Group Hospital Indemnity Insurance

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

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

Aflac®



AFLAC GROUP HOSPITAL INDEMNITY

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- **Hospital Confinement Benefit**
- **Successor Insured Benefit**

How It Works:

Aflac Group Hospital Indemnity coverage is selected.	Aflac Group Hospital Indemnity plan pays: **$1,050**
The insured has a high fever and goes to the emergency room	
The physician admits the insured into the hospital.	
The insured is released after two days.	

Amount payable was generated based on benefit amounts for: Hospital Confinement ($1,050 per accident).

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

BENEFITS OVERVIEW:	BENEFIT AMOUNT
HOSPITAL CONFINEMENT per day (maximum of one day per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	$1,050

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

State references refer to the state of your group and not your resident state.

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation (In North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
  - In Connecticut: a riot is not excluded.
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
  - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
  - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
  - In Arizona: this exclusion does not apply.
  - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster

children, children subject to legal guardianship, legally adopted children (in Texas, adopted children), or children placed for adoption. (In Florida, coverage may be provided for the children of custodial and non-custodial parents.) Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina) are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (In Arizona, on the effictive date of coverage and in Louisiana and Illinois, unmarried). See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In Arizona, however, a doctor who is your family member may treat you. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage
Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage
Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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

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.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

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

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

Group Hospital Indemnity Insurance

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

Aflac®



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BENEFITS OVERVIEW	Benefit amount
HOSPITAL CONFINEMENT per day (maximum of 1 day per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient.	$1,000
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage, including any dependent child coverage in force at the time.	

TREATMENT BENEFITS (residents of Massachusetts are not eligible for these benefits.)	Benefit amount
OUTPATIENT DOCTOR'S OFFICE VISIT (maximum of 3 visits per calendar year, per covered sickness or accident, for each insured) This benefit is not payable for visits to a chiropractor's office.	$25
MAJOR DIAGNOSTIC EXAMS (Once per covered sickness or accident, per calendar year, for each insured) CT/CAT scan, MRI or EEG	$500
HOSPITAL EMERGENCY ROOM VISIT (maximum of 1 visit per calendar year, per covered sickness or accident, for each insured)	$150

SURGICAL BENEFITS (residents of Massachusetts are not eligible for these benefits.)	Benefit amount
OUTPATIENT SURGERY AND ANESTHESIA Performed in hospital or ambulatory surgical center (per day, maximum of 1 procedure per calendar year, for each insured)	$1,000
DOCTOR'S OFFICE SURGERY Performed in a doctor's office, urgent care facility or ER. (per day, maximum of 4 per calendar year)	$50

DEPENDENT CHILD NEONATAL AND PEDIATRIC HOSPITAL INTENSIVE CARE UNIT RIDER (maximum of 31 days per confinement for each covered sickness or accident for a dependent child)	Benefit amount
If we pay benefits for confinement in a Hospital's Neonatal or Pediatric Intensive Care Unit and an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit and Hospital Intensive Care Benefit.	$300 per day

LIMITATIONS AND EXCLUSIONS

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane;
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Sports – participating in any organized sport in a professional or semiprofessional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental injury or a covered sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.
- Mental or emotional disorders without demonstrable organic disease.

TERMS YOU NEED TO KNOW

A hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction; an assisted living facility; or any facility not meeting the definition of a hospital as defined in the certificate. A hospital intensive care unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the certificate.

DEPENDENT CHILD NEONATAL AND PEDIATRIC HOSPITAL INTENSIVE CARE UNIT RIDER

Neonatal Hospital Intensive Care Units and Pediatric Hospital Intensive Care Units are not private monitored rooms, surgical recovery rooms, observation units, a progressive care unit, a sub-acute intensive care unit, or an intermediate care unit.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form C80100VA.

Group Critical Illness Insurance

You can count on Aflac to help ease the financial impact of surviving a critical illness.



COVERED CRITICAL ILLNESS BENEFITS:	Percentage of Face Amount
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	75%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	25%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%

INITIAL DIAGNOSIS BENEFIT

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease.

ADDITIONAL DIAGNOSIS BENEFIT

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 3 consecutive months.

REOCCURRENCE BENEFIT

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 12 consecutive months.

SKIN CANCER BENEFIT

We will pay $500 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

ACCIDENT BENEFIT Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident:	Percentage of Face Amount
Coma	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

COVERED CRITICAL ILLNESS BENEFITS:	Percentage of Face Amount
Severe Burn	100%
Paralysis	100%

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

HEALTH SCREENING BENEFIT (1 PER CALENDAR YEAR)	
Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.	Employee/Spouse: $50 Child: 100% of the Health Screening Amount

PROGRESSIVE DISEASES RIDER	Percentage of Face Amount
AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	50%
ADVANCED ALZHEIMER'S DISEASE	50%
ADVANCED PARKINSON'S DISEASE	100%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	25%
CROHN'S DISEASE	25%

We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force. The Progressive Disease benefit is payable only once per disease. For any subsequent Progressive Disease to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

