

# AFLAC GROUP CANCER PLAN

Policy Form Number CA7700-MP



## Benefits Overview

	OPTION 1	OPTION 2
<p><b>HOSPITAL CONFINEMENT</b> (first continuous 30 days) We will pay the amount shown for Hospital Confinement after the 31st day and due to Internal Cancer. Benefit: Per Day / No Lifetime Limit</p>	<b>\$200</b>	<b>\$300</b>
<p><b>HOSPITAL CONFINEMENT</b> (31st day and thereafter) We will pay the amount shown after the 31st day for hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit</p>	<b>\$400</b>	<b>\$600</b>
<p><b>SURGICAL BENEFIT</b> We will pay the amount shown in the Surgical Schedule section of the plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule. Benefit: Per Procedure / No Lifetime Limit on Number of Operations</p>	<b>\$95 – \$3,000</b>	<b>\$100 – \$5,000</b>
<p><b>SECOND SURGICAL OPINION</b> We will pay up to the amount shown for a second surgical opinion by a licensed physician, not a relative, concerning cancer surgery for each positively diagnosed cancer. This benefit is payable once for each malignant condition. Not payable for reconstructive surgery or skin cancer. Benefit: Per Malignant Condition / No Lifetime Limit</p>	<b>\$200</b>	<b>\$250</b>
<p><b>FIRST OCCURRENCE BENEFIT</b> We will pay this benefit the first time the insured is diagnosed as having internal (not skin) cancer. This benefit is payable only once for each insured and will be paid in addition to any other benefit in the plan. Internal cancer includes melanomas classified as Clark's Level III and higher. In addition to the pathological or clinical diagnosis required by the plan, we may require additional information from the attending physician and hospital.</p>	<b>\$1,500</b>	<b>\$5,000</b>
<p><b>CANCER SCREENING/WELLNESS BENEFIT</b> For each insured, we will pay the actual incurred charges up to the amount shown for: · Bone Marrow Testing · Biopsy · Breast Ultrasound · CA 125 (blood test for ovarian cancer) · CA 15-3 (blood test for breast cancer) · CEA (blood test for colon cancer) · Chest X-Ray · Colonoscopy · Flexible Sigmoidoscopy · Hemocult Stool Analysis · Mammography · Pap Smear · PSA (blood test for prostate cancer) · Serum Protein Electrophoresis (blood test for myeloma) · Thermography No Lifetime Limit</p>	<b>\$50</b>	<b>\$100</b>
<p><b>RADIATION AND CHEMOTHERAPY</b> We will pay up to the amount shown for each day the insured receives radioactive or chemical treatments prescribed by a doctor for the destruction of abnormal tissue during the treatment of Cancer. For oral chemotherapy not requiring the administration by medical personnel, we will pay the amount shown for each prescription not to exceed \$800 a month for Option I and \$1,200 a month for Options II and III. Benefit: Per Day / No Lifetime Limit</p>	<b>\$200</b>	<b>\$300</b>
<p><b>EXPERIMENTAL TREATMENT</b> We will pay the charges incurred, up to the amount shown, per day for an insured who receives experimental cancer treatment for the purpose of modification or destruction of abnormal tissue. The treatments must be consistent with one or more National Cancer Institute sponsored protocols. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. Benefit: Per Day / No Lifetime Limit</p>	<b>\$200</b>	<b>\$300</b>

	OPTION 1	OPTION 2
<p><b>SKIN CANCER SURGERY</b></p> <p>We will pay the amount shown in the Surgical Schedule section of the Plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule.</p> <p>Benefit: Per Malignant Condition / No Lifetime Limit</p>	<b>\$100</b>	<b>\$600</b>
<p><b>OUTPATIENT BLOOD AND PLASMA</b></p> <p>We will pay up to the amount shown for each day an insured receives blood or plasma as an outpatient in a doctor's office, clinic, hospital, or ambulatory surgical center due to cancer.</p> <p>Benefit: Per Day / No Lifetime Limit</p>	<b>\$200</b>	<b>\$250</b>
<p><b>PROSTHESIS/ARTIFICIAL LIMB</b></p> <p>We will pay the amount shown for each prosthetic device or artificial limb surgically implanted which is prescribed as a result of surgery for cancer treatment. Lifetime limit is benefit shown for each option per insured.</p> <p>We will pay up to \$200 for the charges incurred for prosthetic devices prescribed as a direct result of cancer treatment that does not require surgical implantation. Lifetime limit \$200 per insured.</p> <p>Benefit: Per Device</p>	<b>Incurred charges up to: \$2,500</b>	<b>Incurred charges up to: \$3,000</b>
<p><b>TRANSPORTATION BENEFIT</b></p> <p>We will pay the amount shown for the insured's transportation to and from a hospital located outside a 100 mile radius of their legal residence.</p> <p>The insured must require special treatment for internal cancer which has been prescribed by the local attending physician and which cannot be obtained locally.</p> <p>This benefit will be paid only for the insured person for whom this special treatment is prescribed, unless the treatment is for a dependent child, then the child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child).</p> <p>No Lifetime Limit</p>	<b>Automobile: \$0.40 per mile up to \$1,200</b> <b>Airfare or other commercial travel: up to \$1,200 round trip</b>	<b>Automobile: \$0.50 per mile up to \$1,500</b> <b>Airfare or other commercial travel: up to \$1,500 round trip</b>
<p><b>FAMILY MEMBER LODGING BENEFIT</b></p> <p>We will pay the amount shown per day for each night's lodging in a motel/hotel room for the insured or any one family member when an insured person is confined to a hospital for internal cancer treatment. The hospital and motel/hotel room must be more than 100 miles from the insured's residence. The special cancer treatment must be prescribed by a local physician.</p> <p>Benefit: Per Day / Lifetime limit 60 days per covered person</p>	<b>\$50</b>	<b>\$60</b>
<p><b>IN-HOSPITAL BLOOD AND PLASMA</b></p> <p>We will pay the amount shown for each day an insured receives blood or plasma during a covered hospital confinement.</p> <p>Benefit: Per Day / No Lifetime Limit</p>	<b>\$50</b>	<b>\$100</b>

