

Aflac Group Insurance Plans

CANCER AND SPECIFIED DISEASES
HOSPITAL INDEMNITY
CRITICAL ILLNESS
ACCIDENT

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



AFLAC GROUP CANCER PLAN

Policy Form Number HCP3000TX



Benefits Overview

	OPTION 1	OPTION 2
<p>HOSPITAL CONFINEMENT (first continuous 30 days) We will pay the amount shown for Hospital Confinement for the first continuous 30 days of hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit</p>	\$200	\$300
<p>HOSPITAL CONFINEMENT (31st day and thereafter) We will pay the amount shown after the 31st day for hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit</p>	\$400	\$600
<p>SURGICAL BENEFIT We will pay the amount shown in the Surgical Schedule section of the plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule. Benefit: Per Procedure / No Lifetime Limit on Number of Operations</p>	\$95 – \$3,000	\$100 – \$5,000
<p>SECOND SURGICAL OPINION We will pay up to the amount shown for a second surgical opinion by a licensed physician, not a relative, concerning cancer surgery for each positively diagnosed cancer. This benefit is payable once for each malignant condition. Not payable for reconstructive surgery or skin cancer. Benefit: Per Malignant Condition / No Lifetime Limit</p>	\$200	\$250
<p>FIRST OCCURRENCE BENEFIT We will pay this benefit the first time the insured is diagnosed as having internal (not skin) cancer. This benefit is payable only once for each insured and will be paid in addition to any other benefit in the plan. Internal cancer includes melanomas classified as Clark's Level III and higher. In addition to the pathological or clinical diagnosis required by the plan, we may require additional information from the attending physician and hospital.</p>	\$1,500	\$5,000
<p>CANCER SCREENING/WELLNESS BENEFIT For each insured, we will pay the actual incurred charges up to the amount shown for: · Bone Marrow Testing · Biopsy · Breast Ultrasound · CA 125 (blood test for ovarian cancer) · CA 15-3 (blood test for breast cancer) · CEA (blood test for colon cancer) · Chest X-Ray · Colonoscopy · Flexible Sigmoidoscopy · Hemocult Stool Analysis · Mammography · Pap Smear · PSA (blood test for prostate cancer) · Serum Protein Electrophoresis (blood test for myeloma) · Thermography No Lifetime Limit</p>	\$50	\$100
<p>RADIATION AND CHEMOTHERAPY We will pay up to the amount shown for each day the insured receives radioactive or chemical treatments prescribed by a doctor for the destruction of abnormal tissue during the treatment of Cancer. For oral chemotherapy not requiring the administration by medical personnel, we will pay the amount shown for each prescription not to exceed \$800 a month for Option I and \$1,200 a month for Options II and III. Benefit: Per Day / No Lifetime Limit</p>	\$200	\$300
<p>EXPERIMENTAL TREATMENT We will pay the charges incurred, up to the amount shown, per day for an insured who receives experimental cancer treatment for the purpose of modification or destruction of abnormal tissue. The treatments must be consistent with one or more National Cancer Institute sponsored protocols. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. Benefit: Per Day / No Lifetime Limit</p>	\$200	\$300

