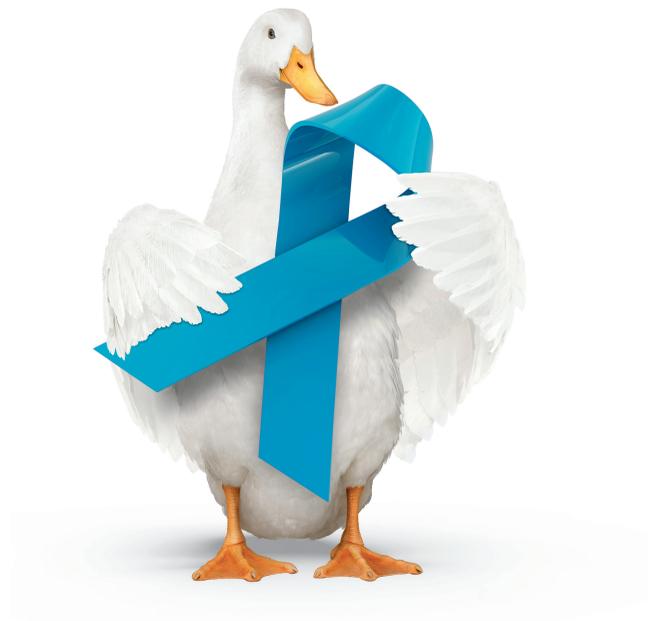


# Aflac Cancer Protection Assurance

## CANCER INDEMNITY INSURANCE – OPTION 2

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THE POLICY IS A LIMITED POLICY. IT PAYS BENEFITS FOR CANCER, ASSOCIATED CANCEROUS CONDITIONS, AND CANCER-RELATED TREATMENT ONLY AND DOES NOT PROVIDE COVERAGE FOR OTHER MEDICAL CONDITIONS. YOU SHOULD MAINTAIN SEPARATE COMPREHENSIVE HEALTH COVERAGE. THE POLICY DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE. IT IS NOT INTENDED TO SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT (ACA) OR PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE ACA. IT DOES NOT PROVIDE COVERAGE FOR HOSPITAL, MEDICAL, SURGICAL OR MAJOR MEDICAL EXPENSES.

# AFLAC CANCER PROTECTION ASSURANCE

## CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000



### We're there when you need us most

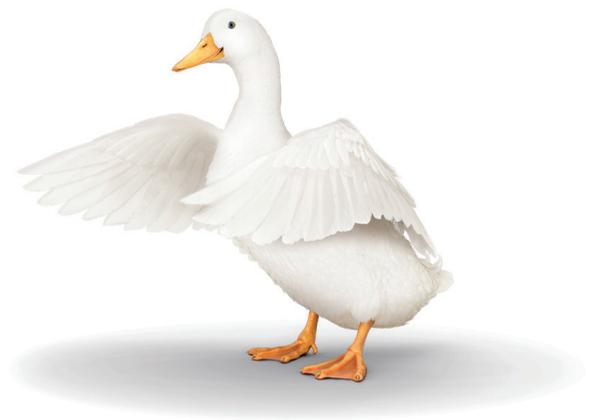
The unfortunate reality is cancer touches almost everyone at some point in their lives, whether it's yourself or a loved one. But each person has a unique story, especially when it comes to cancer treatment. We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families – before, during, and after treatment.

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower you to seek treatment, while easing the financial concerns that often accompany it.

#### Benefits paid directly to you

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Health insurance was never intended to cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these.



