

# Aflac Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS  
FOR HEALTH SCREENING

We help take care of your  
expenses while you take  
care of yourself.



Notice: You should have comprehensive health coverage  
before purchasing this type of coverage.



# AFLAC GROUP CRITICAL ILLNESS INSURANCE

Policy Series CAI2800



## Aflac can help ease the financial stress of surviving a critical illness.

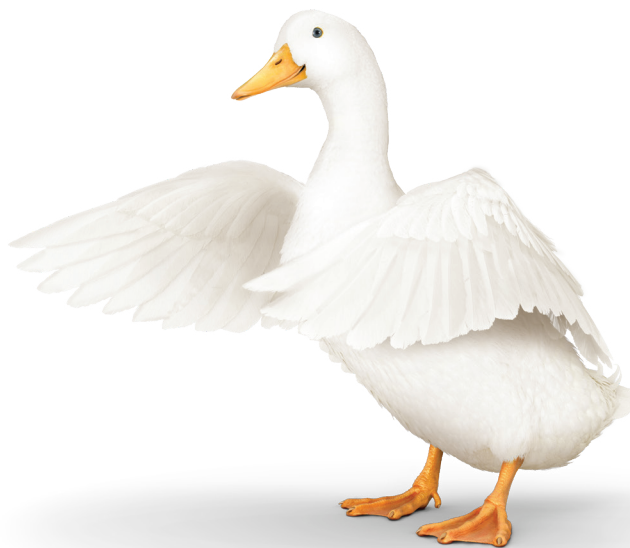
Chances are you may know someone who's been diagnosed with a critical illness. You can't help but notice the strain it's placed on the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that just aren't covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or a stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction and stress over out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



Coverage underwritten by Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers

## Here's why the Aflac group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group Critical Illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

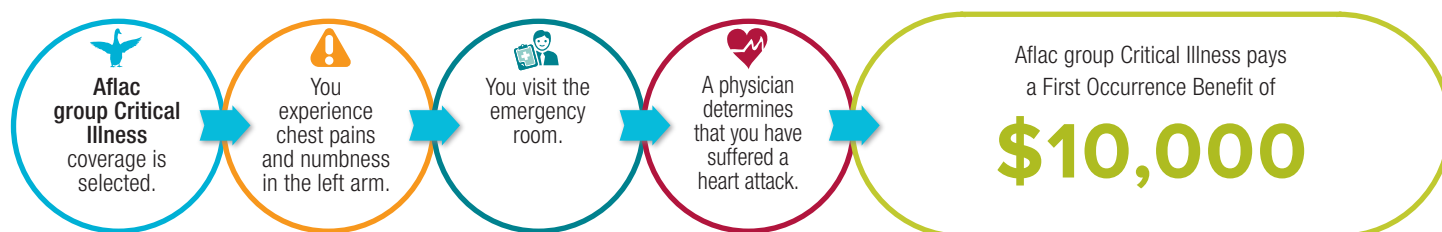
### The Aflac group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Major Organ Transplant
  - End-Stage Renal Failure
  - Coronary Artery Bypass Surgery
- Health Screening Benefit

### Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase spouse coverage.

### How it works



Amount payable based on \$10,000 First Occurrence Benefit.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Apoplexy or Cerebral Vascular Accident)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>END-STAGE RENAL FAILURE</b>	100%
<b>CORONARY ARTERY BYPASS SURGERY</b> (Payment of this benefit will reduce your benefit for heart attack by 25%.)	25%

#### FIRST OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness.

#### ADDITIONAL OCCURRENCE BENEFIT

If you collect full benefits for a critical illness under the plan and later are diagnosed with 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.

#### REOCCURRENCE BENEFIT

If you collect full benefits for a covered condition and are 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.

#### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge.

#### HEALTH SCREENING BENEFIT

(Employee and Spouse only)

After the waiting period, you may receive a maximum of \$100 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 the plan. There is no limit to the number of years you can receive the Health Screening Benefit; it will be payable as long as coverage remains in force. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

**ADDITIONAL BENEFITS RIDER** This benefit is paid based on your selected Critical Illness Benefit amount.

<b>PARALYSIS</b>	100%
<b>SEVERE BURN</b>	100%
<b>COMA</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING</b>	100%

**HEART EVENT RIDER** This benefit is paid based on your selected Critical Illness Benefit amount.

<b>OPEN HEART SURGERIES</b> (Category I: Coronary Artery Bypass Surgery (CABS)*, Mitral Valve Replacement or Repair, Aortic Valve Replacement or Repair, Surgical Treatment of Abdominal Aortic Aneurysm). *Payment of this benefit will still reduce the benefit payable for Heart Attack by 25%.	100%
<b>INVASIVE HEART PROCEDURE</b> (Category II: AngioJet Clot Busting, Balloon Angioplasty, Laser Angioplasty, Atherectomy, Stent Implantation, Cardiac Catheterization, Automatic Implantable (or Internal) Cardioverter Defibrillator, Pacemakers)	10%

\*Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

## LIMITATIONS AND EXCLUSIONS

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

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.

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

The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage 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 any of the following:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
- Substance abuse.

