

AFLAC GROUP CRITICAL ILLNESS INSURANCE

Policy Series CAI2800



COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%	SEVERE BURNS	100%
HEART ATTACK (Myocardial Infarction)	100%	COMA	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	LOSS OF SPEECH/SIGHT/HEARING	100%
MAJOR ORGAN TRANSPLANT	100%	CARCINOMA IN SITU	25%
END-STAGE RENAL FAILURE	100%	CORONARY ARTERY BYPASS SURGERY	25%
PARALYSIS	100%		

FIRST OCCURRENCE BENEFIT

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition.

High Option: Employee • \$25,000 / Spouse \$12,500 **Low Option:** Employee • \$10,000 / Spouse \$5,000

ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 6 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 6 months (12 months treatment free for cancer).

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)

You may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under 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.**

Covered tests include (but are not limited to): • 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

OPTIONAL BENEFITS RIDER:

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASES RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

ADDITIONAL COVERED SPECIFIED DISEASES:

25%

Addison's disease, Cerebral palsy, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis, Lou Gehrig's disease, and Multiple sclerosis

WAIVER OF PREMIUM RIDER:

If a covered critical illness causes an insured to be totally disabled for 90 days, we will waive the premium payments for this coverage for the first 90 days of total disability and for each following day until the earliest of the following: the insured is no longer totally disabled; we have waived premiums for a total of 24 months of total disability; the insured reaches age 65 or is 2 years from the date of total disability, whichever occurs last; or coverage ends according to the termination of coverage provision.

At the end of the waiver period, the insured must resume paying premiums to keep the coverage in force. Premiums waived include those for the employee and those for currently covered dependents or riders that are in force. For premiums to be waived, the insured must provide satisfactory proof of total disability at least once every 12 months.