

Peace of Mind *and*
Real Cash Benefits



MAXIMUM DIFFERENCE[®] ESSENTIALS
CANCER INDEMNITY INSURANCE

MID^E

Affrac[®]

We've got you under our wing.*

MAXIMUM DIFFERENCE® ESSENTIALS

CANCER INDEMNITY INSURANCE

Policy Series A76000

MD^E

The Need

Despite the best efforts of doctors, researchers, and countless organizations, Cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role Cancer plays in America's overall health. According to the American Cancer Society:*

- 1** In the United States, men have slightly less than a 1-in-2 lifetime risk of developing Cancer; for women, the risk is a little more than 1-in-3.
- 2** About 1,596,670 new Cancer cases are expected to be diagnosed in 2011.

*Cancer Facts & Figures 2011.



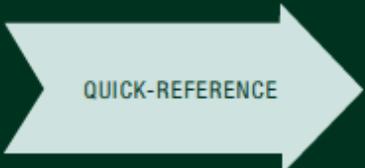
ARE YOU PROTECTED IF SOMETHING UNEXPECTED HAPPENS?

HERE'S HOW WE CAN HELP.

Aflac's Maximum Difference Cancer insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

- 1** Your coverage is portable, which means it goes with you if you change jobs.
- 2** Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
- 3** Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of Columbus.



QUICK-REFERENCE

BENEFITS are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute (NCI) or the Food and Drug Administration (unless stated otherwise) for Cancer or an Associated Cancerous Condition, as applicable. To be payable, the benefits listed below require a charge to be incurred for the applicable treatment or service, except for the Experimental Treatment Benefit (as detailed below) and the Hospice Care Benefit. If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government hospital, the benefits listed below will not require a charge for them to be payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
<i>DIRECT NONSURGICAL TREATMENT BENEFITS</i>			
<p>Benefits are payable the calendar week or calendar month, as applicable, during which a Covered Person receives and incurs a charge for the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.</p>			
INITIAL TREATMENT	\$1,000	\$1,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
INJECTED CHEMOTHERAPY	\$450 once per calendar week	None	Limited to the calendar week in which the charge for medication(s) or treatment is incurred.
ORAL CHEMOTHERAPY <i>NONHORMONAL</i> <i>HORMONAL</i>	\$200 per medication, per calendar month \$200 per medication, per calendar month up to 24 months \$50 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy	None None	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$600 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy treatments are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.
RADIATION THERAPY	\$250 once per calendar week	None	Benefit is limited to the calendar week in which the charge for the therapy is incurred.
EXPERIMENTAL TREATMENT	\$250 once per calendar week if a charge is incurred; \$75 once per calendar week if no charge is incurred for inclusion in a clinical trial	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the charge for the treatment is incurred, if there is a charge.

The policy has limitations that may affect benefits payable.

