

► **Peace of Mind *and*  
Real Cash Benefits**



**AFLAC DENTAL INSURANCE -  
SUPPLEMENTAL PLAN**

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# AFLAC DENTAL INSURANCE - SUPPLEMENTAL PLAN

Policy Series A82000  
This brochure accompanies Schedule of Dental Procedures A82ES75SCHR1FLR.



## Smile.

The best way to maintain or improve your smile is to brush and floss your teeth daily, visit your dentist, and apply for an Aflac Dental-Supplemental Plan.

Aflac Dental-Supplemental Plan provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your policy; Aflac Dental-Supplemental Plan gives you control.

- **You choose your dentist.** Because Aflac Dental-Supplemental Plan doesn't use a network of dentists, you can go to any dentist you choose.
- **You and your dentist choose the best treatment for you.** Aflac Dental-Supplemental Plan doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.<sup>1</sup>

Aflac Dental-Supplemental Plan is different from many other dental plans you may have seen.

- **You know what you're getting with Aflac Dental-Supplemental Plan.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental-Supplemental Plan doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental-Supplemental Plan pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.<sup>2</sup>

With Aflac Dental-Supplemental Plan's **Annual Maximum Building Benefit**, you can receive even more benefits. Aflac will increase each covered person's policy year maximum by \$150 after each 12 consecutive months the policy is in force up to a maximum of \$750 per covered person.

<sup>1</sup>Subject to applicable waiting periods.  
<sup>2</sup>If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental-Supplemental Plan pays benefits for seven categories of dental treatments and hundreds of procedures. The benefit amounts within each category vary based on the procedure received and are subject to a policy year maximum. Benefit amounts and the policy year maximum are per covered person.

BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$25–\$45
Fillings and Basic Services	3 Months	\$25–\$390
Pain Management and Adjunctive Services	3 Months	\$45–\$215
Other Preventive Services	6 Months	\$30–\$175
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$40–\$1,300
Crowns and Major Services	12 Months	\$30–\$605
Major Prosthetic Services	24 Months	\$75–\$780
POLICY YEAR MAXIMUM		\$2,100

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY.  
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.  
FOR MORE INFORMATION ABOUT THE BENEFITS AVAILABLE, PLEASE SEE THE SCHEDULE OF DENTAL PROCEDURES.  
AFLAC HEREIN MEANS AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS.



## TERMS YOU NEED TO KNOW

**COVERED PERSON:** Covered person includes any person insured under the coverage type you applied for.

Please see the Schedule of Dental Procedures for a complete and comprehensive definition.

**GUARANTEED-RENEWABLE:** The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

**POLICY YEAR MAXIMUM:** The policy year maximum is the total dollar amount of benefits payable per policy year, per covered person.

**WAITING PERIOD:** The waiting period is the period after the effective date of coverage for which benefits are not payable. If the policy is reinstated, all covered persons will be subject to new waiting periods beginning with the date of reinstatement. If a dependent is added by endorsement, the waiting period for such dependent will begin on the effective date of the addition. The waiting period will vary based on the benefit category.

## WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health; repairs to dental work within six months of the initial work; treatment received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued; or treatment received prior to the effective date of coverage or treatment received during a benefit's waiting period.

No benefits will be paid for replacement of teeth missing before the effective date of coverage.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a 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.

Please see the Schedule of Dental Procedures for procedure-specific limitations and exclusions.

## SCHEDULE OF DENTAL PROCEDURES

### This schedule accompanies Essentials Plan Brochure A82ES75RFL.

#### TERMS YOU NEED TO KNOW

**COVERED PERSON:** Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 60 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care who are under age 26.

**EFFECTIVE DATE:** The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

#### WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from:

- Replacement prosthetics within five years of last placement.
- Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
- Replacement for inlays or onlays for a given tooth within five years of last placement.
- A dentist's or dental practice's failure to comply with the current ADA coding\* convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

#### WHAT WE WILL PAY

Aflac will pay the following benefits when a charge is incurred for covered dental treatment that is received while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac will pay the amount shown in the Schedule of Dental Procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on the current ADA coding convention.

##### A. PREVENTIVE BENEFITS

1. **Dental Wellness Benefit:** This benefit is payable for you or any Covered Person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

*\*Current Dental Terminology © 2008 American Dental Association. All rights reserved.*

**THIS SCHEDULE OF DENTAL PROCEDURES IS FOR ILLUSTRATIVE PURPOSES ONLY.  
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**Underwritten by:  
American Family Life Assurance Company of Columbus**

## 1. Dental Wellness Benefit – continued

ADA Code	Description	Amount
D0120	Periodic Oral Evaluation	\$30
D0145	Oral Evaluation for Patient Wellness	30
D0150	Comprehensive Oral Evaluation (new or established patient)	30
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	30
D0170	Re-Evaluation – Limited, Problem (established patient; not postoperative visit)	30
D0180	Comprehensive Periodontal Evaluation (new or established patient)	30
D0425	Caries Susceptibility Tests	30
D1110	Prophylaxis (adult)	30
D1120	Prophylaxis (child)	30
D1203	Topical Application of Fluoride (child, prophylaxis not included)	30
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	30
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	30
D1310	Nutritional Counseling for Control of Dental Disease	30
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	30
D1330	Oral Hygiene Instructions	30
D4910	Periodontal Maintenance	30
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)	30
D9910	Application of Desensitizing Medicament	30

- 2. X-Ray Benefit:** This benefit is payable for you or any Covered Person for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

ADA Code	Description	Amount
D0210	Intraoral (complete series, including bitewings)	\$15
D0220	Intraoral (periapical, first film)	15
D0230	Intraoral (periapical, each additional film)	15
D0240	Intraoral (occlusal film)	15
D0250	Extraoral (first film)	15
D0260	Extraoral (each additional film)	15
D0270	Bitewing (single film)	15
D0272	Bitewings (two films)	15
D0273	Bitewings (three films)	15
D0274	Bitewings (four films)	15
D0277	Vertical Bitewings (seven to eight films)	15
D0330	Panoramic Film	15
D0340	Cephalometric Film	15

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of \$1,400 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a dentist.