SPECIFIED DISEASE RIDER	Percentage of Face Amount
TIER I SPECIFIED DISEASE BENEFIT	

SPECIFIED DISEASE RIDER	Percentage of Face Amount
ADRENAL HYPOFUNCTION (ADDISON'S DISEASE), CEREBROSPINAL MENINGITIS, DIPHTHERIA, ENCEPHALITIS, HUNTINGTON'S CHOREA, LEGIONNAIRE'S DISEASE, LYME DISEASE, MALARIA, MUSCULAR DYSTROPHY, MYASTHENIA GRAVIS, NECROTIZING FASCIITIS, OSTEOMYELITIS, POLIOMYELITIS (POLIO), RABIES, SICKLE CELL ANEMIA, SYSTEMIC LUPUS, SYSTEMIC SCLEROSIS (SCLERODERMA), TETANUS, TUBERCULOSIS	25%

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force. For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

SPECIFIED DISEASE RIDER	Percentage of Face Amount
TIER II SPECIFIED DISEASE BENEFIT	
HUMAN CORONAVIRUS	10% if confined to a hospital for 4-9 days 25% if confined to a hospital for 10 or more days 40% if confined to an intensive care unit

We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force. In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided. For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

CHILDHOOD CONDITIONS RIDER	Percentage of Face Amount
CYSTIC FIBROSIS	100%
CEREBRAL PALSY	100%
CLEFT LIP OR CLEFT PALATE	100%
DOWN SYNDROME	100%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	100%
SPINA BIFIDA	100%
	One-time Benefit Amount
AUTISM SPECTRUM DISORDER	$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of

diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure.

LIMITATIONS AND EXCLUSIONS

Benefit percentages will be paid based on the face amount in effect on the critical illness date of diagnosis.

Riders become effective when the rider is issued. If it is issued after the certificate, the rider will have a later effective date.

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.

ATTAINED AGE PREMIUMS

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

EXCLUSIONS

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
- Suicide – committing or attempting to commit suicide, while sane or insane;
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job;
- Participation in aggressive conflict of any kind, including: – War (declared or undeclared) or military conflicts; – Insurrection or riot – 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;
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.

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

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging
- Metastatic Cancer

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer.

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma. To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial Infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Hearing: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Sight: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Speech: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Major Organ Transplant: The date the surgery occurs.
- Metastatic Cancer: The date a doctor determines cancer has metastasized to other parts of the body from the original site.
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).
- Type I Diabetes: The date a doctor diagnoses an insured as having type I diabetes based on clinical and/or laboratory findings as supported by medical records.

Spouse is your legal wife or husband who is listed on your application. Domestic Partner is an unmarried same or opposite sex adult who resides with you and has registered in a state of local domestic partner registry with you and is listed on your application. Read your certificate carefully for details.

Dependent Children are your or your spouse's or domestic

partner's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Read your certificate carefully for details.

A doctor does not include you or any of your family members. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine physphokinase (CPK) a CPK-MB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

Type I Diabetes excludes gestational diabetes and prediabetes.

PROGRESSIVE DISEASES RIDER

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a doctor diagnoses an insured as having ALS and where such diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a doctor diagnoses an Insured as having Multiple Sclerosis and where such diagnosis is supported by medical records.
- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Chronic Obstructive Pulmonary Disease (COPD): The date a doctor diagnoses an insured as having COPD based on clinical and/or laboratory findings as supported by medical records.
- Crohn's Disease: The date a doctor diagnoses an insured as having Crohn's Disease based on clinical and/or laboratory findings as supported by medical records.

SPECIFIED DISEASES RIDER

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a doctor diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor diagnoses an insured as having Encephalitis and where such diagnosis is supported

by medical records.

- Huntington's Chorea: The date a doctor diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a doctor diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Lyme Disease: The date a doctor diagnoses an insured as having Lyme Disease and where such diagnosis is supported by medical records.
- Malaria: The date a doctor diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- Muscular Dystrophy: The date a doctor diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- Myasthenia Gravis: The date a doctor diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a doctor diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- Osteomyelitis: The date a doctor diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- Poliomyelitis: The date a doctor diagnoses an insured as having Poliomyelitis and where such diagnosis is supported by medical records.
- Rabies: The date a doctor diagnoses an insured as having Rabies and where such diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a doctor diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- Systemic Lupus: The date a doctor diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a doctor diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- Tetanus: The date a doctor diagnoses an insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the insured.
- Tuberculosis: The date a doctor diagnoses an insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the insured.
- Human Coronavirus: The date a doctor diagnoses an insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in the plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or
- An intermediate care unit.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in the plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Human Coronavirus does not include the following Human Coronaviruses: 229E, NL63, OC43, and HKU1.

CHILDHOOD CONDITIONS RIDER

Date of diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is

supported by medical records.

- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Autism Spectrum Disorder based on the diagnostic criteria stipulated in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs. The diagnosis must include the DSM severity level specifier for both major domains listed above.

An Autism Spectrum Disorder diagnosis must include more than one DSM severity level specifiers. No benefit is payable if the DSM severity level specifier is less than Level 1.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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