**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

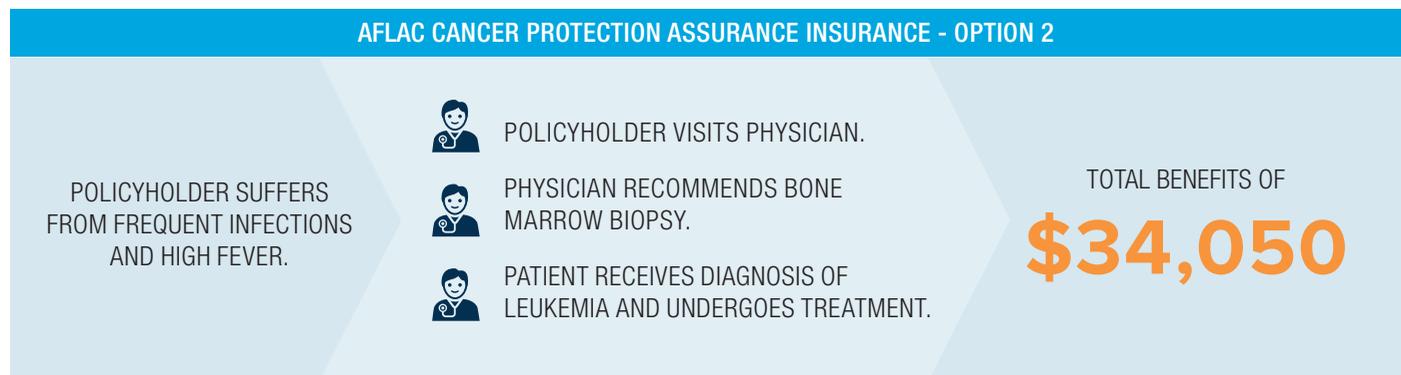
## **Aflac Cancer Protection Assurance stays with you for life\***

**We're with you, even when you're well.** We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

**We'll see you all the way through treatment.** If you're diagnosed with cancer, we offer benefits that you can count on.

**We give you the freedom to choose the best care for you.** You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment.

### **How it works**



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 and includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of \$50, IV Chemotherapy for 3 months (Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$6,750, Immunotherapy (Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$13,500, Antinausea Benefit (9 months) of \$1,350, Stem Cell Transplant Benefit of \$10,000, Hospital Admission Benefit of \$800, Daily Hospital Confinement Benefit (4 days) of \$600, Annual Care Benefit (paid on the first anniversary of diagnosis) of \$1,000.

\*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit [aflac.com](http://aflac.com).

## Benefits overview

BENEFIT:	DESCRIPTION:
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	\$2,250 once per calendar month
ANNUAL CARE	\$1,000 on the anniversary date of diagnosis; lifetime maximum of five annual payments per covered person
CANCER SCREENING	One \$50 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$350 per covered person, per lifetime
HORMONAL THERAPY	\$40 once per calendar month
ANTINAUSEA	\$150 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$10,000; lifetime maximum of \$10,000 per covered person Donor Benefit: \$150 for stem cell donation, or \$1,000 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$75 times the number of days paid under the Daily Hospital Confinement Benefit, per covered person Outpatient: \$250 per day, per covered person
SURGERY/ANESTHESIA	\$140–\$5,000 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$6,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$75 Excision of lesion of skin without flap or graft: \$250 Flap or graft without excision: \$375 Excision of lesion of skin with flap or graft: \$600 Maximum daily benefit will not exceed \$600; no lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$350 per covered person, per lifetime
HOSPITAL ADMISSION	\$800 once per period of hospital confinement, up to a maximum of twice per calendar year, per covered person
DAILY HOSPITAL CONFINEMENT	\$150 per day; maximum benefit period for any one period of hospital confinement is 365 days; no lifetime maximum
EXTENDED-STAY HOSPITAL	\$150 per day beginning on the 31st day of continuous hospital confinement; no lifetime maximum
FAMILY SUPPORT	\$1,000 when a dependent child is confined to a hospital for treatment of a covered condition; limited to one payment per calendar year, per covered dependent child

<b>OUTPATIENT HOSPITAL SURGICAL ROOM</b>	\$300 per day, per covered person
<b>EXTENDED-CARE FACILITY</b>	\$150 per day; lifetime maximum of 100 days
<b>SKILLED NURSING HOME FACILITY</b>	\$150 per day; lifetime maximum of 100 days
<b>HOME HEALTH CARE</b>	\$150 per day; lifetime maximum of 100 days
<b>HOSPICE CARE</b>	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person
<b>NURSING SERVICES</b>	\$150 per day; payable for only the number of days the Daily Hospital Confinement Benefit is payable
<b>SURGICAL PROSTHESIS</b>	\$3,000; lifetime maximum of \$6,000 per covered person
<b>NONSURGICAL PROSTHESIS</b>	\$250 per occurrence, per covered person; lifetime maximum of \$500 per covered person
<b>BREAST RECONSTRUCTION</b>	Breast Tissue/Muscle Reconstruction Flap Procedures: \$3,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$700 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$350 Permanent Areola Repigmentation (on the diseased breast): \$150 Maximum daily benefit will not exceed \$3,000
<b>OTHER RECONSTRUCTIVE SURGERY</b>	Facial Reconstruction: \$700 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$700
<b>EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION</b>	\$1,500 for a covered person to have oocytes extracted and harvested \$250 for the storage of a covered person's oocyte(s) or sperm \$250 for embryo transfer Lifetime maximum of \$2,000 per covered person
<b>AMBULANCE</b>	\$250 ground \$2,000 air ambulance
<b>TRANSPORTATION AND LODGING</b>	\$1,000 for transportation or lodging for treatment at a hospital or medical facility located more than 50 miles from the covered person's residence; limited to one payment per calendar month, per covered person
<b>CONTINUATION OF COVERAGE</b>	Yes

