

Group Critical Illness Insurance

You can count on Aflac to help ease the financial impact of surviving a critical illness.



Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.

AFLAC GROUP CRITICAL ILLNESS

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness Insurance Policy.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the Group Critical Illness Insurance Policy helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Group Critical Illness Insurance Policy, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: \$10,000
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	

Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

COVERED CRITICAL ILLNESS BENEFITS:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
LIMITED BENEFIT MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
LIMITED BENEFIT COMA	100%
LIMITED BENEFIT PARALYSIS	100%
LIMITED BENEFIT LOSS OF SIGHT	100%
LIMITED BENEFIT LOSS OF HEARING	100%
LIMITED BENEFIT LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
CORONARY ARTERY BYPASS SURGERY	50%
NON-INVASIVE CANCER	50%

INITIAL DIAGNOSIS BENEFIT

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS BENEFIT

We will pay benefits for each different critical illness after the first.

REOCCURRENCE BENEFIT

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

REDUCED BENEFIT SKIN CANCERS BENEFIT

We will pay \$250 for the diagnosis of Reduced Benefit Skin Cancers. We will pay this benefit once per calendar year.

ACCIDENT BENEFIT

Payable if an insured sustains a covered accident and suffers any of the following, which is caused by the covered accident: Accident-Only Coma / Accident-Only Loss of Sight / Accident-Only Loss of Speech / Accident-Only Loss of Hearing / Accident-Only Paralysis.

100%

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the Group Critical Illness Insurance Policy.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

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. Children-only coverage is not available.

HEALTH SCREENING BENEFIT / \$75 PER CALENDAR YEAR

Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. 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.

PROGRESSIVE DISEASES RIDER	Percentage of Face Amount
AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. 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.

The Progressive Disease benefit is payable only once per disease.

For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

HEART PROCEDURE RIDER	Percentage of Face Amount
Specified Surgeries of the Heart	
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal aortic aneurysm	100%
Invasive Procedures and Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization (Heart Catheterization)	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemaker placement	10%

Benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

Benefits are payable for the specified surgeries and procedures listed above when caused by a defined underlying disease, treatment is recommended by a doctor/qualified medical professional, and is not excluded by name or specific description. Benefits are payable once per calendar year, per insured. If multiple procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

CHILDHOOD CONDITIONS RIDER	Percentage of Face Amount
CYSTIC FIBROSIS	100%
CEREBRAL PALSY	100%
CLEFT LIP OR CLEFT PALATE	100%
DOWN SYNDROME	100%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	100%
SPINA BIFIDA	100%
	One-time Benefit Amount
AUTISM SPECTRUM DISORDER	\$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the Group Critical Illness Insurance Policy.)

For any subsequent Childhood Condition to be covered, the date of diagnosis of the subsequent Childhood Condition must satisfy the Additional Diagnosis separation period outlined in the brochure.

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

SPECIFIED DISEASE RIDER

TIER I SPECIFIED DISEASE BENEFIT	Percentage of Face Amount
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%

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.

For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

TIER II SPECIFIED DISEASE HOSPITALIZATION BENEFIT

Human Coronavirus/ Covid-19/ SARS / MERS	10% if confined to a hospital for 4-9 days 25% if confined to a hospital for 10 or more days 40% if confined to an intensive care unit
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We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.

In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.

Please note that for any subsequent Tier I or Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier I or Tier II Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

Please note that any Tier II Specified Disease Benefit requires a diagnosis resulting in either a period of hospital confinement or a period of hospital intensive care unit confinement as a direct result of the Tier II Specified Disease in order for the benefit to be payable.

If your Group Critical Illness Insurance Policy includes attained age rates, that means your policy is age-banded and your rates may increase on the policy anniversary date.

All limitations and exclusions that apply to the Group Critical Illness Insurance Policy also apply to all riders, if applicable, unless amended by the riders.

EXCLUSIONS

We will not pay for loss due to any of the following:

- 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.
- Participation in:
 - War (declared or undeclared) or military conflicts
 - Insurrection or riot
- Intoxicants and controlled substances – loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor/qualified medical professional.
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.

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

All benefits under the Group Critical Illness Insurance Policy, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid.