- B. ANNUAL MAXIMUM BUILDING BENEFIT:** Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of the policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.
- C. FILLINGS AND BASIC SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefit D0140 is payable only for visits where no other covered services are performed.

**C. FILLINGS AND BASIC SERVICES – continued**

ADA Code	Description	Amount
D0140	Limited Oral Evaluation	\$25
D0290	Posterior/Anterior or Lateral Skull and Facial Bone Survey Film	70
D0310	Sialography	185
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic Test for Susceptibility to Oral Diseases	15
D0431	Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy	15
D0460	Pulp Vitality Tests	20
D0470	Diagnostic Casts	25
D2140	Amalgam (one surface)	
	Primary	35
	Permanent	55
D2150	Amalgam (two surfaces)	
	Primary	35
	Permanent	60
D2160	Amalgam (three surfaces)	
	Primary	50
	Permanent	65
D2161	Amalgam (four or more surfaces)	
	Primary	55
	Permanent	70
D2330	Resin-Based Composite (one surface, anterior)	50
D2331	Resin-Based Composite (two surfaces, anterior)	60
D2332	Resin-Based Composite (three surfaces, anterior)	65
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	70
D2390	Resin-Based Composite Crown (anterior)	70
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	35
	Permanent	50
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	55
	Permanent	60
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	60
	Permanent	65
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	60
	Permanent	65
D2410	Gold Foil (one surface)	230
D2420	Gold Foil (two surfaces)	260

**D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	90
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	90

**D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued**

D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$90
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	140
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
D9410	House/Extended-Care Facility Call	30
D9420	Hospital Call	30
D9440	Office Visit (after regularly scheduled hours)	30
D9450	Case Presentation, Detailed and Extensive Treatment Planning	30

**E. OTHER PREVENTIVE SERVICES:** Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D1351	Sealant (per tooth)	\$20
D1510	Space Maintainer (fixed, unilateral)	95
D1515	Space Maintainer (fixed, bilateral)	115
D1520	Space Maintainer (removable, unilateral)	95
D1525	Space Maintainer (removable, bilateral)	115
D1550	Recementation of Space Maintainer	45
D1555	Removal of Fixed Space Maintainer	95

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR:** Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$150
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	55
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	150
D4231	Anatomical Crown Exposure (one to three teeth per quadrant)	55
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	260
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	260
D4249	Clinical Crown Lengthening (hard tissue)	290
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	290
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	290
D4263	Bone Replacement Graft (first site in quadrant)	320
D4264	Bone Replacement Graft (each additional site in quadrant)	260
D4270	Pedicle Soft Tissue Graft Procedure	320
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	320
D4273	Subepithelial Connective Tissue Graft Procedures	345
D4275	Soft Tissue Allograft	320
D4320	Provisional Splinting (intracoronal)	175
D4321	Provisional Splinting (extracoronal)	130
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	70
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	70
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	65
D5410	Adjust Complete Denture (maxillary)	25
D5411	Adjust Complete Denture (mandibular)	25

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued**

D5421	Adjust Partial Denture (maxillary)	\$25
D5422	Adjust Partial Denture (mandibular)	25
D5510	Repair Broken Complete Denture Base	55
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	50
D5610	Repair Resin Denture Base	55
D5620	Repair Cast Framework	70
D5630	Repair or Replace Broken Clasp	60
D5640	Replace Broken Teeth (per tooth)	50
D5650	Add Tooth to Existing Partial Denture	55
D5660	Add Clasp to Existing Partial Denture	70
D5710	Rebase Complete Maxillary Denture	150
D5711	Rebase Complete Mandibular Denture	200
D5720	Rebase Maxillary Partial Denture	200
D5721	Rebase Mandibular Partial Denture	200
D5730	Reline Complete Maxillary Denture (chairside)	95
D5731	Reline Complete Mandibular Denture (chairside)	95
D5740	Reline Maxillary Partial Denture (chairside)	105
D5741	Reline Mandibular Partial Denture (chairside)	105
D5750	Reline Complete Maxillary Denture (laboratory)	130
D5751	Reline Complete Mandibular Denture (laboratory)	130
D5760	Reline Maxillary Partial Denture (laboratory)	150
D5761	Reline Mandibular Partial Denture (laboratory)	150
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular)	50
D6090	Repair of Implanted Supported Prosthetic, by Report	130
D6091	Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment)	130
D6092	Recement Implant/Abutment-Supported Crown	130
D6093	Recement Implant/Abutment-Supported Fixed Partial Denture	130
D6095	Repair of Implanted Abutment, by Report	130
D6100	Implant Removal, by Report	45
D6930	Recement Fixed Partial Denture	45
D7111	Coronal Remnants (deciduous tooth)	45
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	85
D7220	Removal of Impacted Tooth (soft tissue)	100
D7230	Removal of Impacted Tooth (partially bony)	140
D7240	Removal of Impacted Tooth (completely bony)	150
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	175
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	85
D7260	Oroantral Fistula Closure	210
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	210
D7280	Surgical Access of an Unerupted Tooth	230
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	75
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	75
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	435
D7286	Biopsy of Oral Tissue – Soft (all others)	175
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	75
D7311	Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	75
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	95



