

Group Critical Illness Insurance

Central Community School
System

Presented by:
Aflac Group



Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.
Policy Form Series C21000

Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid **directly to your employees** (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions (specific benefit provisions may vary by situs state)

Benefit Amounts	See Premium Rates and Plan Benefits for available options
Spouse Coverage	Up to 50% of the face amount elected by the employee
Child Coverage	Up to 50% of the face amount elected by the employee
Guaranteed Issue Amounts	Employee: Up to \$20,000 Spouse: Up to \$10,000 Participation Requirement: 10% Guaranteed for 2 years
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Pre-existing Condition Exclusion	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	2 Year(s)
Portability/Continuation	Standard
Rate Type	Issue Age
Eligibility	Work Week Hours: Employee must work at least 16 hours per week Length of Employment: No minimum requirement; set by employer
Waiver of Premium	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
Successor Insured Waiver of Premium	Not Included
Separation Period - Additional Diagnosis/ Reoccurrence	Additional Diagnosis: 6 consecutive months Reoccurrence: 6 consecutive months <i>(an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)</i>
Successor Insured	Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date

Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50 per calendar year

Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Optional Benefits Rider	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%

Please request a sample policy for full benefit provisions and descriptions.

Premium Rates

Employee Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.01	\$6.50	\$8.99	\$11.48	\$13.97	\$16.46	\$18.96	\$21.45	\$23.94	\$26.43
30-39	\$5.66	\$9.80	\$13.94	\$18.08	\$22.22	\$26.36	\$30.50	\$34.65	\$38.79	\$42.93
40-49	\$9.73	\$17.93	\$26.14	\$34.35	\$42.55	\$50.76	\$58.97	\$67.17	\$75.38	\$83.59
50-59	\$17.62	\$33.72	\$49.82	\$65.91	\$82.01	\$98.11	\$114.21	\$130.31	\$146.41	\$162.51
60+	\$32.43	\$63.33	\$94.24	\$125.14	\$156.05	\$186.95	\$217.86	\$248.77	\$279.67	\$310.58

Spouse Non-Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$4.01	\$5.26	\$6.50	\$7.75	\$8.99	\$10.24	\$11.48	\$12.73	\$13.97
30-39	\$5.66	\$7.73	\$9.80	\$11.87	\$13.94	\$16.01	\$18.08	\$20.15	\$22.22
40-49	\$9.73	\$13.83	\$17.93	\$22.04	\$26.14	\$30.24	\$34.35	\$38.45	\$42.55
50-59	\$17.62	\$25.67	\$33.72	\$41.77	\$49.82	\$57.87	\$65.91	\$73.96	\$82.01
60+	\$32.43	\$47.88	\$63.33	\$78.78	\$94.24	\$109.69	\$125.14	\$140.60	\$156.05

Employee Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.07	\$8.62	\$12.17	\$15.72	\$19.27	\$22.82	\$26.37	\$29.92	\$33.47	\$37.02
30-39	\$8.04	\$14.57	\$21.09	\$27.61	\$34.14	\$40.66	\$47.19	\$53.71	\$60.23	\$66.76
40-49	\$14.48	\$27.43	\$40.39	\$53.34	\$66.30	\$79.25	\$92.21	\$105.17	\$118.12	\$131.08
50-59	\$27.56	\$53.59	\$79.63	\$105.66	\$131.70	\$157.73	\$183.77	\$209.81	\$235.84	\$261.88
60+	\$49.79	\$98.07	\$146.34	\$194.62	\$242.89	\$291.17	\$339.44	\$387.72	\$435.99	\$484.26

Spouse Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$5.07	\$6.84	\$8.62	\$10.39	\$12.17	\$13.94	\$15.72	\$17.49	\$19.27
30-39	\$8.04	\$11.31	\$14.57	\$17.83	\$21.09	\$24.35	\$27.61	\$30.88	\$34.14
40-49	\$14.48	\$20.95	\$27.43	\$33.91	\$40.39	\$46.87	\$53.34	\$59.82	\$66.30
50-59	\$27.56	\$40.57	\$53.59	\$66.61	\$79.63	\$92.65	\$105.66	\$118.68	\$131.70
60+	\$49.79	\$73.93	\$98.07	\$122.21	\$146.34	\$170.48	\$194.62	\$218.75	\$242.89

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

Benefits Summary

(Benefit provisions vary by situs state)

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence+

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. See Master Policy for the full list of covered health screening tests.

