

**Aflac will pay the amount for the level chosen** when a covered person incurs a charge for a physician visit. Services must be under the supervision of a physician. This is a health maintenance benefit; the sickness of a covered person is not required for this benefit to be payable. No lifetime maximum.

	Level 1 A-45100-TN	Level 2 A-45200-TN	Level 3 A-45300-TN
Benefit Amount	\$15	\$20	\$25
Number of Visits per Year:			
Individual	3	4	4
Family*	6	8	8

Covered physician visits include, but are not limited to, eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals.

**The following benefits are payable for a covered sickness that occurs while coverage is in force. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. All of the benefits listed below, except for the Hospital Confinement Benefit, are the same for Levels 1, 2, and 3 (Policies A-45100-TN, A-45200-TN, and A-45300-TN).**

## Hospital Confinement Benefit

**Aflac will pay the amount per day** for the level chosen when a covered person requires hospital confinement for 14 or more hours for a covered sickness and incurs a charge. Benefits are not payable for days beyond the 180th day in a period of hospital confinement.\*\* No lifetime maximum.

	Level 1 A-45100-TN	Level 2 A-45200-TN	Level 3 A-45300-TN
Benefit Amount:			
Days 1–15	\$ 50	\$ 75	\$ 100
Days 16–180	\$ 100	\$ 150	\$ 200

## Initial Hospitalization Benefit

**Aflac will pay \$250** per period of hospital confinement\*\* when a covered person is confined to a hospital for at least 24 hours for a covered sickness. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

\*Family includes two-parent family, one-parent family, and named insured/spouse only.

\*\*A period of hospital confinement is the time period of hospital confinement that starts while the policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated sickness or the confinements are separated by 30 days or more.

## Major Diagnostic Exams

**Aflac will pay \$150** when a covered person requires one of the following exams for a covered sickness:

- CT scan
- MRI (magnetic resonance imaging)
- EEG (electroencephalogram)
- Thallium stress test
- Myelogram
- Angiogram
- Arteriogram

These exams must be performed in a hospital, doctor's office, or ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

## Surgical Benefit

**Aflac will pay \$100–\$2,000** when a covered person has surgery performed for a covered sickness in a hospital or ambulatory surgical center based upon the Schedule of Operations in the policy. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. Benefits are not payable for cosmetic or elective surgery that is not due to sickness. Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location. Surgery performed but not listed in the schedule will be paid according to the amount shown for the surgery most similar in severity and gravity. No lifetime maximum.

## Rehabilitation Unit Benefit

**Aflac will pay \$50** per day for each day a covered person is charged when confined in a hospital and transferred to a bed in a rehabilitation unit of a hospital for a covered sickness. This benefit is limited to 15 days for each covered person per period of hospital confinement\*\* and is limited to a maximum of 30 days per calendar year. No lifetime maximum.

The Hospital Confinement and the Rehabilitation Unit Benefits are not payable on the same day. We will pay the highest eligible benefit.

## Ambulance Benefit

**Aflac will pay \$100 for ground ambulance and \$1,000 for air ambulance** if, because of a covered sickness, a covered person requires transportation to or from a hospital. A licensed professional ambulance company must provide the ambulance service. This benefit is limited to two trips per calendar year, per covered person. No lifetime maximum.



***Aflac's Personal Sickness Indemnity Plan pays cash benefits directly to you, unless assigned, regardless of any other insurance you may have.***

### **Continuation of Coverage Benefit**

Aflac will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions: (1) Your policy has been in force for at least six months; (2) we have received premiums for at least six consecutive months; (3) your premiums have been paid through payroll deduction and you leave your employer for any reason; (4) you or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and (5) you re-establish premium payments through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months and we receive premiums for at least six consecutive months. Payroll deduction means your premiums are remitted to Aflac for you by your employer through a payroll deduction process.

### **Guaranteed-Renewable**

The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change the applicable table of premium rates by class upon any renewal date.

### **Effective Date**

The effective date is the date shown in the Policy Schedule, not the date the application is signed. Payroll rates may be retained after one month's premium payment on payroll deduction.

### **Family Coverage**

Family coverage includes the insured; spouse; and dependent, unmarried children under age 19 (or 23 if they are enrolled as full-time students). Newborns are automatically covered under the terms of the policy from the moment of birth. One-parent family coverage includes the insured and all of the insured's unmarried, dependent children under age 19 (or 23 if they are enrolled as full-time students). A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

### **Pre-Existing Conditions**

A pre-existing condition is a sickness for which, within the 12-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than six months after the effective date of coverage.

A sickness is an illness, disease, or disorder diagnosed or treated 30 days or more after the effective date of coverage and while coverage is in force. Illnesses, diseases, or disorders that are diagnosed or treated within the 30-day waiting period will not be covered for six months from the effective date of coverage.

### **Limitations and Exclusions**

The sickness benefits of the policy are subject to a 30-day waiting period. Any sickness medically treated or diagnosed before coverage has been in force 30 days from the effective date of coverage will not be covered unless the loss begins more than six months after the effective date of coverage. Other than the Physician Visits Benefit, we will not pay benefits for losses incurred as a result of an injury. We will not pay benefits for a covered person's giving birth within the first ten months of the effective date of the policy as a result of a normal pregnancy, including elective cesarean (complications of pregnancy\* will be covered to the same extent as a sickness). Exception: Newborn children born within the first ten months of the policy effective date will be subject to a 30-day waiting period.

The policy does not cover losses caused by or resulting from:

- receiving dental care or treatment;
- intentionally self-inflicting bodily injury or attempting suicide;
- participating in or attempting to participate in any illegal activity that is classified as a felony, whether charged or not (the term felony is as defined by the law of the jurisdiction in which the activity takes place);
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces;
- having treatment for a mental or nervous disorder or disease, including depression; alcoholism or drug dependency; sustaining or contracting any loss because of a covered person's being intoxicated or under the influence of alcohol, drugs, or any narcotic unless administered on the advice of a physician and taken according to the physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the injury or cause of the loss occurred);
- having cosmetic surgery or elective surgery that is not due to sickness;
- obtaining routine nursing or routine well-baby care for a newborn child (other than provided by the Physician Visits Benefit);
- donating an organ within the first 12 months of the effective date of the policy.

Hospital does not include any institution, or part thereof, used as an ambulatory surgical center; a hospice unit (including any bed designated as a hospice bed or a swing bed); a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts, or alcoholics. Benefits for confinement in a rehabilitation unit are payable under the Rehabilitation Unit Benefit.

A physician does not include a member of your immediate family.

An ambulatory surgical center does not include a doctor's or dentist's office, clinic, or other such location.

\*Complications of pregnancy do not include false labor, occasional spotting, physician-prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy.

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

**Refer to the policy for complete details, limitations, and exclusions. This brochure is for illustration purposes only.**

# Aflac is ...

- A Fortune 500 company with nearly \$60 billion in assets, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (June 2006), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2006), and AA in insurer financial strength by Fitch, Inc. (June 2006).\*
- Named by Fortune magazine to its list of America's Most Admired Companies for the seventh consecutive year in March 2007.
- A premier provider of insurance policies with premiums payroll deducted for more than 370,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual list of America's 400 Best Big Companies for the seventh year in January 2007.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the ninth consecutive year in January 2007.

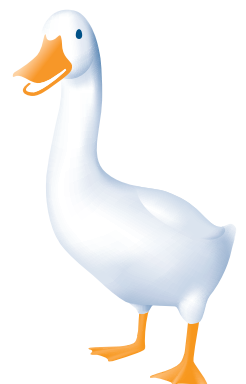
*\*Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.*



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