**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued**

D7321	Alveoloplasty Not in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	\$95
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	865
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	805
D7410	Excision of Benign Lesion (up to 1.25 cm)	605
D7411	Excision of Benign Lesion (greater than 1.25 cm)	605
D7412	Excision of Benign Lesion (complicated)	605
D7413	Excision of Malignant Lesion (up to 1.25 cm)	750
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	750
D7415	Excision of Malignant Lesion (complicated)	750
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	750
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	750
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	605
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	605
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	605
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	605
D7471	Removal of Lateral Exostosis (maxilla or mandible)	435
D7472	Removal of Torus Palatinus	435
D7473	Removal of Torus Mandibularis	435
D7485	Surgical Reduction of Osseous Tuberosity	490
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	115
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	520
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	520
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	520
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	210
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	805
D7610	Maxilla (open reduction; teeth immobilized, if present)	805
D7620	Maxilla (closed reduction; teeth immobilized, if present)	805
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	95
D7650	Malar and/or Zygomatic Arch (open reduction)	805
D7660	Malar and/or Zygomatic Arch (closed reduction)	635
D7670	Alveolus (closed reduction, may include stabilization of teeth)	835
D7671	Alveolus (open reduction, may include stabilization of teeth)	405
D7710	Maxilla (open reduction)	805
D7720	Maxilla (closed reduction)	805
D7730	Mandible (open reduction)	95
D7740	Mandible (closed reduction)	95
D7750	Malar and/or Zygomatic Arch (open reduction)	345
D7760	Malar and/or Zygomatic Arch (closed reduction)	345
D7770	Alveolus (open reduction stabilization of teeth)	405
D7771	Alveolus (closed reduction stabilization of teeth)	835
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	95
D7963	Frenuloplasty	95
D7970	Excision of Hyperplastic Tissue (per arch)	95
D7971	Excision of Pericoronal Gingiva	85
D9120	Fixed Partial Denture Sectioning	45

**G. CROWNS AND MAJOR SERVICES:** Benefits in this category are subject to a 12-month Waiting Period.

ADA Code	Description	Amount
D2510	Inlay (metallic, one surface)	\$220
D2520	Inlay (metallic, two surfaces)	260
D2530	Inlay (metallic, three or more surfaces)	405
D2542	Onlay (metallic, two surfaces)	260
D2543	Onlay (metallic, three surfaces)	290
D2544	Onlay (metallic, four or more surfaces)	320
D2610	Inlay (porcelain/ceramic, one surface)	230
D2620	Inlay (porcelain/ceramic, two surfaces)	260
D2630	Inlay (porcelain/ceramic, three or more surfaces)	405
D2642	Onlay (porcelain/ceramic, two surfaces)	290
D2643	Onlay (porcelain/ceramic, three surfaces)	320
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375
D2650	Inlay (resin-based composite, one surface)	210
D2651	Inlay (resin-based composite, two surfaces)	230
D2652	Inlay (resin-based composite, three or more surfaces)	290
D2662	Onlay (resin-based composite, two surfaces)	260
D2663	Onlay (resin-based composite, three surfaces)	290
D2664	Onlay (resin-based composite, four or more surfaces)	290
D2710	Crown (resin, indirect)	175
D2712	Crown (3/4 resin-based composite, indirect)	175
D2720	Crown (resin with high noble metal)	290
D2721	Crown (resin with predominantly base metal)	290
D2722	Crown (resin with noble metal)	290
D2740	Crown (porcelain/ceramic substrate)	290
D2750	Crown (porcelain fused to high noble metal)	290
D2751	Crown (porcelain fused to predominantly base metal)	290
D2752	Crown (porcelain fused to noble metal)	290
D2780	Crown (3/4-cast high noble metal)	290
D2781	Crown (3/4-cast predominantly base metal)	290
D2782	Crown (3/4-cast noble metal)	290
D2783	Crown (3/4-porcelain/ceramic)	290
D2790	Crown (full-cast high noble metal)	290
D2791	Crown (full-cast predominantly base metal)	290
D2792	Crown (full-cast noble metal)	290
D2794	Crown (titanium)	290
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	35
D2920	Recement Crown	35
D2930	Prefabricated Stainless Steel Crown (primary tooth)	75
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932	Prefabricated Resin Crown	115
D2933	Prefabricated Stainless Steel Crown With Resin Window	130
D2934	Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth)	75
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins)	75
D2951	Pin Retention (per tooth, in addition to restoration)	20
D2952	Cast Post and Core (in addition to crown)	110
D2954	Prefabricated Post and Core (in addition to crown)	115
D2955	Post Removal (not in conjunction with endodontic therapy)	90
D2970	Temporary Crown (fractured tooth)	90
D2980	Crown Repairs, by Report	145
D3110	Pulp Cap (direct, excluding final restoration)	20

**G. CROWNS AND MAJOR SERVICES – continued**

D3120	Pulp Cap (indirect, excluding final restoration)	\$20
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinoenamel Junction and Application of Medicament	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	55
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	55
D3310	Anterior (excluding final restoration, root canal)	175
D3320	Bicuspid (excluding final restoration, root canal)	230
D3330	Molar (excluding final restoration, root canal)	290
D3346	Retreatment of Previous Root Canal Therapy (anterior)	150
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	210
D3348	Retreatment of Previous Root Canal Therapy (molar)	260
D3351	Apexification/Recalcification (initial visit; apical closure/calific repair of perforations, root resorption, etc.)	150
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calific repair of perforations, root resorption, etc.)	35
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calific repair of perforations, root resorption, etc.)	75
D3410	Apicoectomy/Periradicular Surgery (anterior)	165
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	320
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	345
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130
D3430	Retrograde Filling (per root)	95
D3450	Root Amputation (per root)	185
D3920	Hemisection (including any root removal; not including root canal therapy)	140
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	65

