

# 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)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$30,000 <b>Spouse:</b> Up to \$15,000 <b>Participation Requirement:</b> 0%
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	2 Year(s)
<b>Portability/Continuation</b>	Evergreen
<b>Rate Type</b>	Attained Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	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
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> No Add'l Occurrences <b>Reoccurrence:</b> 6 consecutive months
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

# Group Critical Illness Insurance

## 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%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$750 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

Additional Benefits	
Benign Brain Tumor	100%

Accident Benefits*	
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%
Severe Burns	100%

\*Benefits are payable for loss due to, caused by, and attributed to, a covered accident

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

Progressive Diseases Rider	
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Sustained Multiple Sclerosis (MS)	100%
Chronic Obstructive Pulmonary Disease (COPD)	25%
Crohn's Disease	25%

Specified Diseases Rider	
Tier 1 – Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
Tier 2 Human Corona Virus Only	
Hospitalization: 4+days	10%
Hospitalization: 10+days	25%
Hospitalization: Intensive Care Unit (ICU)	40%

# Group Critical Illness Insurance

## Premium Rates

### Employee Non-Tobacco Monthly Premiums

Age	\$10,000	\$20,000	\$30,000
18-24	\$3.43	\$6.87	\$10.30
25-29	\$4.11	\$8.23	\$12.34
30-34	\$5.18	\$10.36	\$15.54
35-39	\$6.44	\$12.88	\$19.32
40-44	\$8.67	\$17.34	\$26.02
45-49	\$12.26	\$24.52	\$36.78
50-54	\$17.60	\$35.19	\$52.79
55-59	\$24.48	\$48.97	\$73.45
60-64	\$35.15	\$70.31	\$105.46
65-69	\$52.22	\$104.45	\$156.67
70+	\$79.38	\$158.77	\$238.15

### Spouse Non-Tobacco Monthly Premiums

#### Spouse Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000
18-24	\$1.72	\$3.43	\$5.15
25-29	\$2.06	\$4.11	\$6.17
30-34	\$2.59	\$5.18	\$7.77
35-39	\$3.22	\$6.44	\$9.66
40-44	\$4.34	\$8.67	\$13.01
45-49	\$6.13	\$12.26	\$18.39
50-54	\$8.80	\$17.60	\$26.39
55-59	\$12.24	\$24.48	\$36.72
60-64	\$17.58	\$35.15	\$52.73
65-69	\$26.11	\$52.22	\$78.34
70+	\$39.69	\$79.38	\$119.08

### Employee Tobacco Monthly Premiums

Age	\$10,000	\$20,000	\$30,000
18-24	\$3.43	\$6.87	\$10.30
25-29	\$4.50	\$9.00	\$13.50
30-34	\$6.05	\$12.11	\$18.16
35-39	\$8.67	\$17.34	\$26.02
40-44	\$12.45	\$24.91	\$37.36
45-49	\$18.47	\$36.94	\$55.41
50-54	\$27.20	\$54.40	\$81.60
55-59	\$38.16	\$76.32	\$114.48
60-64	\$54.75	\$109.49	\$164.24
65-69	\$75.21	\$150.43	\$225.64
70+	\$106.25	\$212.51	\$318.76

### Spouse Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000
18-24	\$1.72	\$3.43	\$5.15
25-29	\$2.25	\$4.50	\$6.75
30-34	\$3.03	\$6.05	\$9.08
35-39	\$4.34	\$8.67	\$13.01
40-44	\$6.23	\$12.45	\$18.68
45-49	\$9.23	\$18.47	\$27.70
50-54	\$13.60	\$27.20	\$40.80
55-59	\$19.08	\$38.16	\$57.24
60-64	\$27.37	\$54.75	\$82.12
65-69	\$37.61	\$75.21	\$112.82
70+	\$53.13	\$106.25	\$159.38

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

# Group Critical Illness Insurance

## 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

### 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.

### Additional Benefits

Benefits are payable if an insured is diagnosed with one of the diseases listed.

### Accident Benefits

Accident Benefits are payable if the loss is solely due to, caused by, and attributed to, a covered accident.

### 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.

### Progressive Diseases Rider

One benefit per disease is payable if an insured is diagnosed with one of the diseases listed. For any subsequent progressive disease to be payable, the two dates of diagnosis must satisfy the separation period for Reoccurrence.

### Specified Diseases Rider

Tier 1 - Benefits are payable if an insured is diagnosed with one of the diseases listed. For any subsequent Tier 1 specified disease to be payable, the two dates of diagnosis for Tier 1 diseases must satisfy the separation period for Reoccurrence.

Tier 2 – Benefits are payable if an insured is diagnosed with one of the diseases listed and such diagnosis results in either a period of Hospital confinement or a period of Hospital Intensive Care Unit confinement as a direct result of the disease. For any subsequent Tier 2 specified disease to be payable, the two dates of diagnosis for Tier 2 diseases must satisfy the separation period for Reoccurrence.

We will pay this benefit as long as the insured is unable to perform two or more activities of daily living. The insured must continue to be under the regular and appropriate care of a doctor. Loss of the ability to perform activities of daily living must occur after the effective date.

# Group Critical Illness Insurance

## 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
- **Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job
- **Participation in Aggressive Conflict of any kind, including:**
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal substance abuse, which includes the following:**
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

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.

# Group Critical Illness Insurance

## 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.