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

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

## TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown on the certificate schedule.

**Employee** means the insured as shown on the certificate schedule.

**Spouse** means your 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.

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

However, if any Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a 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.

**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 begins on or after the coverage 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.

**End-Stage Renal 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.

**Doctor or Physician** means any licensed practitioner of the healing arts acting within the scope of his license in treating a critical illness. It doesn't include an insured or their family member.

## HEART RIDER

If diagnosis occurs after the age of 70, half of the benefit is payable. We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown; if treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount.

The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the 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 the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium.

Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness. Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If Category I and Category II procedures are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the initial face amount shown. The insured is only eligible to receive one payment for each benefit category listed. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of the base certificate.

## EXCLUSIONS

(1) No benefits will be paid if the Specified Critical Illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) an injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. (2) No benefits will be paid for loss which occurred prior to the effective date of this rider. Diagnosis must be made and treatment received in the United States.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

## HEART RIDER DEFINITIONS

### Category I – Specified Surgeries of the Heart

**Open Heart Surgery** means undergoing open chest surgery, where the heart is exposed and/or manipulated for open cardiothoracic situations.

Benefits are paid for the following Open Heart Surgery procedures only:

**Coronary Artery Bypass Surgery** also coronary artery bypass graft surgery, or bypass surgery is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease.

**Off-Pump Coronary Artery Bypass (OPCAB)** is a form of bypass surgery that does not stop the heart or use the heart-lung machine.

**Coronary Artery Bypass Grafting (CABG)** is used to treat a narrowing of the coronary arteries when the blockages are hard to reach or are too long or hard for angioplasty. A blood vessel, usually taken from the leg or chest, is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each, but only one benefit is payable under this rider.

**Mitral Valve Replacement or Repair:** a cardiac surgery procedure in which a patient's mitral valve is repaired or replaced by a different valve.

**Aortic Valve Replacement or Repair:** a cardiac surgery procedure in which a patient's aortic valve is repaired or replaced by a different valve.

**Surgical Treatment of Abdominal Aortic Aneurysm:** To prevent aneurysm rupture. The operation consists of opening the abdomen, finding the aorta, and removing (excising) the aneurysm. Abdominal Aortic Aneurysm is a ballooning or widening of the main artery (the aorta) as it courses down through the abdomen. At the point of the aneurysm, the aneurysm generally measures 3 cm or more in diameter.

**Category I Benefits exclude all procedures not specifically listed above, including procedures such as but not limited to, angioplasty, laser relief, stents, or other surgical and nonsurgical procedures.**

### Category II – Invasive, Procedures and Techniques of the Heart

A Category II Benefit is paid for the following procedures only:

**AngioJet Clot Busting** is used to clear blood clots from coronary arteries before angioplasty and stenting. The device delivers a high pressure saline solution through the artery to the clot, breaking it up and simultaneously drawing it out.

**Balloon Angioplasty** (or Balloon Valvuloplasty) used to open a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.

**Laser Angioplasty.** Similar to Balloon Angioplasty, a laser tip is used to burn/break down plaque in the clogged blood vessel.

**Atherectomy** is used to open blocked coronary arteries or clear bypass grafts by using a device on the end of a catheter to cut or shave away atherosclerotic plaque.

**Stent Implantation** is where a stainless steel mesh coil is implanted in a narrowed part of an artery to keep it propped open.

**Cardiac Catheterization** (also called heart catheterization) is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.

**Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD).** Means the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest, where it monitors the heart's rhythm. When it identifies a serious arrhythmia, it produces an electrical shock to disrupt the arrhythmia.

**Pacemakers** means the initial placement of a pacemaker. Pacemakers are implanted to send electrical signals to make the heart beat when your heart's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.

Subject to the reoccurrence benefit in the base plan, only one Category II benefit is payable. Benefits will not be paid for multiple procedures listed under the Category II benefit.

**Category II Benefits exclude all procedures not specifically listed above.**

### ADDITIONAL BENEFITS RIDER

If diagnosis occurs after the age of 70, half of the benefit is payable.

The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months.

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

The coverage in this plan summary contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before his or her coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that specified critical illness will apply only to loss commencing after 12 months from the effective date; or, you may elect to void the certificate from the beginning and receive a full refund of premium.

Benefits will not be paid 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, whether declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; (5) Substance abuse; or (6) No benefits will be paid for diagnosis made outside the United States; (7) No benefits will be paid for loss which occurred prior to the Effective Date of this rider.

### DEFINITIONS

**Coma** means a state of unconsciousness for 30 consecutive days with: (1) no reaction to external stimuli; (2) no reaction to internal needs; and (3) the use of life support systems.

**Paralysis/Paralyzed** means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.

**Severe Burn/Severely Burned** means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity, or radiation that is a full-thickness or third-degree burn, as determined by a physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity, or radiation.)

**Loss of Sight, Speech, or Hearing** means: (1) Loss of Speech means the total and permanent loss of the ability to speak as the result of physical injury. (2) Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrevocable loss. (3) Loss of Sight means the total and irreversible loss of all sight in both eyes.

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

### YOU MAY CONTINUE YOUR COVERAGE

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

### TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

**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 may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series CAI2800.