**H. MAJOR PROSTHETIC SERVICES:** Benefits in this category are subject to a 24-month Waiting Period.

ADA Code	Description	Amount
D5110	Complete Denture (maxillary)	\$405
D5120	Complete Denture (mandibular)	405
D5130	Immediate Denture (maxillary)	405
D5140	Immediate Denture (mandibular)	405
D5211	Maxillary Partial Denture (resin base, including any conventional clasps, rests, and teeth)	290
D5212	Mandibular Partial Denture (resin base, including any conventional clasps, rests, and teeth)	290
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	435
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	435
D5225	Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth)	435
D5226	Mandibular Partial Denture (flexible base, including any clasps, rests, and teeth)	435
D5281	Removable Unilateral Partial Denture (one-piece cast metal, including clasps and teeth)	345
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	50
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	50
D5810	Interim Complete Denture (maxillary)	260
D5811	Interim Complete Denture (mandibular)	260
D5820	Interim Partial Denture (maxillary)	200
D5821	Interim Partial Denture (mandibular)	210
D6010	Surgical Placement of Implant Body: Endosteal Implant	520
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	520

## H. MAJOR PROSTHETIC SERVICES – continued

D6040	Surgical Placement: Eposteal Implant	\$520
D6050	Surgical Placement: Transosteal Implant	520
D6056	Prefabricated Abutment (includes placement)	520
D6057	Custom Abutment (includes placement)	520
D6058	Abutment-Supported Porcelain/Ceramic Crown	290
D6059	Abutment-Supported Porcelain Fused to Metal Crown (high noble metal)	290
D6060	Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal)	290
D6061	Abutment-Supported Porcelain Fused to Metal Crown (noble metal)	290
D6062	Abutment-Supported Cast Metal Crown (high noble metal)	290
D6063	Abutment-Supported Cast Metal Crown (predominantly base metal)	290
D6064	Abutment-Supported Cast Metal Crown (noble metal)	290
D6065	Implant-Supported Porcelain/Ceramic Crown	290
D6066	Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	290
D6067	Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal)	290
D6068	Abutment-Supported Retainer for Porcelain/Ceramic FPD	290
D6069	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	290
D6070	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	290
D6071	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	290
D6072	Abutment-Supported Retainer for Cast Metal FPD (high noble metal)	290
D6073	Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal)	290
D6074	Abutment-Supported Retainer for Cast Metal FPD (noble metal)	290
D6075	Implant-Supported Retainer for Ceramic FPD	290
D6076	Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	290
D6077	Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	290
D6078	Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch	290
D6079	Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch	290
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	175
D6094	Abutment-Supported Crown (titanium)	290
D6194	Abutment-Supported Retainer Crown for FPD (titanium)	290
D6205	Pontic (indirect resin-based composite)	290
D6210	Pontic (cast high noble metal)	290
D6211	Pontic (cast predominantly base metal)	290
D6212	Pontic (cast noble metal)	290
D6214	Pontic (titanium)	290
D6240	Pontic (porcelain fused to high noble metal)	290
D6241	Pontic (porcelain fused to predominantly base metal)	290
D6242	Pontic (porcelain fused to noble metal)	290
D6245	Pontic (porcelain/ceramic)	290
D6250	Pontic (resin with high noble metal)	290
D6251	Pontic (resin with predominantly base metal)	290
D6252	Pontic (resin with noble metal)	290
D6253	Provisional Pontic	290
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	165
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	165
D6600	Inlay (porcelain/ceramic, two surfaces)	260
D6601	Inlay (porcelain/ceramic, three or more surfaces)	405
D6602	Inlay (cast high noble metal, two surfaces)	345
D6603	Inlay (cast high noble metal, three or more surfaces)	375
D6604	Inlay (cast predominantly base metal, two surfaces)	345

**H. MAJOR PROSTHETIC SERVICES – continued**

D6605	Inlay (cast predominantly base metal, three or more surfaces)	\$375
D6606	Inlay (cast noble metal, two surfaces)	345
D6607	Inlay (cast noble metal, three or more surfaces)	375
D6608	Onlay (porcelain/ceramic, two surfaces)	290
D6609	Onlay (porcelain/ceramic, three or more surfaces)	320
D6610	Onlay (cast high noble metal, two surfaces)	375
D6611	Onlay (cast high noble metal, three or more surfaces)	405
D6612	Onlay (cast predominantly base metal, two surfaces)	375
D6613	Onlay (cast predominantly base metal, three or more surfaces)	405
D6614	Onlay (cast noble metal, two surfaces)	375
D6615	Onlay (cast noble metal, three or more surfaces)	405
D6624	Inlay (titanium)	375
D6634	Onlay (titanium)	405
D6710	Crown (indirect resin-based composite)	290
D6720	Crown (resin with high noble metal)	290
D6721	Crown (resin with predominantly base metal)	290
D6722	Crown (resin with noble metal)	290
D6740	Crown (porcelain/ceramic)	290
D6750	Crown (porcelain fused to high noble metal)	290
D6751	Crown (porcelain fused to predominantly base metal)	290
D6752	Crown (porcelain fused to noble metal)	290
D6780	Crown (3/4-cast high noble metal)	290
D6781	Crown (3/4-cast predominantly base metal)	290
D6782	Crown (3/4-cast noble metal)	290
D6783	Crown (3/4-porcelain/ceramic)	290
D6790	Crown (full-cast high noble metal)	290
D6791	Crown (full-cast predominantly base metal)	290
D6792	Crown (full-cast noble metal)	290
D6793	Provisional Retainer Crown	290
D6794	Crown (titanium)	290
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	150
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	115
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	260

American Family Life Assurance Company of Columbus  
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American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# Aflac Cancer Protection Assurance

## CANCER INDEMNITY INSURANCE – OPTION 2

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

# AFLAC CANCER PROTECTION ASSURANCE

## CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000



### **Aflac Cancer Protection Assurance: real coverage when you need it most.**

Cancer treatment is changing—and Aflac is proud to be changing with it. Aflac Cancer Protection Assurance helps cover innovative treatments with benefits that really care for you as a whole person.

