Cancer Care Benefit Overview

Benefit Name	Cancer Care *Classic*	Cancer Care *Premier*
Cancer Wellness Benefit	$75 per year, per Covered Person	$100 per year, per Covered Person
Cancer Diagnosis Benefit		
Initial Diagnosis Benefit	Insured/Spouse $4,000, Dependant Child $8,000	Insured/Spouse $6,000, Dependant Child $12,000
Medical Imaging with Diagnosis Benefit	$135; (2) per year, per person; no lifetime max	$200; (2) per year, per person; no lifetime max
NCI Evaluation/ Consultation Benefit	$500 payable only once per covered person	$1,000 payable only once per covered person
Cancer Treatment:		
Injected Chemotherapy Benefit	$600 per day; once per week ; no lifetime max	$900 per day; once per week ; no lifetime max
Oral Chemotherapy Benefit	$250 per day; up to $750 per month (Oral/Topical)	$400 per day; up to $1,200 per month (Oral/Topical)
Topical Chemotherapy Benefit	$150 per prescription; up to $750 per month (Oral/Topical)	$200 per prescription; up to $750 per month (Oral/Topical)
Radiation Therapy Benefit	$350 per day; one payment per week; no lifetime max	$500 per day; one payment per week; no lifetime max
Experimental Treatment Benefit	$350 per week outside of a clinical trial; $100 as part of trial	$500 per week outside of a clinical trial; $125 as part of trial
Immunotherapy Benefit	$350 once per month; $1,750 lifetime max per person	$500 once per month; $1,750 lifetime max per person
Antinausea Benefit	$100 per month; no lifetime max	$150 per month; no lifetime max
Stem Cell Transplantation Benefit	$7,000; lifetime max $7,000 per person	$10,000; lifetime max $10,000 per person
Bone Marrow Transplantation Benefit	$7,000; lifetime max $7,000 per person; $750 to donor	$10,000; lifetime max $10,000 per person; $1,000 to donor
Blood and Plasma Benefit	Inpatient: $100 / Outpatient: $175; no lifetime max	Inpatient: $150 / Outpatient: $250; no lifetime max
Surgical/Anesthesia Benefit	$100-$3,400 (25% of Anesthesia); daily max $4,250	$150-$5,000 (25% of Anesthesia); daily max $6,250
Skin Cancer Surgery Benefit	$35-$400; no lifetime max	$50-$600; no lifetime max
Additional Surgical Opinion Benefit	$200 per day; no lifetime max	$300 per day; no lifetime max
Hospitalization Benefits:		
Hospital Confinement Benefit	$200 per day; no lifetime max	$300 per day; no lifetime max
Outpatient Hospital Surgical Room Benefit	$200(in addition to Surgical/Anesthesia) no lifetime max	$300(in addition to Surgical/Anesthesia) no lifetime max

Benefit Name	Cancer Care ***Classic***	Cancer Care ***Premier***
Continuing Care Benefits		
Extended- Care Facility Benefit	$100 a day; limited to 30 days per year, per person	$150 a day; limited to 30 days per year, per person
Home Health Care Benefit	$50 per day; lifetime max of 100 days per person	$75 per day; lifetime max of 100 days per person
Hospice Benefit	$1,000 for the 1st day, $50 per day thereafter; $12,000 max	$1,000 for the 1st day, $50 per day thereafter;$ 12,000 max
Nursing Service Benefit	$100 per day; no lifetime max	$150 per day; no lifetime max
Surgical Prosthesis Benefit	$2,000; lifetime max $4,000	$3,000; lifetime max $6,000
Nonsurgical Prosthesis Benefit	$175 per occurrence; lifetime max $350 per person	$250 per occurrence; lifetime max $500 per person
Reconstructive Surgery Benefit	$220-$2,000(25% of Anesthesia);no lifetime max	$350-$3,000(25% of Anesthesia);no lifetime max
Egg Harvesting and Storage (Cryopreservation) Benefit	$1,000 to oocytes extracted;$350 for storage; $1,350 lifetime max	$1,500 to oocytes extracted;$350 for storage; $1,350 lifetime max
Ambulance, Transportation, Lodging and other Benefits		
Ambulance Benefit	$250 ground or $2,000 air; no lifetime max	$250 ground or $2,000 air; no lifetime max
Transportation Benefit	$0.40 per mile; max $1,200 per round trip; no lifetime max	$0.50 per mile; max $1,500 per round trip; no lifetime max
Lodging Benefit	$65 per day; limited 90 days per year	$80 per day; limited 90 days per year
Bone Marrow Donor Screening Benefit	$40; limited to one benefit per Covered; per lifetime	$40; limited to one benefit per Covered; per lifetime

OPTIONAL SPECIFIED HEALTH EVENT WITH FIRST-OCCURENCE BUILDING BENEFIT AND RECOVERY BENEFIT

CC

RIDER SUMMARY PAGE

Rider NY78056

Added protection for you and your family

Like many people, you probably have insurance to cover burglaries, fires, auto accidents, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack or stroke–an event that knocked you off your feet or even changed your life forever?

You may think you're already protected by major medical insurance. Think again. Major medical coverage pays doctor and hospital bills, not out-of-pocket expenses. Nor does it pay cash benefits that can be used to help with expenses, such as car payments, the mortgage or rent, and utility bills–bills that would be difficult, if not impossible, to pay if your income suddenly stopped due to illness or injury. This optional rider complements your major medical coverage and helps provide the peace of mind that comes from knowing you and your family are protected.