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



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**AFLAC CANCER  
PROTECTION  
ASSURANCE COVERAGE**

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**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**Toll-Free 1.800.99.AFLAC (1.800.992.3522)**

**SPECIFIED DISEASE COVERAGE ONLY**

**Outline of Coverage for Policy Form B70200NJ**

The policy is an individual policy of insurance. The policy provides specified disease coverage ONLY. The policy does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may also contact your local social security office or Aflac and obtain a copy of the Guide to Health Insurance for People with Medicare.

- (1) **Benefits:** Aflac will pay the following benefits, as applicable, while coverage is in force, subject to all other limitations and exclusions, conditions, and provisions of the policy, unless indicated otherwise. All treatments listed below must be National Cancer Institute (NCI) or Food and Drug Administration (FDA) approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

**CANCER SCREENING BENEFIT:** Aflac will pay \$50 per Calendar Year when a Covered Person receives one of the following:

mammogram • breast ultrasound • breast MRI • thermography • CA15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Pap smear/ThinPrep • PSA (blood test for prostate cancer) • CEA (blood test for colon cancer) • P32 uptake serum protein electrophoresis (blood test for multiple myeloma) • testicular ultrasound • transrectal ultrasound • abdominal ultrasound • flexible sigmoidoscopy • colonoscopy • virtual colonoscopy • cystoscopy • colposcopy • bronchoscopy • mediastinoscopy • esophagoscopy • sigmoidoscopy • proctosigmoidoscopy • gastroscopy • laryngoscopy • chest X-ray • computerized tomography (CT or CAT scan) • magnetic resonance imaging (MRI) • bone scan • thyroid scan • multiple gated acquisition (MUGA) scan • positron emission tomography (PET) scan • biopsy • hemoccult stool specimen (lab confirmed) • Genetic Testing • bone marrow donor screening • cancer vaccine

This benefit is limited to one \$50 payment per Calendar Year, per Covered Person, with no Positive Medical Diagnosis. If a Covered Person receives a Positive Medical Diagnosis for Internal Cancer or an Associated Cancerous Condition, this benefit will pay up to a total of three \$50 payments per Calendar Year for screenings performed on such Covered Person. Screenings must be administered by licensed medical personnel. Except for Genetic Testing, bone marrow donor screening, and cancer vaccine, the screening must be performed for the purpose of determining whether Cancer or an Associated Cancerous Condition exists in a Covered Person. No lifetime maximum.

**PROPHYLACTIC SURGERY BENEFIT (DUE TO A POSITIVE GENETIC TEST RESULT):** Aflac will pay \$350 when a Covered Person has surgery due to a positive test result received for a genetic alteration or mutation associated with a hereditary Cancer syndrome and such surgery is recommended by a Physician. The Genetic Testing must be performed while coverage is in force.

**This benefit is payable once per Covered Person, per lifetime.**

**CANCER TREATMENT BENEFITS:**

**NONSURGICAL TREATMENT AND PREVENTATIVE CARE BENEFITS:**

**RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY, OR EXPERIMENTAL CHEMOTHERAPY BENEFIT:**

Aflac will pay \$2,250 once per Calendar Month for Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

Self-administered Chemotherapy, Immunotherapy, or Experimental Chemotherapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition must be prescribed by a Physician.

Physician-administered therapies must be administered by a member of the medical profession in a Medical Facility.

After this benefit has been paid for 12 Calendar Months, Aflac will require annual documentation from the attending Physician certifying that the Cancer or Associated Cancerous Condition is still detectable and active in the body and is not in remission in order for this benefit to continue to be payable.

**HORMONAL THERAPY BENEFIT:** Aflac will pay \$40 once per Calendar Month for which a Covered Person is prescribed and receives Hormonal Therapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

See the Payment of Nonsurgical Treatment and Preventative Care Benefits section for additional information.