	OPTION 1	OPTION 2
<p>SKIN CANCER SURGERY</p> <p>We will pay the amount shown in the Surgical Schedule section of the Plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule.</p> <p>Benefit: Per Malignant Condition / No Lifetime Limit</p>	\$100	\$600
<p>OUTPATIENT BLOOD AND PLASMA</p> <p>We will pay up to the amount shown for each day an insured receives blood or plasma as an outpatient in a doctor's office, clinic, hospital, or ambulatory surgical center due to cancer.</p> <p>Benefit: Per Day / No Lifetime Limit</p>	\$200	\$250
<p>PROSTHESIS/ARTIFICIAL LIMB</p> <p>We will pay the amount shown for each prosthetic device or artificial limb surgically implanted which is prescribed as a result of surgery for cancer treatment. Lifetime limit is benefit shown for each option per insured.</p> <p>We will pay up to \$200 for the charges incurred for prosthetic devices prescribed as a direct result of cancer treatment that does not require surgical implantation. Lifetime limit \$200 per insured.</p> <p>Benefit: Per Device</p>	Incurred charges up to: \$2,500	Incurred charges up to: \$3,000
<p>TRANSPORTATION BENEFIT</p> <p>We will pay the amount shown for the insured's transportation to and from a hospital located outside a 100 mile radius of their legal residence.</p> <p>The insured must require special treatment for internal cancer which has been prescribed by the local attending physician and which cannot be obtained locally.</p> <p>This benefit will be paid only for the insured person for whom this special treatment is prescribed, unless the treatment is for a dependent child, then the child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child).</p> <p>No Lifetime Limit</p>	<p>Automobile: \$0.40 per mile up to \$1,200</p> <p>Airfare or other commercial travel: up to \$1,200 round trip</p>	<p>Automobile: \$0.50 per mile up to \$1,500</p> <p>Airfare or other commercial travel: up to \$1,500 round trip</p>
<p>FAMILY MEMBER LODGING BENEFIT</p> <p>We will pay the amount shown per day for each night's lodging in a motel/hotel room for the insured or any one family member when an insured person is confined to a hospital for internal cancer treatment. The hospital and motel/hotel room must be more than 100 miles from the insured's residence. The special cancer treatment must be prescribed by a local physician.</p> <p>Benefit: Per Day / Lifetime limit 60 days per covered person</p>	\$50	\$60
<p>IN-HOSPITAL BLOOD AND PLASMA</p> <p>We will pay the amount shown for each day an insured receives blood or plasma during a covered hospital confinement.</p> <p>Benefit: Per Day / No Lifetime Limit</p>	\$50	\$100
BOTH PLANS		
<p>NATIONAL CANCER CONSULTATION</p> <p>We will pay up to the amount shown when consultation at an NCI-sponsored cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. We will pay \$250 for the transportation and lodging of the covered person receiving the evaluation/consultation. The NCI-sponsored cancer center must be more than 100 miles from the covered person's residence for the transportation and lodging portion of this benefit to be payable. This benefit is payable once per insured.</p> <p>No Lifetime Limit</p>		\$500
<p>ANESTHESIA</p> <p>We will pay 25% of the amount shown in the Surgical Schedule opposite the appropriate surgical procedure if the insured receives anesthesia administered by an anesthesiologist or anesthesiologist during a surgical procedure which is performed for the treatment of cancer. This benefit is not payable for reconstructive surgery.</p> <p>Benefit: Per Procedure / No Lifetime Limit</p>		25% of surgery
<p>ANTI-NAUSEA MEDICATION</p> <p>We will pay up to the amount shown for anti-nausea medication as a result of radiation/chemotherapy treatments and as prescribed by a Physician. We will pay this benefit for no more than the number of days the insured receives treatment for radiation/chemotherapy.</p> <p>Benefit: Per Month / No Lifetime Limit</p>		\$100

BOTH PLANS**HOSPICE CARE**

We will pay the amount shown for care provided by a hospice. The insured must be diagnosed with cancer and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if medical prognosis indicates a life expectancy of six months or less as a direct result of cancer.

Benefit: Per Day / Lifetime limit of \$12,000 per insured

\$100
per day/first 60 days
\$50
per day thereafter

HOME HEALTH CARE

We will pay charges incurred up to \$50.00 per day for visits by a home health care agency. This benefit is limited to 30 visits per calendar year.

Incurred charges up to \$50 per day

EXTENDED CARE FACILITY

We will pay \$100 per day when the insured person is confined to a section of the hospital used as an Extended Care Facility, a Skilled Nurses Facility, or any bed designated as a swing bed. Confinement must follow hospitalization and the insured must be receiving benefit under the Hospital Confinement Benefit. Limited to the same number of days the insured received Hospital Confinement Benefits.

Benefit: Per Day / Lifetime limit of 365 days per insured

\$100

NURSING SERVICES

We will pay the amount shown per day for full-time nursing services (not performed by a relative) while hospitalized. Benefit: Per Day / No Lifetime Limit

\$100

AMBULANCE

We will pay the amount shown if an insured requires transportation to a hospital, within 100 miles of the insured person's residence, for overnight confinement for cancer treatment. This benefit is limited to two (2) trips per confinement. This ambulance service must be performed by a licensed professional ambulance company.

Benefit: Per Trip / No Lifetime Limit

Incurred Charges

BONE MARROW TRANSPLANT

We will pay the charges incurred up to \$10,000 for the harvesting and reinfusion of bone marrow if the insured requires a bone marrow transplantation during a covered hospital confinement.

We will pay the charges incurred up to \$5,000 for the harvesting and reinfusion of bone marrow performed on an outpatient basis.