From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.\*

Of course, you hope you'll never get it. But for many—and for certain types of cancer—advances in science and treatment have transformed cancer into an illness that can be managed over a lifetime.



\*Coverage remains in force as long as premiums are paid.

Aflac herein means American Family Life Assurance Company of Columbus.



**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned. 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 can be expensive.

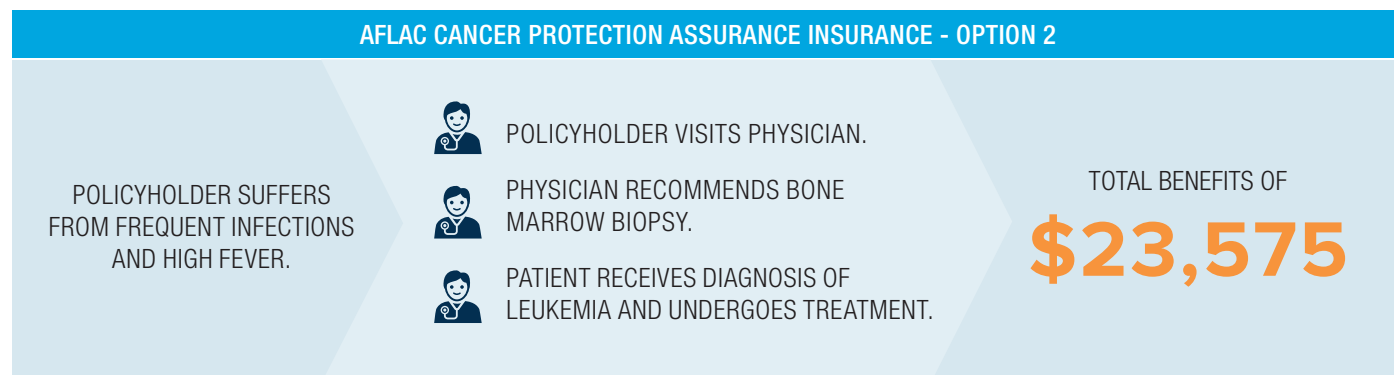
Major medical may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life. 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.

**We'll see you all the way through treatment.** If you're diagnosed with cancer, we offer benefits that you can count on. 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**



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, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit [aflac.com](http://aflac.com).

## Benefits overview 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 internal cancer or an associated cancerous condition
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
SURGICAL/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 INTERNAL 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 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		
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:		
	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 internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

American Family Life Assurance Company of Columbus  
(herein referred to as Aflac)  
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Toll-Free 1.800.99.AFLAC (1.800.992.3522)  
Visit our website at aflac.com

The policy described in this Outline of Coverage provides supplemental coverage  
and will be issued only to supplement insurance already in force.

**LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE**  
**Outline of Coverage for Policy Form Series B70200**  
**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” furnished by Aflac.

- (1) **Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) **Cancer Insurance Coverage** is designed to supplement a Covered Person’s existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (3) **Benefits:** Aflac will pay the following benefits, as applicable, while coverage is in force, subject to all other limitations and exclusions, conditions, and provisions of the policy, unless indicated otherwise. All treatments listed below must be National Cancer Institute (NCI) or Food and Drug Administration (FDA) approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

**CANCER SCREENING BENEFIT:** Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:

mammogram • breast ultrasound • breast MRI • thermography • CA15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Pap smear/ThinPrep • PSA (blood test for prostate cancer) • CEA (blood test for colon cancer) • P32 uptake serum protein electrophoresis (blood test for multiple myeloma) • testicular ultrasound • transrectal ultrasound • abdominal ultrasound • flexible sigmoidoscopy • colonoscopy • virtual colonoscopy • cystoscopy • colposcopy • bronchoscopy • mediastinoscopy • esophagoscopy • sigmoidoscopy • proctosigmoidoscopy • gastroscopy • laryngoscopy • chest X-ray • computerized tomography (CT or CAT scan) • magnetic resonance imaging (MRI) • bone scan • thyroid scan • multiple gated acquisition (MUGA) scan • positron emission tomography (PET) scan • biopsy • hemoccult stool specimen (lab confirmed) • Genetic Testing • bone marrow donor screening • cancer vaccine

This benefit is limited to one \$75 payment per Calendar Year, per Covered Person, with no Positive Medical Diagnosis. If a Covered Person receives a Positive Medical Diagnosis for Internal Cancer or an Associated Cancerous Condition, this benefit will pay up to a total of three \$75 payments per Calendar Year for screenings performed on such Covered Person. Screenings must be administered by licensed medical personnel. Except for Genetic Testing, bone marrow donor screening, and cancer vaccine, the screening must be performed for the purpose of determining whether Cancer or an Associated Cancerous Condition exists in a Covered Person. No lifetime maximum.

**PROPHYLACTIC SURGERY BENEFIT (DUE TO A POSITIVE GENETIC TEST RESULT):** Aflac will pay \$250 when a Covered Person has surgery due to a positive test result received for a genetic alteration or mutation associated with a hereditary Cancer syndrome and such surgery is recommended by a Physician. The Genetic Testing must be performed while coverage is in force.

**This benefit is payable once per Covered Person, per lifetime.**

**CANCER DIAGNOSIS BENEFITS:**

**INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while the policy is in force, subject to the Limitations and Exclusions.