#### **INDIRECT/ADDITIONAL THERAPY BENEFITS:**

**ANTINAUSEA BENEFIT:** Aflac will pay \$150 once per Calendar Month for which a Covered Person receives anti-nausea drugs that are prescribed in conjunction with Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which a person receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy, the Calendar Month prior to such treatment, and the Calendar Month following such treatment. No lifetime maximum.

**STEM CELL AND BONE MARROW TRANSPLANTATION BENEFIT:** Aflac will pay \$10,000 when a Covered Person receives a peripheral Stem Cell Transplantation or a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Lifetime maximum of \$10,000 per Covered Person. In addition, Aflac will pay the Covered Person's donor an indemnity amount for his or her expenses as a result of the donation procedure as follows: \$150 for stem cell donation, or \$1,000 for bone marrow donation. This benefit is payable one time per Covered Person.

**BLOOD AND PLASMA BENEFIT:** Aflac will pay \$75 times the number of days paid under the Daily Hospital Confinement Benefit when a Covered Person receives blood and/or plasma transfusions, for the treatment of Internal Cancer or an Associated Cancerous Condition during a covered Hospital confinement. Aflac will pay \$250 for each day a Covered Person receives blood and/or plasma transfusions, for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

#### **SURGICAL TREATMENT BENEFITS:**

**SURGERY/ANESTHESIA BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations in the policy when a Covered Person has a surgical procedure performed for the direct treatment of a covered Internal Cancer or Associated Cancerous Condition. If any surgical procedure for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the surgical procedure most nearly similar in severity and gravity.

**EXCEPTIONS: Prophylactic Surgery and procedures payable under the Cancer Screening Benefit, Skin Cancer**

**Surgery Benefit, or Reconstructive Surgery Benefit will not be payable under the Surgery/Anesthesia Benefit.**

**The Surgery/Anesthesia Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid.**

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$6,250. No lifetime maximum on the number of operations.

**SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the amount listed below for the specific procedure. The amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 75
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#### **Surgeries OTHER THAN Laser or Cryosurgery:**

Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

**PROPHYLACTIC SURGERY BENEFIT (WITH CORRELATING INTERNAL CANCER DIAGNOSIS):** Aflac will pay \$350 when, as recommended by a Physician due to a covered diagnosis of Internal Cancer or an Associated Cancerous Condition, one of the Prophylactic Surgeries shown below is performed on a Covered Person:

1. mastectomy due to a covered diagnosis of Internal Cancer other than breast Cancer;
2. oophorectomy due to a covered diagnosis of Internal Cancer other than ovarian Cancer; or
3. orchiectomy due to a covered diagnosis of Internal Cancer other than testicular Cancer.

**This benefit is payable once per Covered Person, per lifetime.**

#### **HOSPITALIZATION BENEFITS:**

##### **HOSPITAL CONFINEMENT BENEFITS:**

**HOSPITAL ADMISSION BENEFIT:** Aflac will pay \$800 when a Covered Person requires Hospital Confinement for treatment of Cancer or an Associated Cancerous Condition as an inpatient. This benefit is paid once per Period of Hospital Confinement up to a maximum of twice per Calendar Year, per Covered Person. Confinements not separated by at least 7 days will be considered one confinement.

**This benefit is payable in addition to the Daily Hospital Confinement Benefit. No lifetime maximum.**

**DAILY HOSPITAL CONFINEMENT BENEFIT:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition, Aflac will pay \$150 for each day. No lifetime maximum. This benefit is payable in addition to the Hospital Admission Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days.

**EXTENDED-STAY HOSPITAL BENEFIT:** During any continuous Period of Hospital Confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay \$150 per day beginning on the 31st day of such continuous Hospital Confinement. This benefit is paid in addition to the Daily Hospital Confinement Benefit. No lifetime maximum.

**FAMILY SUPPORT BENEFIT:** When a Dependent Child is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition, Aflac will pay \$1,000. This benefit is limited to one payment per Calendar Year, per covered Dependent Child. No lifetime maximum.

**OUTPATIENT HOSPITAL SURGICAL ROOM BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay \$300. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Daily Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgery/Anesthesia Benefit. The maximum daily benefit will not exceed \$300. No lifetime maximum on number of operations.