We will pay an indemnity of \$1,000 to the bone marrow donor for his or her expenses incurred as a result of the transplantation procedure.

Benefit: Per Procedure / No Lifetime Limit

Incurred charges up to:
\$10,000
in-hospital
\$5,000
outpatient
\$1,000
donor indemnity

STEM CELL TRANSPLANTATION

We will pay the charges incurred up to \$2,500 if an insured receives a peripheral stem cell transplantation for the treatment of cancer. This benefit is payable once per insured. This benefit is not payable in conjunction with the payment of the Bone Marrow Transplantation Benefit.

Lifetime Maximum of \$2,500 per insured

Incurred charges up to: \$2,500

WAIVER OF PREMIUM

If the insured, due to having internal cancer, is completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, we will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, we will require an employer's statement (if applicable) and a physician's statement of the insured's inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues.

SPECIFIED DISEASE BENEFIT We will pay \$200 per day for the first 30 days and \$500 per day thereafter for hospital confinement when such confinement is due to the treatment of a specified disease if: 1. the insured receives treatment for a specified disease beginning while the Certificate is in force; and 2. it is not excluded by name or specific description.

Benefits will be paid from the first day of hospital confinement due to a specified disease. We will pay the daily amount regardless of whether the insured is charged by the hospital for such confinement. If more than one specified disease is diagnosed at the same time then we will only pay the amount shown for one disease but not both.

Covered Diseases Include: Addison's disease, Amyotrophic Lateral Sclerosis (ALS), Cerebral palsy, Cerebrospinal Meningitis, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis.

The lifetime maximum benefit payable under this benefit is \$100,000 per insured.

OPTIONAL INTENSIVE CARE BENEFIT / \$600 A DAY IN HOSPITAL Benefits will be paid if the insured is confined in a Hospital Intensive Care Unit (ICU). This benefit is limited to 30 days per period of confinement.

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Form Number HCP8500TX 09



Benefits Overview

	HIGH	LOW
<p>HOSPITAL ADMISSION BENEFIT (once per confinement) This benefit is paid when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. We will pay this benefit once for each covered accident or covered sickness. Confinement must be within 6 months of a covered accident.</p>	\$500 per confinement	\$300 per confinement
<p>HOSPITAL CONFINEMENT BENEFIT (up to 365 days per confinement) The amount indicated is paid for overnight hospital confinement. This benefit begins with the first day of confinement and lasts up to 365 days. Confinement must be within 6 months of a covered accident.</p>	\$150 per day	\$75 per day
<p>HOSPITAL INTENSIVE CARE BENEFIT (365-day maximum for any one period of confinement) The amount indicated is paid for overnight hospital intensive care unit confinement. The benefit begins the first day of confinement and lasts up to 365 days. *Total daily benefit if confined to an Intensive Care Unit.</p>	\$300 per day	\$150 per day
<p>WAIVER OF PREMIUM We will waive an insured's premium after he or she is continuously confined to a hospital for 14 days. We will waive premium until he or she is discharged from the hospital or for 12 months, whichever comes first. This benefit applies only to the insured employee, not spouse or children.</p>		
<p>GROUP PREMIUM Once enrolled in the program premiums will not increase because of age.</p>		

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the plan for complete details, definitions, limitations, and exclusions.

AFLAC GROUP CRITICAL ILLNESS INSURANCE

Policy Series CAI2800TXrev



COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
MAJOR ORGAN TRANSPLANT	100%
END-STAGE RENAL FAILURE	100%
CARCINOMA IN SITU	25%
CORONARY ARTERY BYPASS SURGERY	25%

FIRST OCCURRENCE BENEFIT

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition.

High Option: Employee \$25,000 / Spouse \$12,500 **Low Option:** Employee \$10,000 / Spouse \$5,000

ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 6 months.

REOCCURRENCE BENEFIT

If you collect full benefits for a covered condition and are later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months (12 months treatment free for cancer).

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.

WAIVER OF PREMIUM

If a covered critical illness causes an insured to be totally disabled for 90 days, we will waive the premium payments for this coverage for the first 90 days of total disability and for each following day until the earliest of the following: the insured is no longer totally disabled; we have waived premiums for a total of 24 months of total disability; the insured reaches age 65 or is 2 years from the date of total disability, whichever occurs last; or coverage ends according to the termination of coverage provision.