Named Insured or Spouse	\$4,000
Dependent Child	\$8,000

**This benefit is payable once per Covered Person, per lifetime.** In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

**ADDITIONAL OPINION BENEFIT:** Aflac will pay \$300 when a charge is incurred for an additional surgical opinion from a Physician or an evaluation or consultation with a Physician for the purpose of determining the appropriate course of treatment for a covered Internal Cancer or Associated Cancerous

Condition. This benefit is payable once per Covered Person, per lifetime.

#### **CANCER TREATMENT BENEFITS:**

##### **NONSURGICAL TREATMENT BENEFITS:**

##### **RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY, OR EXPERIMENTAL CHEMOTHERAPY BENEFIT:**

**SELF-ADMINISTERED:** Aflac will pay \$250 once per Calendar Month for which a Covered Person receives and incurs a charge for self-administered Physician-prescribed Chemotherapy, Immunotherapy, or Experimental Chemotherapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

**PHYSICIAN-ADMINISTERED:** Aflac will pay \$1,200 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy administered by a member of the medical profession in a Medical Facility as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

This benefit is limited to one self-administered treatment and one physician-administered treatment per Calendar Month. After this benefit has been paid for 12 Calendar Months, Aflac will require annual documentation from the attending Physician certifying that the Cancer or Associated Cancerous Condition is still detectable and active in the body and is not in remission in order for this benefit to continue to be payable.

**HORMONAL THERAPY BENEFIT:** Aflac will pay \$25 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Therapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

**TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$150 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

See the Payment of Nonsurgical Treatment Benefits section for additional information.

##### **INDIRECT/ADDITIONAL THERAPY BENEFITS:**

**ANTINAUSEA BENEFIT:** Aflac will pay \$100 once per Calendar Month for which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which a person receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy, the Calendar Month prior to such treatment, and the Calendar Month following such treatment. No lifetime maximum.

#### **STEM CELL AND BONE MARROW TRANSPLANTATION**

**BENEFIT:** Aflac will pay \$7,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation or a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Lifetime maximum of \$7,000 per Covered Person. In addition, Aflac will pay the Covered Person's donor an indemnity amount for his or her expenses as a result of the donation procedure as follows: \$100 for stem cell donation, or \$750 for bone marrow donation. This benefit is payable one time per Covered Person.

**BLOOD AND PLASMA BENEFIT:** Aflac will pay \$50 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition during a covered Hospital confinement. Aflac will pay \$175 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

##### **SURGICAL TREATMENT BENEFITS:**

**SURGERY/ANESTHESIA BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations in the policy when a Covered Person has a surgical procedure performed for the direct treatment of a covered Internal Cancer or Associated Cancerous Condition and a charge is incurred for such surgical procedure. If any surgical procedure for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the surgical procedure most nearly similar in severity and gravity.

**EXCEPTIONS:** Prophylactic Surgery and procedures payable under the Cancer Screening Benefit, Skin Cancer Surgery Benefit, or Reconstructive Surgery Benefit will not be payable under the Surgery/Anesthesia Benefit.

**The Surgery/Anesthesia Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid.**

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$4,250. No lifetime maximum on the number of operations.

**SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed



skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the amount listed below when a charge is incurred for the specific procedure. The amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 35
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**Surgeries OTHER THAN Laser or Cryosurgery:**

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

**PROPHYLACTIC SURGERY BENEFIT (WITH CORRELATING INTERNAL CANCER DIAGNOSIS):** Aflac will pay \$250 when, as recommended by a Physician due to a covered diagnosis of Internal Cancer or an Associated Cancerous Condition, one of the Prophylactic Surgeries shown below is performed on a Covered Person:

1. mastectomy due to a covered diagnosis of Internal Cancer other than breast Cancer;
2. oophorectomy due to a covered diagnosis of Internal Cancer other than ovarian Cancer; or
3. orchiectomy due to a covered diagnosis of Internal Cancer other than testicular Cancer.

**This benefit is payable once per Covered Person, per lifetime.**

**HOSPITALIZATION BENEFITS:**

**HOSPITAL CONFINEMENT BENEFITS:**

**HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below for each day the Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

**HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below for each day the Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$400
Dependent Child	\$500

**OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE**

**BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or

Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$200. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgery/Anesthesia Benefit. The maximum daily benefit will not exceed \$200. No lifetime maximum on number of operations.

**This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for the procedures listed in the Cancer Screening Benefit or any surgery performed in a Physician's office.**

**CONTINUING CARE BENEFITS:**

**EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives Hospital Confinement Benefits and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$100 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

**HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$100 per day when a charge is incurred for each such visit, subject to the following conditions:

1. The home health care or health supportive services must begin within seven days of release from the Hospital.
2. This benefit is limited to ten days per hospitalization for each Covered Person.
3. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
4. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.

5. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**This benefit is not payable the same day the Hospice Care Benefit is payable.**

**HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. Lifetime maximum for each Covered Person is \$12,000.

**This benefit is not payable the same day the Home Health Care Benefit is payable.**

**NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$100 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

**SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$2,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or an Associated Cancerous Condition treatment. Lifetime maximum of \$4,000 per Covered Person.

**The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.**

**NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$175 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically

implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$350 per Covered Person.

## **RECONSTRUCTIVE SURGERY BENEFIT:**

**BREAST RECONSTRUCTION:** Aflac will pay the amount listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or an Associated Cancerous Condition. The maximum daily benefit will not exceed \$2,000.

Breast Tissue/Muscle Reconstruction	
Flap Procedures	\$2,000
Breast Reconstruction (occurring within five years of breast Cancer diagnosis)	500
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	220
Permanent Areola Repigmentation	100

**OTHER RECONSTRUCTIVE SURGERY:** Aflac will pay the amount listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or an Associated Cancerous Condition. The maximum daily benefit will not exceed \$500.

Facial Reconstruction	\$ 500
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Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity. No lifetime maximum on number of operations.