**This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for the procedures listed in the Cancer Screening Benefit or any surgery performed in a Physician's office.**

#### **CONTINUING CARE BENEFITS:**

**EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives Hospital Confinement Benefits and is later confined, within 180 days of the covered Hospital confinement, to an Extended Care Facility, Aflac will pay \$150 per day. For each day this benefit is payable, the Daily Hospital Confinement Benefit and Skilled Nursing Home Facility Benefit are NOT payable. Lifetime maximum of 100 days.

If more than 180 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined as an

inpatient to the Extended-Care Facility within 180 days of that confinement.

**SKILLED NURSING HOME FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under the Daily Hospital Confinement Benefit and is later confined, within 180 days of the covered Hospital confinement, to a Skilled Nursing Home Facility, Aflac will pay \$150 per day for such care. For each day this benefit is payable, the Daily Hospital Confinement Benefit and Extended Care Facility Benefit are NOT payable. Lifetime maximum of 100 days.

If more than 180 days separates confinements in a Skilled Nursing Home Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under the Daily Hospital Confinement Benefit and is confined as an inpatient to the Skilled Nursing Home Facility within 180 days of that confinement.

**HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$150 per day for such care for each such visit. All benefit payments are subject to the following conditions:

1. The home health care or health supportive services must begin within seven days of release from the Hospital.
2. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
3. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**Lifetime maximum of 100 days.**

**This benefit is not payable the same day the Hospice Care Benefit is payable.**

**HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day

the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. Lifetime maximum for each Covered Person is \$12,000.

**This benefit is not payable the same day the Home Health Care Benefit is payable.**

**NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$150 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Daily Hospital Confinement Benefit is payable. No lifetime maximum.

**SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$3,000 for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or an Associated Cancerous Condition treatment. Lifetime maximum of \$6,000 per Covered Person.

**The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.**

**NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$250 per occurrence, per Covered Person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$500 per Covered Person.

**RECONSTRUCTIVE SURGERY BENEFIT:**

**BREAST RECONSTRUCTION:** Aflac will pay the amount listed below for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$3,000
Breast Reconstruction (occurring within five years of breast Cancer diagnosis)	700

Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Permanent Areola Repigmentation	150

**OTHER RECONSTRUCTIVE SURGERY:** Aflac will pay the amount listed below for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or an Associated Cancerous Condition. The maximum daily benefit will not exceed \$700.

Facial Reconstruction	\$ 700
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Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity. No lifetime maximum on number of operations.

**EGG HARVESTING, STORAGE (CRYOPRESERVATION), AND IMPLANTATION BENEFIT:** Aflac will pay \$1,500 for a Covered Person to have oocytes extracted and harvested due to a positive diagnosis of Internal Cancer or an Associated Cancerous Condition. In addition, Aflac will pay, one time per Covered Person, \$250 for the storage of a Covered Person's oocyte(s) or sperm to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to Chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Aflac will also pay \$250 for embryo transfer resulting from such stored oocyte(s) or sperm of a Covered Person. Lifetime maximum of \$2,000 per Covered Person.

**ANNUAL CARE BENEFIT:** Aflac will pay \$1,000 on the anniversary date of a Covered Person's Internal Cancer diagnosis while the Covered Person is still receiving treatment for a covered Cancer or Associated Cancerous Condition. Lifetime maximum of five annual payments per Covered Person.

**AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

**AMBULANCE BENEFIT:** Aflac will pay \$250 for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

**TRANSPORTATION AND LODGING BENEFIT:** Aflac will pay \$1,000 for transportation or lodging if a Covered Person requires treatment at a Hospital or Medical Facility that is located more than 50 miles from the Covered Person's residence that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition.

This benefit is limited to one payment per calendar month, per Covered Person. No lifetime maximum.

**THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION OR LODGING FOR TREATMENT AT ANY HOSPITAL/ FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

**RELATED BENEFIT:**

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
5. You re-establish premium payments through:
  - (1) your new employer's payroll deduction process, or
  - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.**

**(2) Payment of Nonsurgical Treatment and Preventative Care Benefits:**

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a

period of thirty days or less, then the payment under the applicable Nonsurgical Treatment and Preventative Care Benefit is limited to the Calendar Month in which the medication was prescribed and received.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of thirty days or less is refilled during a Calendar Month in which the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit in advance for one additional Calendar Month for which it has not previously been paid.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, then we will pay the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit in advance for one additional, consecutive Calendar Month.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, then we will pay the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit in advance for two additional, consecutive Calendar Months.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of more than thirty days is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment and Preventative Care Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit in advance for up to three additional, consecutive Calendar Months for which it has not previously been paid. Otherwise, if the prescription is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment and Preventative Care Benefit has not been previously paid, then, for refills instructing a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, we will pay the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit in advance for one additional, consecutive Calendar Month, and for refills instructing a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, we will pay the stated amount under the applicable Nonsurgical Treatment and Preventative Care Benefit in advance for two additional, consecutive Calendar Months.