This brochure is for illustrative purposes only. See the policy for complete definitions, details, limitations, and exclusions.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
INDIRECT/ADDITIONAL THERAPY BENEFITS			
<p>The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives and incurs a charge for the applicable treatment.</p>			
EGG HARVESTING AND STORAGE (CRYOPRESERVATION) <i>EXTRACTION AND HARVESTING STORAGE</i>	\$1,000 \$ 350	\$1,350	Payable for a Covered Person to have oocytes extracted and harvested. In addition, a one-time fee per Covered Person is payable for the storage of a Covered Person's oocytes 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.
IMMUNOTHERAPY	\$250 once per calendar month	\$1,250	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
ANTI-NAUSEA	\$75 once per calendar month	None	Payable for anti-nausea drugs prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
STEM CELL TRANSPLANTATION	\$5,000	\$5,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
BONE MARROW TRANSPLANTATION <i>COVERED PERSON DONOR</i>	\$5,000 \$ 500	\$5,000 \$ 500	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. Does not include stem cell transplantations.
BLOOD & PLASMA <i>INPATIENT</i> <i>OUTPATIENT</i>	\$75 times the number of days paid under the Hospital Confinement Benefit \$125 per day	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered hospital confinement. Outpatient benefit is payable 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. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
SURGICAL TREATMENT BENEFITS			
SURGICAL/ ANESTHESIA	\$70-\$2,500 (based on the Schedule of Operations listed in the policy) 25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed \$3,125. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation 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 operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
SKIN CANCER SURGERY	\$25-\$300 (based on skin Cancer surgeries listed in the policy)	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: \$300.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
HOSPITALIZATION BENEFITS			
<p>HOSPITAL CONFINEMENT, DAYS 1–30 <i>NAMED INSURED/ SPOUSE DEPENDENT CHILD</i></p> <p>HOSPITAL CONFINEMENT, DAYS 31+ <i>NAMED INSURED/ SPOUSE DEPENDENT CHILD</i></p>	<p>\$150 per day \$200 per day</p> <p>\$300 per day \$350 per day</p>	<p>None</p> <p>None</p>	<p>For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a hospital for treatment and is charged for a room as an inpatient. During any continuous period of hospital confinement for 31 days or more, Aflac will pay benefits as described for Days 1–30. Beginning with the 31st day of such continuous hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is charged for a room as an inpatient.</p> <p>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.</p>
<p>OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE</p>	<p>\$150 per day</p>	<p>None</p>	<p>Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician's office. Surgery must be performed on an outpatient basis in a hospital or an ambulatory surgical center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: \$150.</p>
CONTINUING CARE BENEFITS			
<p>EXTENDED-CARE FACILITY</p>	<p>\$75 per day</p>	<p>None</p>	<p>Payable when an insured is hospitalized and receiving 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 (an extended-care facility). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. 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. Benefits are limited to 30 days per calendar year, per Covered Person.</p>
<p>HOME HEALTH CARE</p>	<p>\$75 per visit (Limit of 10 visits per hospitalization and 30 visits per calendar year for each Covered Person)</p>	<p>None</p>	<p>Payable when hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then either home health care or health supportive services are provided by a licensed, certified, or duly qualified person, other than an immediate family member. Visits must begin within 7 days of release from the hospital. 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. Benefit is not payable the same day the Hospice Care Benefit is payable.</p>

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
CONTINUING CARE BENEFITS			
HOSPICE CARE <i>DAY 1</i> <i>ADDITIONAL DAYS</i>	\$1,000 (one-time benefit) \$50 per day	\$12,000	Payable when 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. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
NURSING SERVICES	\$75 per day	None	Payable while a Covered Person is confined in a hospital and requires full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
SURGICAL PROSTHESIS	\$1,500	\$3,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
PROSTHESIS NONSURGICAL	\$125 per occurrence	\$250	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
RECONSTRUCTIVE SURGERY	\$350–\$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: \$3,000.
AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS			
AMBULANCE <i>GROUND</i> <i>AIR</i>	\$ 250 \$2,000	None	Payable for ambulance transportation to or from a hospital where treatment is received. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.
TRANSPORTATION	50 cents per mile, up to \$1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a hospital/facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
LODGING	\$80 per day	None	Payable 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. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.

POLICY BENEFITS CONTINUE ON NEXT PANEL.

PREMIUM WAIVER AND RELATED BENEFITS

WAIVER OF PREMIUM: 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 [or if 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. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL while this benefit is in force. Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

CONTINUATION OF COVERAGE: Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions: the policy was in force for at least six months; we received premiums for at least six consecutive months; your premiums were paid through payroll deduction; you or your employer notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and you re-establish premium payments with Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and we receive premiums for at least six consecutive months.

LIMITATIONS AND EXCLUSIONS

We pay only for the definitive treatment of Cancer and Associated Cancerous Conditions diagnosed while the policy is in force, including the 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. Pathologic proof thereof must be submitted. Clinical diagnosis of Cancer will be accepted under the conditions specified in the Positive Medical Diagnosis section of the policy.

A hospital does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation 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 or educational 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.