**EGG HARVESTING, STORAGE (CRYOPRESERVATION), AND IMPLANTATION BENEFIT:** Aflac will pay \$1,000 for a Covered Person to have oocytes extracted and harvested due to a positive diagnosis of Internal Cancer or an Associated Cancerous Condition. In addition, Aflac will pay, one time per Covered Person, \$200 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to Chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Aflac will also pay \$200 for embryo transfer resulting from such stored oocyte(s) or sperm of a Covered Person. Lifetime maximum of \$1,400 per Covered Person.

**ANNUAL CARE BENEFIT:** Aflac will pay \$200 on the anniversary date of a Covered Person's diagnosis of a covered Internal Cancer or Associated Cancerous Condition for care other than the direct treatment of Cancer or an Associated Cancerous Condition to meet the Covered Person's physical,

emotional, spiritual, or social needs. Lifetime maximum of five annual \$200 payments per Covered Person.

#### **AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

**AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

**TRANSPORTATION BENEFIT:** Aflac will pay 40 cents per mile for transportation, up to a combined maximum of \$1,200, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition.

This benefit includes:

1. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or Medical Facility and the residence of the Covered Person.
2. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or Medical Facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,200 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

**THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

**LODGING BENEFIT:** Aflac will pay \$65 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or Medical Facility 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 90 days per Calendar Year.

#### **PREMIUM WAIVER BENEFIT:**

**WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more 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 falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

#### **(4) Optional Benefits:**

**INITIAL DIAGNOSIS BUILDING BENEFIT RIDER:**  
**(SERIES B70050) Applied for ☐ Yes ☐ No**

**INITIAL DIAGNOSIS BUILDING BENEFIT:** This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **If more than one unit has been purchased, the number of units purchased must be multiplied by \$100.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BUILDING BENEFIT** will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased for each Covered Person on the anniversary date of their coverage, while coverage 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 Initial Diagnosis Benefit in the policy to which the rider is attached. 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 Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of coverage, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.



### **Exceptions, Reductions, and Limitations of Rider Series B70050:**

The rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium paid for the rider, less any benefits paid under the rider.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of coverage under the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under the rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

### **DEPENDENT CHILD RIDER: (SERIES B70051)**

Applied for ☐ Yes ☐ No

**DEPENDENT CHILD BENEFIT:** Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while the rider is in force.

This benefit is payable under the rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

### **Exceptions, Reductions, and Limitations of Rider Series B70051:**

The rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium paid for the rider, less any benefits paid under the rider.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under the rider for a recurrence, extension, or**

**metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

### **SPECIFIED-DISEASE BENEFIT RIDER: (SERIES B70052)**

Applied for ☐ Yes ☐ No

**SPECIFIED-DISEASE INITIAL BENEFIT:** While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of coverage under the rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$2,000. This benefit is payable only once per Specified Disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THE RIDER.**

### **HOSPITAL CONFINEMENT BENEFITS:**

**HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for a covered Specified Disease for 30 days or less, Aflac will pay \$400 for each day the Covered Person is charged for a room as an inpatient.

**HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, Aflac will pay benefits as described above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$800 for each day the Covered Person is charged for a room as an inpatient.

### **Exceptions, Reductions, and Limitations of Rider Series B70052:**

Specified diseases must be first diagnosed by a Physician 30 days following the Effective Date of coverage under the rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If a Covered Person has a Specified Disease diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Specified Disease will apply only to treatment occurring after 120 days from the Effective Date of such person's coverage. At your option, you may elect to void the rider from its beginning and receive a full refund of premium paid for the rider, less any benefits paid under the rider.

### **(5) Payment of Nonsurgical Treatment Benefits:**

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of thirty days or less, then the payment under the applicable Nonsurgical Treatment Benefit is limited to the Calendar Month in which the medication was prescribed, received, and the Covered Person incurred a charge.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of thirty days or less is refilled during a Calendar

Month in which the stated amount under the applicable Nonsurgical Treatment Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional Calendar Month for which it has not previously been paid without requiring proof a Covered Person incurred a charge for the medication during that additional Calendar Month. Otherwise, if the prescription is refilled during a Calendar Month in which the stated amount under the applicable Nonsurgical Treatment Benefit has not been previously paid, then the benefit is limited to the Calendar Month in which the medication was prescribed, received, and the Covered Person incurred a charge.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional, consecutive Calendar Month without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Month.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for two additional, consecutive Calendar Months without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Months.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of more than thirty days is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for up to three additional, consecutive Calendar Months for which it has not previously been paid without requiring proof a Covered Person incurred a charge for the medication during the three additional, consecutive Calendar Months. Otherwise, if the prescription is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment Benefit has not been previously paid, then, so long as the Covered Person incurred a charge during the first Calendar Month of the prescription, for refills instructing a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional, consecutive Calendar Month without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Month, and for refills instructing a Covered Person to take the medication orally for a

period of more than sixty days but less than 91 days, we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for two additional, consecutive Calendar Months without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Months.

For injected treatment, the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit is payable one time per prescribed injection, but not more than one time per Calendar Month. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each month of continuous infusion of medications dispensed by a pump, implant, or patch.

If only Experimental Chemotherapy is payable during any Calendar Month, the benefit amount will be reduced 50% for Experimental Chemotherapy for which no charge is incurred. If a Covered Person received the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit at the reduced 50% amount and, later in the same Calendar Month, receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy where a charge is incurred, we will pay the difference between the 50% previously received and the Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Therapy Benefit.

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**(6) Exceptions, Reductions, and Limitations of the Policy (policy is not a daily hospital expense plan):**

Except as specifically provided in the Benefits section of the policy, Aflac will pay only for treatment of Cancer or Associated Cancerous Conditions, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.