- The following are not considered internal or invasive cancers:
- Superficial cervical cancer
- Superficial bladder tumors
- Pre-malignant tumors or polyps
- Early breast cancer requiring lumpectomy without radiation or chemotherapy
- Early prostate (Stage A) cancer
- Non-invasive cancer (as defined below)
- Reduced benefit skin cancers (as defined below)
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

A Non-Invasive Cancer is:

- Cancer in one organ, such as prostate or indolent cancer (this does not include Cancer that has spread throughout the organ, such as breast cancer, which would be considered an invasive cancer)
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer

Reduced benefit skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered reduced benefit skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ – that is, melanoma cells that occur only on the outer layer of the skin (the epidermis), where there is no invasion of the deeper layer (the dermis)
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Limited Benefit Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

To be considered a critical illness, the coma must be caused by one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Accident-Only Coma: A state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Accident-Only Coma does not include a medically-induced coma.

Critical Illness is a disease or a sickness as defined in the Group Critical Illness Insurance Policy that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- **Benign Brain Tumor:** The date a doctor/qualified medical professional determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination
- **Cancer:** The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or non-invasive cancer is based on such specimens).
- **Non-Invasive Cancer:** The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or non-invasive cancer is based on such specimens).
- **Reduced Benefit Skin Cancers:** The date the skin biopsy samples are taken for microscopic examination.
- **Bone Marrow Transplant (Stem Cell Transplant):** The date the surgery occurs.
- **Limited Benefit Coma:** The first day of the period for which a doctor/qualified medical professional confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- **Coronary Artery Bypass Surgery:** The date the surgery occurs.
- **Heart Attack (Myocardial Infarction):** The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- **Kidney Failure (End-Stage Renal Failure):** The date a doctor recommends that an insured begin renal dialysis.
- **Limited Benefit Loss of Hearing:** The date the loss due to one of the underlying diseases is objectively determined by a doctor/qualified medical professional to be total and irreversible.
- **Limited Benefit Loss of Sight:** The date the loss due to one of the underlying diseases is objectively determined by a doctor/qualified medical professional to be total and irreversible.
- **Limited Benefit Loss of Speech:** The date the loss due to one of the underlying diseases is objectively determined by a doctor/qualified medical professional to be total and irreversible.
- **Limited Benefit Major Organ Transplant:** The date the surgery occurs.
- **Limited Benefit Paralysis:** The date a doctor/qualified medical professional diagnoses an Insured with paralysis due to one of the underlying diseases as specified in this Group Critical Illness Insurance Policy, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- **Stroke:** The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- **Sudden Cardiac Arrest:** The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Spouse is your legal wife or husband, including a legally-recognized same-sex spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, (as defined in California Family Code 297), civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your application.

Dependent Children are your or your Spouse's natural children, step-children (including existing children of new domestic partners), grandchildren, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth. Read your certificate carefully for details.

A doctor/qualified medical professional does not include you or any of your family members. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the Group Critical Illness Insurance Policy. The employee is the primary insured under the Group Critical Illness Insurance Policy.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPKMB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor/qualified medical professional advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (endstage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Limited Benefit Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of Hearing does not include hearing loss that can be corrected by the use of a hearing aid or device.

To be considered a Critical Illness, Loss of Hearing must be caused by one of the following diseases:

- Alport Syndrome
- Autoimmune Inner Ear Disease
- Chicken Pox
- Diabetes
- Goldenhar Syndrome
- Meniere's Disease
- Meningitis
- Mumps

Accident-Only Loss of Hearing: The total and irreversible loss of hearing in both ears. Loss of Hearing does not include hearing loss that can be corrected by the use of a hearing aid or device.

Limited Benefit Loss of Sight means the total and irreversible loss of all sight in both eyes.

To be considered a critical illness, loss of sight must be caused by one of the following diseases:

- Retinal Disease;
- Optic Nerve Disease; or
- Hypoxia

Accident-Only Loss of Sight: The total and irreversible loss of all sight in both eyes.

Limited Benefit Loss of Speech means the total and permanent loss of the ability to speak.

To be considered a Critical Illness, Loss of Speech must be caused by one of the following diseases:

- Alzheimer's Disease
- Arteriovenous Malformation

Accident-Only Loss of Speech: The total and permanent loss of the ability to speak.

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Limited Benefit Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Limited Benefit Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs.

To be considered a Critical Illness, Paralysis must be caused by one or more of the following diseases:

- Amyotrophic Lateral Sclerosis
- Cerebral Palsy
- Parkinson's disease
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Accident-Only Paralysis: The permanent, total, and irreversible loss of muscle function to the whole of at least two limbs.

Stroke does not include:

- Transient Ischemic Attacks (TIAs). TIAs are covered under the Transient Ischemic Attack Critical Illness.
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction). (In Illinois, contributed to by language does not apply.)

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or non-invasive cancer has returned.

PROGRESSIVE DISEASES RIDER

All limitations and exclusions that apply to the Group Critical Illness Insurance Policy also apply to the rider unless amended by the rider.