**BOTH PLANS**

<p><b>NATIONAL CANCER CONSULTATION</b></p> <p>We will pay up to the amount shown when consultation at an NCI-sponsored cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. We will pay \$250 for the transportation and lodging of the covered person receiving the evaluation/consultation. The NCI-sponsored cancer center must be more than 100 miles from the covered person's residence for the transportation and lodging portion of this benefit to be payable. This benefit is payable once per insured.</p> <p>No Lifetime Limit</p>	<b>\$500</b>
<p><b>ANESTHESIA</b></p> <p>We will pay 25% of the amount shown in the Surgical Schedule opposite the appropriate surgical procedure if the insured receives anesthesia administered by an anesthesiologist or anesthesiologist during a surgical procedure which is performed for the treatment of cancer. This benefit is not payable for reconstructive surgery.</p> <p>Benefit: Per Procedure / No Lifetime Limit</p>	<b>25% of surgery</b>
<p><b>ANTI-NAUSEA MEDICATION</b></p> <p>We will pay up to the amount shown for anti-nausea medication as a result of radiation/chemotherapy treatments and as prescribed by a Physician. We will pay this benefit for no more than the number of days the insured receives treatment for radiation/chemotherapy.</p> <p>Benefit: Per Month / No Lifetime Limit</p>	<b>\$100</b>

**BOTH PLANS****HOSPICE CARE**

We will pay the amount shown for care provided by a hospice. The insured must be diagnosed with cancer and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if medical prognosis indicates a life expectancy of six months or less as a direct result of cancer.

Benefit: Per Day / Lifetime limit of \$12,000 per insured

**\$100**  
per day/first 60 days  
**\$50**  
per day thereafter

**HOME HEALTH CARE**

We will pay charges incurred up to \$50.00 per day for visits by a home health care agency. This benefit is limited to 30 visits per calendar year.

**Incurred charges up to \$50 per day**

**EXTENDED CARE FACILITY**

We will pay \$100 per day when the insured person is confined to a section of the hospital used as an Extended Care Facility, a Skilled Nurses Facility, or any bed designated as a swing bed. Confinement must follow hospitalization and the insured must be receiving benefit under the Hospital Confinement Benefit. Limited to the same number of days the insured received Hospital Confinement Benefits.

Benefit: Per Day / Lifetime limit of 365 days per insured

**\$100**

**NURSING SERVICES**

We will pay the amount shown per day for full-time nursing services (not performed by a relative) while hospitalized. Benefit: Per Day / No Lifetime Limit

**\$100**

**AMBULANCE**

We will pay the amount shown if an insured requires transportation to a hospital, within 100 miles of the insured person's residence, for overnight confinement for cancer treatment. This benefit is limited to two (2) trips per confinement. This ambulance service must be performed by a licensed professional ambulance company.

Benefit: Per Trip / No Lifetime Limit

**Incurred Charges**

**BONE MARROW TRANSPLANT**

We will pay the charges incurred up to the incurred charges up to \$10,000 for the harvesting and reinfusion of bone marrow if the insured requires a bone marrow transplantation during a covered hospital confinement.

We will pay the charges incurred up to \$5,000 for the harvesting and reinfusion of bone marrow performed on an outpatient basis.

We will pay an indemnity of \$1,000 to the bone marrow donor for his or her expenses incurred as a result of the transplantation procedure.

Benefit: Per Procedure / No Lifetime Limit

**Incurred charges up to:**  
**\$10,000**  
**in-hospital**  
**\$5,000**  
**outpatient**  
**\$1,000**  
**donor indemnity**

**STEM CELL TRANSPLANTATION**

We will pay the charges incurred up to \$2,500 if an insured receives a peripheral stem cell transplantation for the treatment of cancer. This benefit is payable once per insured. This benefit is not payable in conjunction with the payment of the Bone Marrow Transplantation Benefit.

Lifetime Maximum of \$2,500 per insured

**Incurred charges up to: \$2,500**

**WAIVER OF PREMIUM**

If the insured, due to having internal cancer, is completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, we will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, we will require an employer's statement (if applicable) and a physician's statement of the insured's inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues.

**SPECIFIED DISEASE BENEFIT** We will pay \$200 per day for the first 30 days and \$500 per day thereafter for hospital confinement when such confinement is due to the treatment of a specified disease if: 1. the insured receives treatment for a specified disease beginning while the Certificate is in force; and 2. it is not excluded by name or specific description.

Benefits will be paid from the first day of hospital confinement due to a specified disease. We will pay the daily amount regardless of whether the insured is charged by the hospital for such confinement. If more than one specified disease is diagnosed at the same time then we will only pay the amount shown for one disease but not both.

Covered Diseases Include: Addison's disease, Amyotrophic Lateral Sclerosis (ALS), Cerebral palsy, Cerebrospinal Meningitis, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis.

The lifetime maximum benefit payable under this benefit is \$100,000 per insured.

**OPTIONAL INTENSIVE CARE BENEFIT / \$600 A DAY IN HOSPITAL** Benefits will be paid if the insured is confined in a Hospital Intensive Care Unit (ICU). This benefit is limited to 30 days per period of confinement.