# **Aflac Group Critical Illness**

Aflac offers two portable Critical Illness with Cancer plans that pay a lump sum cash benefit directly to the policyholder, which helps with out of pocket medical and living expenses when a policyholder is diagnosed with a covered illness.

## **Plan Options**

- Employees may choose to enroll in either the Basic Plan with cancer only coverage or the Enhanced Plan with cancer, heart and stroke coverage.
- Employees may choose from \$10,000 up to \$50,000 (in increments of \$10,000) of lump sum cash benefit.
- Spouse /Domestic Partner coverage is equal to 100% of the face amount elected by the employee.
- Dependent Children (up to age 26): coverage is equal to 50% of the face amount elected by the employee at no additional charge.

BENEFIT DESCRIPTIONS	BASIC	ENHANCED
COVERED CRITICAL ILLNESSES	BENEFIT AMOUNTS	
Internal/Invasive Cancer	100%	100%
Non-invasive Cancer	25%	25%
Skin Cancer	\$250	\$250
Heart Attack (Myocardial Infarction), Sudden Cardiac Arrest,	N/A	100%
Coronary Artery Bypass Surgery	N/A	25%
Stroke, Kidney Failure (End-Stage Renal Failure)	N/A	100%
Coma, Severe Burns, Paralysis, Loss of Sight / Hearing / Speech	N/A	100%
Additional Diagnosis We will pay benefits for each different critical illness after the first diagnoses; when the two dates of diagnosis are separated by at least 6 consecutive months.	N/A	6 months
Reoccurrence Benefit We will pay benefits for the same critical illness after the first diagnosis; when the two dates of diagnoses are separated by at least 6 consecutive months.	6 months	6 months
SPECIFIED DISEASES RIDER		1
Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	N/A	25%

The Basic and Enhanced plans include an Annual Health Screening Benefit of \$50 per employee and spouse/domestic partner enrolled in coverage. (Dependent children are not eligible) . If eligible, submit an individual wellness claim for each year enrolled in coverage.

# Filing Your Annual Wellness claim is easy...



Scan the QR Code to download the MyAflac mobile app or register online at www.AflacGroupInsurance.com.

- No wellness forms are required while using the mobile app, MyAflac.
- Simply enter your doctor's contact information, date of your visit and type of health exam performed.
- Don't want to wait for your benefit check, sign up for direct deposit.
- Use the Claim Status Tracker to track your claim.
- Access your account information 24/7.
- Download and submit a claim form.

SEMI-MONTHLY RATES						
Benefit Amount	BASIC PLAN		ENHANCED PLAN			
	Employee Only	Employee and Spouse/Domestic Partner	Employee Only	Employee and Spouse/Domestic Partner		
\$10,000	\$7.02	\$14.04	\$9.62	\$19.24		
\$20,000	\$13.27	\$26.54	\$18.53	\$37.06		
\$30,000	\$19.53	\$39.06	\$27.43	\$54.86		
\$40,000	\$25.78	\$51.56	\$36.34	\$72.68		
\$50,000	\$32.04	\$64.08	\$45.24	\$90.48		
Eligible children under the age of 26 are included in the above rates.						

# **Portable Coverage**

You may continue your coverage with the same benefits and rates on a direct basis upon retirement or if you change jobs.

- You must apply within 31 days from your loss of coverage date.
- Scan this QR code to access Policy Continuation/Port Packet.

Contact Benefit Source for assistance: Office: 210-340-0777 Text: 210-240-2574 Email:UHSbenefits@benefitsourcesolutions.com



## Scan to View Cancer Benefits

### LIMITATIONS AND EXCLUSIONS

Cancer Diagnosis Limitation Benefits are payable for cancer and/or noninvasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

### 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:
  - War (declared or undeclared) or military conflicts;
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- Illegal Substance Abuse:
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be 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.

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Continental American Insurance Company Columbia, South Carolina

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions. In Texas, Policy Form C21100TX.