

Group Critical Illness Insurance

Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions (specific benefit provisions may vary by situs state)

Benefit Amounts	See Premium Rates and Plan Benefits for available options
Spouse Coverage	Up to 50% of the face amount elected by the employee
Child Coverage	Up to 50% of the face amount elected by the employee
Guaranteed Issue Amounts	Employee: Up to \$30,000 Spouse: Up to \$15,000 Participation Requirement: 10%
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Pre-existing Condition Exclusion	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	2 Year(s)
Portability/Continuation	Evergreen
Rate Type	Attained Age
Eligibility	Work Week Hours: Employee must work at least 16 hours per week Length of Employment: No minimum requirement; set by employer
Waiver of Premium	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
Successor Insured Waiver of Premium	Not Included
Separation Period - Additional Diagnosis/ Reoccurrence	Additional Diagnosis: 6 consecutive months Reoccurrence: 6 consecutive months
Successor Insured	Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date

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Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1000 per calendar year
Metastatic Cancer	25%

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50
Health Screening (payable for dependent children)	100% of the Health Screening Amount
Payable per calendar year	1

Building Benefit Rider	
For the first 10 years of coverage, this rider annually increases the Critical Illness benefits payable for the insureds.	5% of the initial face amount per year

Childhood Conditions Rider	
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida	50% of employee benefit
Autism Spectrum Disorder	\$3,000

Heart Event Rider	
Specified Surgeries of the Heart Benefit: Mitral Valve Replacement or Repair, Aortic Valve Replacement or Repair, Surgical Treatment of Abdominal Aortic Aneurysm	100%
Invasive Procedures and Techniques of the Heart Benefit: AngioJet Clot Busting, Balloon Angioplasty (or Balloon Valvuloplasty), Laser Angioplasty, Atherectomy, Stent Implantation, Cardiac Catheterization, Automatic Implantable (or Internal) Cardioverter Defibrillator, Pacemaker Placement	10%

*Benefits from each category are payable once per calendar year, per insured. If multiple surgeries or procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown.

Severe Mental Illness Rider	
Bipolar I Disorder	10%
Major Depressive Disorder (MDD)	10%
Post-Traumatic Stress Disorder (PTSD)	10%
Schizophrenia	10%
Substance Use Disorder	10%

Please request a sample policy for full benefit provisions and descriptions.

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Benefits Summary

(Benefit provisions vary by situs state)

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Initial Diagnosis

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

Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. See Master Policy for the full list of covered health screening tests.

Building Benefit Rider

For the first 10 years of coverage, the Building Benefit rider annually increases the Critical Illness benefits payable for the insureds. This increase is automatic and requires no medical evidence of insurability. Premiums do not increase each year as the benefit increases.

Childhood Conditions Rider

Benefits are payable if a dependent child is diagnosed with one of the conditions listed. Autism benefit is not payable if the DSM severity level specifier is less than Level 1. For any subsequent childhood condition to be covered, the two dates of diagnosis must satisfy the separation period for Reoccurrence.

Heart Event Rider

Benefits are payable for the specified surgeries and procedures listed.

Severe Mental Illness Rider

Benefits are payable if an insured is diagnosed with one of the severe mental illnesses listed. One benefit per severe mental illness is payable once per covered insured, per lifetime. For any subsequent severe mental illness to be payable, the two dates of diagnosis must satisfy the separation period for Reoccurrence.

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Limitations & Exclusions

Exclusions

We will not pay for loss due to:

- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Suicide** - committing or attempting to commit suicide, while sane or insane

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

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

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

Occupational Diseases Rider Exclusions

The benefits specified in this rider are subject to all of the exclusions in the policy as well as the following additional exclusions:

We will not pay an occupational disease benefit if the insured:

- Becomes HIV positive or hepatitis positive as a result of a transmission other than an occupational-specific covered injury,
- Tested HIV positive or hepatitis positive prior to the occupational-specific covered Injury, unless the insured previously tested positive on a screening test and subsequently tested negative for that disease prior to the date of the occupational-specific covered injury, or

Severe Mental Illness Rider Exclusions

- All exclusions in the policy apply to the benefits specified in this rider with the exception of the exclusions for self-inflicted injuries, suicide, illegal substance abuse (including abuse of legally-obtained prescriptions and illegal use of non-prescription drugs), and/or participation in aggressive conflict.

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Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

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.