

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000



Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. 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.

We're With You: Aflac Cancer Protection Assurance Stays with You for Life.

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 is expensive—today, cancer costs patients and families more than any other chronic illness.⁶

Major medical may not 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. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life. Here's how it works:

We're with you, even when you're well. We pay a benefit for early detection and preventative care, like mammograms, PSA blood tests, and many other kinds of cancer screenings, too. Why? Because when cancer is found and treated early you're more likely to survive it.⁷

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on—and thanks to One Day PaySM, your claim can be processed in just one day. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

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. Want a second opinion? We provide a benefit for that, too.

HOW IT WORKS

AFLAC CANCER PROTECTION ASSURANCE OPTION 2

POLICYHOLDER
SUFFERS FROM FREQUENT
INFECTIONS AND HIGH FEVER



POLICYHOLDER VISITS PHYSICIAN



PHYSICIAN RECOMMENDS BONE MARROW BIOPSY



PATIENT RECEIVES DIAGNOSIS OF LEUKEMIA
AND UNDERGOES TREATMENT

\$23,575
TOTAL BENEFITS

The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 that includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, Initial Diagnosis Benefit of \$4,000, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$3,600, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$7,200, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

⁶National Institutes of Health, Discussing Health Care Expenses in the Oncology Clinic: Analysis of Cost Conversations in Outpatient Encounters, November 2017 <https://www.ncbi.nlm.nih.gov/pubmed/28834684>. Accessed: December 13, 2017. ⁷National Cancer Institute, Cancer Trends Progress Report. See <https://progressreport.cancer.gov/detection>. Published: January 2017. Accessed: December 13, 2017.

Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for invasive cancer
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
INITIAL DIAGNOSIS	Named Insured or Spouse: \$4,000 Dependent Child: \$8,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$250 per calendar month Physician Administered: \$1,200 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGERY/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INVASIVE CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person

EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 (221 days) lifetime maximum per covered person
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person
ANNUAL CARE	\$200 on the anniversary date of diagnosis; lifetime maximum of five annual \$200 payments per covered person
AMBULANCE	\$250 ground \$2,000 air ambulance
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip
LODGING	\$65 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION						
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.						
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider: <table border="1" data-bbox="511 1696 1421 1827"> <thead> <tr> <th>Initial diagnosis</th> <th colspan="2">Hospitalization</th> </tr> </thead> <tbody> <tr> <td>\$2,000</td> <td>30 days or less: \$400 per day</td> <td>31 days or more: \$800 per day</td> </tr> </tbody> </table>	Initial diagnosis	Hospitalization		\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day
Initial diagnosis	Hospitalization						
\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day					
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having invasive cancer; payable only once for each covered dependent child						

REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, LIMITATIONS AND EXCLUSIONS.