The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition, or any recurrence, extension, or metastatic spread of that same Cancer or Associated Cancerous Condition will apply only to treatment occurring after 120 days from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.

The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition

diagnosed during the policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under the policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

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 for any loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.

Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.

#### **PRE-EXISTING CONDITION LIMITATIONS**

A "Pre-existing Condition" is an illness, disease, infection, or disorder for which, within the 24-month period before the

Effective Date of coverage, medication prescribed by a medical professional was taken or medical testing, medical advice, consultation, or treatment was recommended by or received from a medical professional, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment from a medical professional. Benefits for a loss that is caused by a Pre-existing Condition will not be covered unless the onset date is more than 24 months after the Effective Date of coverage.

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions Limitations, exclusive of any applicable waiting periods under the new coverage.

- (7) **Renewability:** The policy is guaranteed renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. We may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. We may change the premium we charge, but not specific to any one person. Any premium change will be made for all policies of the same form number and premium classification in the state in which the policy was sold that are then in force.

#### **RETAIN FOR YOUR RECORDS.**

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing you personal independence in everyday living. The ADLs are BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

**ASSOCIATED CANCEROUS CONDITION:** Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An associated cancerous condition must receive a positive medical diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered associated cancerous conditions.**

**CANCER:** Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease and melanoma. Cancer must receive a positive medical diagnosis.

**1. INTERNAL CANCER:** all cancers other than nonmelanoma skin cancer (see definition of nonmelanoma skin cancer).

**2. NONMELANOMA SKIN CANCER:** a cancer other than a melanoma that begins in the outer part of the skin (epidermis).

**Associated cancerous conditions, premalignant conditions or conditions with malignant potential will not be considered cancer.**

**COVERED PERSON:** Any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured for 30 days from the moment of birth. If you desire coverage for a newborn child to continue beyond the first 30 days and individual or named insured/spouse only coverage is in force, you must notify Aflac in writing within 31 days of the newborn child's birth that you want to change your coverage type to one-parent family or two-parent family coverage. Upon your notice, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of any additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability and who became so disabled prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care pursuant to a court order who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, a clinic or other such location.

Experimental chemotherapy does not include laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these experimental treatments.

The term hospital does not include any institution or part thereof used as an emergency room; an observation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational or rehabilitative care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

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

A stem cell transplantation does not include the bone marrow transplantation.

The diagnosis date is not the date the diagnosis is communicated to the covered person.

If nonmelanoma skin cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the covered person actually received treatment for nonmelanoma skin cancer.

If treatment for cancer or an associated cancerous condition is received in a U.S. government hospital, Aflac will not require a covered person to be charged for such services for benefits to be payable.





**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# OPTIONAL SPECIFIED-DISEASE BENEFIT

## RIDER SUMMARY PAGE

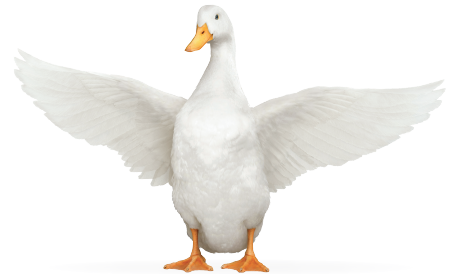
Policy Rider Series B70000



### PEACE OF MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

*The Specified-Disease Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.*



#### WHAT WE WILL PAY

##### SPECIFIED-DISEASE INITIAL BENEFIT

**Aflac will pay \$2,000** while coverage is in force if a covered person is first diagnosed with any of the covered specified diseases after the effective date of the rider. This benefit is payable only once per covered specified disease per covered person. No other benefits are payable for any covered specified disease not provided for in the rider.

##### HOSPITAL CONFINEMENT BENEFITS

**Aflac will pay \$400 per day** when a covered person is confined to a hospital for 30 days or less for a covered specified disease. During any continuous period of hospital confinement of 31 days or more for a covered specified disease, **Aflac will pay \$800 per day**, beginning on the 31st day of confinement.

#### DEFINITION OF COVERED DISEASES

Specified disease means one or more of the diseases listed below:

1. Adrenal hypofunction (Addison's disease)
2. Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
3. Botulism
4. Bubonic plague
5. Cerebral palsy
6. Cholera
7. Cystic fibrosis
8. Diphtheria
9. Encephalitis (including encephalitis contracted from West Nile virus)
10. Huntington's chorea
11. Lyme disease
12. Malaria
13. Meningitis (bacterial)
14. Multiple sclerosis
15. Muscular dystrophy
16. Myasthenia gravis
17. Necrotizing fasciitis
18. Osteomyelitis
19. Polio





- 20. Rabies
- 21. Reye's syndrome
- 22. Scleroderma
- 23. Sickle cell anemia
- 24. Systemic lupus
- 25. Tetanus
- 26. Toxic shock syndrome

- 27. Tuberculosis
- 28. Tularemia
- 29. Typhoid fever
- 30. Variant Creutzfeldt-Jakob disease (mad cow disease)
- 31. Yellow fever

For benefits to be paid, these specified diseases must be first diagnosed by a physician 30 days following the effective date of the rider. The diagnosis must be made by and upon a tissue specimen, culture(s) and/or titer(s). If any

of these diseases are diagnosed prior to the rider being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after the rider has been in force 120 days.

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#### TERMS YOU NEED TO KNOW

##### EFFECTIVE DATE

The effective date of the rider is as stated in the Policy Schedule.

##### TERMINATION

The rider will terminate if the policy to which it is attached terminates, if the premium for the rider is not paid, or our receipt of your written request to cancel the rider, subject to section 125 of the Internal Revenue Code, if applicable.

**REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS,  
DETAILS, LIMITATIONS AND EXCLUSIONS.**



**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of Columbus  
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