HOW IT WORKS

SPECIFIED HEALTH EVENT rider coverage is selected. ›

Policyholder suffers a stroke and is hospitalized. ›

After leaving the hospital, the policyholder receives speech and physical therapy. ›

SPECIFIED HEALTH EVENT rider coverage provides the following:

$10,700
TOTAL BENEFITS

The above example is based on a scenario for Aflac Specified Health Event with First-Occurrence Building Benefit and Recovery Benefit Rider that includes the following benefit conditions: Stroke (First-Occurrence Benefit) of $5,000, Hospital Confinement Benefit (5 days) of $1,200, Continuing Care Benefit (30 days) of $3,750, ground ambulance transportation (Ambulance Benefit) of $250, Specified Health Event Recovery Benefit (one month) of $500.

THE FACTS:

FACT NO. 1
ABOUT EVERY
34 seconds
AN AMERICAN SUFFERS A HEART ATTACK.[1]

FACT NO. 2
ON AVERAGE, EVERY
40 seconds
SOMEONE IN THE UNITED STATES HAS A STROKE.[1]

[1]*Heart Disease and Stroke Statistics*, 2012 Update, American Heart Association.

The rider becomes part of the policy and is subject to all policy provisions, unless modified herein.

SPECIFIED HEALTH EVENTS COVERED BY THE SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND RECOVERY BENEFIT RIDER INCLUDE:

End-Stage Renal Failure	**Heart Attack**	**Stroke**	**Sudden Cardiac Arrest**

WHAT WE WILL PAY

FIRST-OCCURRENCE BENEFIT

Aflac will pay $5,000 for the insured, $5,000 for the Spouse, or $7,500 for Dependent Children when a Covered Person is first diagnosed as having had a Specified Health Event. This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in the rider. Lifetime maximum is $5,000 per Covered Person for the named insured/Spouse. Lifetime maximum is $7,500 per Covered Person for Dependent Children.

FIRST-OCCURRENCE BUILDING BENEFIT

The First-Occurrence Benefit will be increased by $500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the limitations and exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

REOCCURRENCE BENEFIT

Aflac will pay $2,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event. For the Reoccurrence Benefit to be payable, the Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFIT

Aflac will pay $240 per day for each day a Covered Person is confined and requires hospital confinement for the treatment of a covered Specified Health Event. This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

CONTINUING CARE BENEFIT

Aflac will pay $125 each day a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Specified Health Event:

- Dialysis
- Dietary Therapy/Consultation
- Extended Care
- Home Health Care
- Hospice Care
- Nursing Home Care
- Occupational Therapy
- Physical Therapy
- Physician Visits
- Rehabilitation Therapy
- Respiratory Therapy
- Speech Therapy

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is $125 regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

AMBULANCE BENEFIT

Aflac will pay $250 if, due to a covered Specified Health Event a Covered Person requires ground ambulance transportation to or from a hospital. ***Aflac will pay $2,000*** if, due to a covered Specified Health Event, a Covered Person requires air ambulance transportation. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

TRANSPORTATION BENEFIT

Aflac will pay 50 cents per mile for transportation of a Covered Person for the round-trip distance between the hospital or medical facility and the residence of the Covered Person if a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to $1,500 per occurrence of a covered Specified Health Event. Transportation benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. This benefit is not payable for transportation to any hospital located within a 50-mile radius of the residence of the Covered Person. No lifetime maximum.

LODGING BENEFIT

Aflac will pay $60 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Specified Health Event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

SPECIFIED HEALTH EVENT RECOVERY BENEFIT

Aflac will pay $500 per month while a Covered Person remains in specified health event recovery upon receipt of written proof of loss from that person's Physician. For periods of specified health event recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

A Covered Person will be considered in specified health event recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event or if he or she is unable to engage in the duties of his or her regular occupation due to a covered Specified Health Event. Specified Health Event includes Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring after the Effective Date of the rider.

WAIVER OF PREMIUM BENEFIT

EMPLOYED: If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

NOT EMPLOYED: If you, due to a Specified Health Event, are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac will waive, from month to month, any premiums, for the rider, falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS

A pre-existing condition is a sickness for which, within the six-month period before the Effective Date of coverage, medical advice or treatment was recommended or received from a Physician. Benefits for a Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective Date will be covered.

LIMITATIONS AND EXCLUSIONS

The limitations and exclusions listed in the policy do not apply to the rider. Only the limitations and exclusions listed below apply to the rider.

Aflac will not pay benefits for a Specified Health Event that is caused by a Pre-Existing Condition unless the Specified Health Event occurs more than 30 days after the Effective Date. Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

The rider does not cover losses or confinements caused by or resulting from a Covered Person's:

- Sustaining or contracting any loss, directly or indirectly, due to being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
- Intentionally self inflicting bodily injury or attempting suicide;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto. (If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend the rider during a period of active duty that does not exceed more than five years. When you notify us to suspend the rider, we will refund any premium paid for coverage after the date we receive the notice. We will reinstate the rider, if the policy to which it is attached is currently inforce, when your active duty ends without evidence of insurability when we receive (1) your written request to reinstate the rider, and (2) the premium for the period from the date your active service ends to the next premium due date. The reinstated rider will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement.) (In this case, you must comply with the reinstatement provision.)

TERMS YOU NEED TO KNOW

EFFECTIVE DATE: the Effective Date of the rider is as stated in the Policy Schedule.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the Effective Date of the rider. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of Heart Attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

SPECIFIED HEALTH EVENT: Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated on or after the Effective Date of the rider. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head Injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

SUDDEN CARDIAC ARREST: sudden unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, Sudden Cardiac Arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the rider. Sudden Cardiac Arrest is not a Heart Attack.

TERMINATION: the rider will terminate upon the earlier of the termination of the policy to which it is attached, or if the failure to pay premiums for the rider are not paid.

THIS RIDER SUMMARY PAGE IS INTENDED TO ACCOMPANY THE NY78000 POLICY BROCHURES.
REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.

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