For injected treatment, the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit is payable one time per prescribed injection, but not more than one time per Calendar Month. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each month of continuous infusion of medications dispensed by a pump, implant, or patch.

**(3) Exceptions, Reductions, and Limitations of the Policy (policy is not a daily hospital expense plan):**

Except as specifically provided in the Benefits section of the policy, Aflac will pay only for treatment of Cancer, Associated Cancerous Conditions, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); or any other disease, sickness, or incapacity.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions.

Aflac will not pay benefits for any loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.

Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.

**(4) Renewability:** The policy is guaranteed renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. We may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. We may change the premium we charge, but not specific to any one person. Any premium change will be made for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

This outline of coverage is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and Aflac. It is therefore imperative that you READ YOUR POLICY carefully.

The anticipated loss ratio for the policy is 60%. This ratio is the portion of future premiums which Aflac expects to return as benefits, when averaged over all people with the policy

**RETAIN FOR YOUR RECORDS.  
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**ASSOCIATED CANCEROUS CONDITION:** Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An associated cancerous condition must receive a positive medical diagnosis. A clinical diagnosis will be accepted as explained in the definition of positive medical diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered associated cancerous conditions.**

**CANCER:** Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease and melanoma. Cancer must receive a positive medical diagnosis. A clinical diagnosis will be accepted as explained in the definition of positive medical diagnosis.

- 1. INTERNAL CANCER:** all cancers other than nonmelanoma skin cancer (see definition of nonmelanoma skin cancer).
- 2. NONMELANOMA SKIN CANCER:** a cancer other than a melanoma that begins in the outer part of the skin (epidermis).

**Associated cancerous conditions, premalignant conditions or conditions with malignant potential will not be considered cancer.**

**COVERED PERSON:** Any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse\* only (named insured and spouse\*), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse\* is defined as the person to whom you are legally married and who is listed on your application. Spouse\* includes parties to a civil union, including those same-sex relationships from other jurisdictions that most closely approximate a New Jersey civil union. Newborn children are automatically insured for 60 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 60 days, you must notify Aflac in writing within 61 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability and who became so incapacitated prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse\* are not covered under the policy.

**EFFECTIVE DATE:** The date that your coverage begins. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the effective date shown in the Policy Schedule.

**EXTENDED CARE FACILITY:** A rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or a section of the hospital used as such.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed as an inpatient in a hospital. The hospital confinement must be on the advice of a physician, medically necessary, and the result of a covered cancer or associated cancerous condition. Care or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**SKILLED NURSING HOME FACILITY:** A facility or a distinctly separate part of a Hospital or other institution that is operated pursuant to law to engage primarily in providing skilled, intermediate or custodial care and related services to inpatients. The facility must meet all of the following criteria:

- It must be approved for payment of Medicare benefits or be qualified to receive such approval, if so requested.
- It provides 24-hour-a-day nursing service by or under the supervision of a registered graduate professional nurse (R.N.).
- Be primarily engaged in providing skilled nursing care under the supervision of a duly licensed physician.
- It maintains clinical records for all patients.

\*Spouse includes parties to a civil union.

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, a clinic or other such location.

Experimental chemotherapy does not include laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these experimental treatments.

The term hospital does not include any institution or part thereof used as a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing home facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A skilled nursing home facility is not a hospital; a hospice facility; a place that primarily treats the mentally ill, drug addicts, or alcoholics; a home for the aged; a rest home; or primarily a place for domiciliary, residential or retirement living, or a similar establishment.

A physician does not include you or a member of your immediate family.

A stem cell transplantation does not include the bone marrow transplantation.

The diagnosis date is not the date the diagnosis is communicated to the covered person.

If nonmelanoma skin cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the covered person actually received treatment for nonmelanoma skin cancer.

If treatment for cancer or an associated cancerous condition is received in a U.S. government hospital, Aflac will not require a covered person to be charged for such services for benefits to be payable.

Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Aflac shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.





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