At the end of the waiver period, the insured must resume paying premiums to keep the coverage in force. Premiums waived include those for the employee and those for currently covered dependents or riders that are in force. For premiums to be waived, the insured must provide satisfactory proof of total disability at least once every 12 months.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

You may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under the plan. There is no limit to the number of years you can receive the Health Screening Benefit; it will be payable as long as coverage remains in force. 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. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

Covered tests include: • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CEA (blood test for colon cancer) • Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL • Blood test for triglycerides

ADDITIONAL COVERED SPECIFIED DISEASES:

Addison's disease, Cerebral palsy, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis, Lou Gehrig's disease, and Multiple sclerosis

25%

AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – 24-HOUR PLAN
Policy Series CAI7700TX THCP



FEATURES:

- 24-Hour Coverage.
- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed Issue - No underwriting required to qualify for coverage.
- Waiver of Premium

Benefits Overview

ACCIDENTAL DEATH AND DISMEMBERMENT

	HIGH	LOW
Accidental Common Carrier Death (Plane, Train, Boat or Ship)	\$100,000	\$50,000
Accidental Death	\$50,000	\$25,000
Catastrophic Accident	\$100,000	\$50,000
Loss of hand, foot, or sight-single loss	\$6,250	\$3,125
Loss of hand, foot, or sight-double loss	\$25,000	\$12,500
Loss of one or more fingers or toes	\$1,250	\$625
Partial Amputation of finger(s) or toe(s) including at least one joint	\$100	\$100

HOSPITAL BENEFITS

	HIGH	LOW
Paralysis	\$5,000-\$10,000	\$2,500-\$5,000
Hospital Admission	\$1,500	\$750
Hospital Intensive Care (per day)	\$600	\$300
Hospital Confinement (per day)	\$300	\$150
Medical Fees	\$250	\$125

SPECIFIC INJURIES

	HIGH	LOW
Burns	\$180-\$18,000	\$180-\$18,000
Lacerations	\$25-\$200	\$25-\$100
Ruptured Disc	\$100-\$400	\$100-\$400
Tendons/Ligaments	\$400-\$600	\$400-\$600
Torn Knee Cartilage	\$100-\$400	\$100-\$400
Eye Injuries	\$250	\$125
Coma	\$10,000	\$5,000
Concussion	\$200	\$100
Emergency Dental Work	\$50-\$150	\$25-\$100

Benefits Overview

ADDITIONAL BENEFITS

	HIGH	LOW
Ambulance	\$500	\$250
Air Ambulance	\$1,500	\$750
Internal Injuries	\$1,000	\$500
Prosthesis	\$500	\$250
Transportation	\$300	\$150
Exploratory Surgery	\$250	\$125
Major Diagnostic Exam	\$200	\$100
Blood/Plasma	\$200	\$100
Rehabilitation Unit	\$150/PER DAY	\$75/DAY
Appliances	\$100	\$50
Family Lodging Benefit	\$100/PER NIGHT	\$50/PER NIGHT
Physical Therapy	\$50	\$25
Accident Follow-up Treatment	\$35	\$25

MAJOR INJURIES / FRACTURES / OPEN REDUCTION

	HIGH	LOW
Hip/Thigh	\$6,750	\$3,750
Vertebrae (except processes)	\$6,075	\$3,375
Pelvis	\$5,400	\$3,000
Skull (depressed)	\$5,063	\$2,813
Leg	\$4,050	\$2,250
Forearm/Hand/Wrist	\$3,375	\$1,875
Foot/Ankle/Knee cap	\$3,375	\$1,875
Shoulder blade/Collar bone	\$2,700	\$1,500
Lower Jaw (Mandible)	\$2,700	\$1,500
Skull (Simple)	\$2,363	\$1,313
Upper Arm/Upper Jaw	\$2,363	\$1,313
Facial bones (except teeth)	\$2,050	\$1,125
Vertebral Processes	\$1,350	\$750
Coccyx/Rib/Finger/Toe	\$540	\$300

MAJOR INJURIES / DISLOCATIONS / OPEN REDUCTION

	HIGH	LOW
Hip	\$4,050	\$2,025
Knee (not knee cap)	\$2,925	\$1,462.50
Shoulder	\$2,250	\$1,125
Foot/Ankle	\$1,800	\$900
Hand	\$1,575	\$787.50
Lower Jaw	\$1,350	\$675
Wrist	\$1,125	\$562.50
Elbow	\$900	\$450
Finger/Toe	\$360	\$180

LIMITATIONS AND EXCLUSIONS

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.