Additional Benefits

Benefits for burns are only payable for burns due to, caused by, or attributed to, a covered accident.

Benefits for Coma, Paralysis, and Loss of Sight, Hearing or Speech are payable for loss due to a covered underlying disease or a covered accident.

*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

Limitations & Exclusions

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

- Is treatment-free from cancer for at least 12 months before the diagnosis date (not applicable in Idaho); and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

In New Hampshire, the Cancer Diagnosis Limitation is revised to: "Benefits are payable for cancer and/or non-invasive cancer as long as the insured is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer".

Exclusions

We will not pay for loss due to:

- **Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.**
 - In Colorado: injuring or attempting to injure oneself intentionally, while sane
 - In Alaska: injuring or attempting to injure oneself intentionally
 - In Idaho: this exclusion does not apply
 - In New Hampshire: injuring or attempting to injure oneself intentionally
 - In Tennessee: injuring or attempting to injure oneself intentionally
- **Suicide - committing or attempting to commit suicide, while sane or insane**
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois: this exclusion does not apply
 - In Minnesota: this exclusion does not apply
 - In Idaho: committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicting injury
- **Illegal Acts - participating or attempting to participate in an illegal activity, or working an illegal job**
 - In Arizona: participating or attempting to commit a felony, or being engaged in an illegal occupation
 - In California: Illegal Occupation - committing or attempting to commit a felony, or being engaged in an illegal occupation
 - In Connecticut: loss caused by the commission of a felony for which the insured has been convicted under state or federal law
 - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation
 - In Idaho: Felony-participation in a felony
 - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation
 - In Michigan: Illegal Occupation - the commission of or attempt to commit a felony, or being engaged in an illegal occupation
 - In Nebraska: being engaged in an illegal occupation or commission of or attempting to commit a felony
 - In New Hampshire: Illegal Acts-participating in a felony, or working at an illegal job
 - In Ohio: committing or attempting to commit a felony, or working as an illegal job
 - In Utah: Voluntarily participating in an illegal activity or voluntarily working at an illegal job
- **Participation in Aggressive Conflict of any kind, including:job**
 - War (declared or undeclared) or military conflicts
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
 - In California: this exclusion does not include civil commotion or civil state of belligerence
 - In Connecticut: this exclusion excludes the words "Participation in Aggressive Conflict"
 - In Florida: war does not include acts of terrorism
 - In Idaho: this exclusion excludes the words: "Civil commotion or civil state of belligerence"
 - In North Carolina: this exclusion includes the following statement; "This does not include terrorism"
 - In Oklahoma:
 - War, or act of war, declared or undeclared when serving in the military service or an insurrection or riot;
 - Civil commotion or civil state of belligerence
 - In Utah: Voluntary participation in aggressive conflict of any kind including: war (declared or undeclared) or military conflicts, insurrection or riot, or civil commotion or civil state of belligerence

- **Illegal substance abuse**, which includes the following:
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs
 - In Arizona: being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
 - In California: intoxicants and controlled substances: loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician
 - In Connecticut: the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his doctor for the insured
 - In Idaho: Alcoholism or drug addiction
 - In Massachusetts: also excluded are services provided for alcohol and drug detoxification
 - In Michigan, Nevada and South Dakota: this exclusion does not apply
- **Term Life Rider Suicide Limitation**
 - If the insured takes his own life within two years (one year in North Dakota) from the effective date of this rider, the liability of the company under this rider will be limited to the premiums paid for this rider, without interest.

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

In Nevada: This limited plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

In New Mexico: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.

In Washington DC: NOTICE TO CONSUMER: THIS IS A SUPPLEMENTAL 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. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.