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a doctor/qualified medical professional diagnoses an insured as having ALS and where such diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a doctor/qualified medical professional diagnoses an Insured as having Multiple Sclerosis and where such diagnosis is supported by medical records.
- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor/qualified medical professional diagnoses the insured as incapacitated due to Parkinson's disease.

HEART EVENT RIDER

All limitations and exclusions that apply to the critical illness plan also apply to the rider.

We will pay benefits when covered heart procedures are performed as a direct result of one of the following: acute coronary syndrome, atherosclerosis, coronary artery disease, cardiomyopathy, or valvular heart disease.

SPECIFIED DISEASE RIDER

These benefits will be paid based on the face amount in effect on the specified disease date of diagnosis. All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

No benefits will be paid for loss which occurred prior to the effective date of the plan.

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor/qualified medical professional diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a doctor/qualified medical professional diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor/qualified medical professional diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor/qualified medical professional diagnoses an insured as having Encephalitis and where such diagnosis is supported by medical records.
- Human Coronavirus: The date a doctor/qualified medical professional diagnoses an insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.
- Huntington's Chorea: The date a doctor/qualified medical professional diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a doctor/qualified medical professional diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Lyme Disease: The date a doctor/qualified medical professional diagnoses an insured as having Lyme Disease and where such diagnosis is supported by medical records.

- **Malaria:** The date a doctor/qualified medical professional diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- **Muscular Dystrophy:** The date a doctor/qualified medical professional diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- **Myasthenia Gravis:** The date a doctor/qualified medical professional diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- **Necrotizing Fasciitis:** The date a doctor/qualified medical professional diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- **Osteomyelitis:** The date a doctor/qualified medical professional diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- **Poliomyelitis:** The date a doctor/qualified medical professional diagnoses an insured as having Poliomyelitis and where such diagnosis is supported by medical records.
- **Rabies:** The date a doctor/qualified medical professional diagnoses an insured as having Rabies and where such diagnosis is supported by medical records.
- **Sickle Cell Anemia:** The date a doctor/qualified medical professional diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- **Systemic Lupus:** The date a doctor/qualified medical professional diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- **Systemic Sclerosis (Scleroderma):** The date a doctor/qualified medical professional diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- **Tetanus:** The date a doctor/qualified medical professional diagnoses an insured as having Tetanus by finding *Clostridium tetani* bacteria in a clinical specimen taken from the insured.
- **Tuberculosis:** The date a doctor/qualified medical professional diagnoses an insured as having Tuberculosis by finding *Mycobacterium tuberculosis* bacteria in a clinical specimen taken from the insured.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in the Group Critical Illness Insurance Policy, including but not limited to (In Florida and North Carolina, not limited to reference is not applicable) private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or
- An intermediate care unit.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in the Group Critical Illness Insurance Policy, including but not limited to (In Florida and North Carolina, not limited to reference is not applicable):

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,

- A rest home or home for the aged,
- A rehabilitation facility (In Missouri, this is not applicable),
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Human Coronavirus is limited to Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). COVID-19 means a viral respiratory disease caused by the SARS-CoV-2 virus. MERS means a viral respiratory illness caused by a coronavirus. SARS means a viral respiratory illness caused by a coronavirus.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

CHILDHOOD CONDITIONS RIDER

All limitations and exclusions that apply to the Group Critical Illness Insurance Policy also apply to these benefits. No benefits will be paid for loss which occurred prior to the effective date of the rider.

Date of Diagnosis is defined as follows:

- **Cystic Fibrosis:** The date a doctor/qualified medical professional diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- **Cerebral Palsy:** The date a doctor/qualified medical professional diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- **Cleft Lip or Cleft Palate:** The date a doctor/qualified medical professional diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- **Down Syndrome:** The date a doctor/qualified medical professional diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- **Phenylalanine Hydroxylase Deficiency Disease (PKU):** The date a doctor/qualified medical professional diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- **Spina Bifida:** The date a doctor/qualified medical professional diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- **Autism Spectrum Disorder:** The date a doctor/qualified medical professional diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor/qualified medical professional must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor/qualified medical professional must diagnose Autism Spectrum Disorder based on the diagnostic criteria stipulated in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs. The diagnosis must include the DSM severity level specifier for both major domains listed above.

An Autism Spectrum Disorder diagnosis must include more than one DSM severity level specifiers. No benefit is payable if the DSM severity level specifier is less than Level 1.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the Group Critical Illness Insurance Policy is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your 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.

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Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.

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Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series C22000.