

Group Critical Illness Insurance

Plan Description

The Aflac Group Critical Illness Insurance Policy 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 Group Critical Insurance Policy 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: 0%
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 30 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%

*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%
Reduced Benefit 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

Additional Benefits	
Type II Diabetes	10%

Accidental Occupational Diseases Rider	
Occupational HIV (maximum of one payment)	100%
Occupational Hepatitis B or C (maximum of one payment per disease)	10%

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 Coronavirus Only	
Hospitalization: 4+days	10%
Hospitalization: 10+days	25%
Hospitalization: Intensive Care Unit (ICU)	40%

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 Group Critical Insurance Policy. 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.

Additional Benefits

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

Accidental Occupational Diseases Rider

Payable once for the initial positive diagnosis (subject to test and notice requirements outlined in the master policy) of occupational HIV and/or occupational hepatitis B or C if the diagnosis results from an occupational-specific covered injury. After a benefit is paid for each of the three diseases, rider coverage will terminate.

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.

*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

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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
- **Illegal Occupation** - committing or attempting to commit a felony, or being engaged in an illegal occupation

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

All benefits under the Group Critical Insurance Policy, 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 Group Critical Insurance Policy also apply to the riders unless amended by the riders.

Accidental 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
- Becomes HIV positive or hepatitis positive as a result of intravenous drug use or sexual transmission.

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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 Life 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.