CANCER (applicable to form series HP3000TX)

The plan provides benefits only for specified diseases, as defined herein, and the cancer diagnosis, cancer screening, or for loss resulting from definitive cancer treatment including the direct extension, metastatic spread or recurrence and other diseases and conditions caused by or resulting from cancer or cancer treatment. Pathologic proof thereof must be submitted. Clinical diagnosis of cancer will be accepted under the conditions specified in Section III - Cancer. Benefits are not provided for any other disease, sickness or incapacity. No benefits are payable for diagnosis, screening, or treatment received outside the United States.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition for which medical advice or treatment was recommended or received within the 12-month period prior to the Insured's Effective Date. We will not pay benefits for any condition or illness starting within 12 months of the Insured Effective Date that is caused by, contributed to, or results from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from the Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Preexisting Condition. A condition will no longer be considered preexisting at the end of 12 consecutive months starting and ending after the Insured's Effective Date. "Treatment" means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

HOSPITAL INDEMNITY (applicable to form series HCP8500TX09)

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Mental or emotional disorders without demonstrable organic disease.
6. Alcoholism, drug addiction, or chemical dependency.

Critical Illness (applicable to form series CAI2800TX)

This is an attained age rated plan. Rates increase as insured employees enter the next age band. The applicable benefit amount will be paid if: the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

Exclusions

Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
5. Substance abuse.

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

Additional Benefit Exclusions (in addition to the above)

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

Definitions

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Dependent Children means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his or her parent(s) for support, the above age 26 limitation shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such child's 26th birthday.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack.

The diagnosis must include all of the following criteria: 1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means Apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after your effective date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebralbasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI). Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Cancer (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are noninvasive such as: 1. Pre-malignant tumors or polyps; 2. Carcinoma in Situ; 3. Any skin cancers except melanomas; 4. Basal cell carcinoma and squamous cell carcinoma of the skin; and 5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the Histo cytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in situ means Cancer that is in the natural or normal place, confined to the site without having invaded neighboring tissue.

Cancer and/or carcinoma in situ must be diagnosed in one of two ways: 1. Pathological Diagnosis - A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology. 2. Clinical Diagnosis - A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if: a. A pathological diagnosis cannot be made because it is medically inappropriate or life threatening; b. There is medical evidence to support the diagnosis; and c. A doctor is treating the insured for cancer and/or carcinoma in situ.

Renal Failure (Kidney Failure) means the end stage of renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.

ACCIDENT (applicable to policy form series CAI7700TX THCP)

WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM: Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service; Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven; Participating or attempting to participate in an illegal activity or working at an illegal job; Committing or attempting to commit suicide, while sane or insane; Injuring or attempting to injure yourself intentionally; Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness; Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common

Carrier Death Benefit; Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; Participating in any professional or semiprofessional organized sport.; Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician; Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit; Mountaineering using ropes and/or other equipment, parachuting, or hang gliding; Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.

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

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

Pre-existing Condition Limitation

We will not pay benefits for loss that is caused by, that is contributed to, or that results from a pre-existing condition for 12 months after the effective date of your certificate and attached riders, as applicable.

Pre-existing Condition means within the 12-month period prior to the Effective Date of the Certificate and attached Riders, as applicable, those conditions for which medical advice or treatment was received or recommended.

A claim for benefits for loss starting after 12 months from the effective date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

Termination

Your coverage will terminate on the earliest of (1) the 31st day after the premium due date if the required premium has not been paid, (2) the date you cease to meet the definition of an employee as defined in the master policy, (2) the premium due date which falls on or first follows your 70th birthday, or (4) the date you are no longer a member of the class eligible.

Effective Date

The Effective Date for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

Applies to all plans:

Continuation Privilege

Coverage may be continued beyond the termination of the master policy. If the master policy is terminated, ported coverage may differ

from the original plan, subject to the approval of the Department of Insurance of the insured's state of residency.

Coverage may not be continued if an employee fails to pay any required premium. Premium for ported coverage is paid directly by the employee.

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.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

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.

This brochure is subject to the terms, conditions, and limitations of Policy Form Number HCP3000TX, HCP8500TX 09, CAI7700TX THCP, CA3500-MP (TX) ISD, and CAI2800TXrev.