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

TERMS YOU NEED TO KNOW

Associated Cancerous Condition: An *Associated Cancerous Condition* is a myelodysplastic blood disorder, myeloproliferative blood disorder, or 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: *Cancer* is a 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* includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).
2. *Nonmelanoma Skin Cancer* is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

Covered Person: A *Covered Person* is any person covered under 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) coverage as applied for by you on the application. *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 31 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 illness or disorder, physical disability, or developmental disability, and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, including dependent grandchildren who reside with a covered grandparent; stepchildren; or children placed with you for adoption who are under age 26. Children for whom you must provide medical support under a court order, or children for whom you or your spouse has been appointed as legal guardian, are also covered under the terms of the policy. **A Dependent Child (including persons incapable of self-sustaining employment by reason of mental illness or disorder, physical disability, or developmental disability) must be under age 26 at the time of application to be eligible for coverage.**

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.

Guaranteed-Renewable: The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

Physician: A *Physician* is a person legally qualified to practice medicine, other than a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

**We've got you
under our wing.®**

aflac.com/social || 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



Maximum Difference[®]

Cancer Indemnity Insurance

If you've ever been out of work because of an illness, you know there are two things that are increasingly hard to come by:

Peace of mind and cash benefits.

Our insurance policies help provide both.



American Family Life Assurance
Company of Columbus (Aflac)

Maximum Difference[®]

Cancer Indemnity Insurance

Policy Series A76000

The Need

Despite the best efforts of doctors, researchers, and countless organizations, cancer remains a concern for many individuals and families. People from all walks of life are at risk regardless of age, sex, or ethnic background.

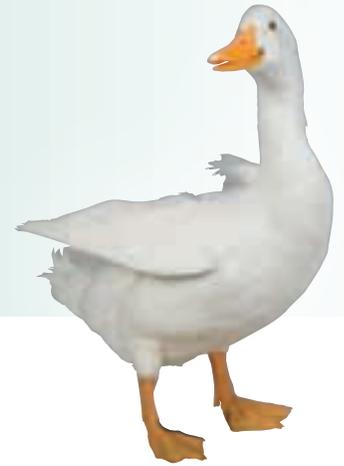
*In the United States, men have slightly less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.**

While major medical insurance can help with the costs of cancer treatment, you may still have out-of-pocket expenses that are not covered by your major medical insurance, including travel, food, lodging, child care, and household help. Meanwhile, living expenses such as car payments, mortgage or rent payments, and utility bills continue, whether or not you are able to work. And if a family member has to stop working to take care of you, the loss of income may be doubled.

The Maximum Difference Cancer Insurance Policy:

- No deductibles or copayments.
- Fully portable.
- Guaranteed-renewable.
- No network restrictions—you choose your own medical treatment provider.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means you will have additional resources to help with the financial consequences of cancer that may not be covered by major medical insurance.



As long as cancer is in this world, Aflac will innovate to fight it.

In 1958, Aflac introduced its first cancer policy. The goal was to help protect individuals and their families from the damage that cancer can do both physically and financially. By paying cash benefits to its policyholders, unless they designated otherwise, Aflac's coverage provided a level of freedom that many major medical insurance companies simply could not.

Today, millions of individuals are still battling cancer, and about 1,437,180 new cancer cases were expected to be diagnosed in 2008.* But the fight against cancer has changed in many ways. Advances in pharmaceuticals, surgical procedures, and alternative treatments have improved the odds for those diagnosed with the disease, and Americans diagnosed with cancer are living longer than ever. The five-year relative survival rate for all cancers diagnosed between 1996 and 2003 is 66 percent, up from 50 percent in 1975–77.* But with improved treatments, increased costs have arrived as well. **Aflac's Maximum Difference policy addresses these concerns with benefits that reflect evolving cancer treatments.**

The Maximum Difference[®] policy continues Aflac's goal of providing groundbreaking coverage at affordable rates. One day, cancer will cease to be a threat. Until then, there's Aflac.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

*Cancer Facts and Figures 2008, American Cancer Society.

QUICK-REFERENCE CHART OF BENEFITS INFORMATION

Benefits are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute (NCI) or the Food and Drug Administration for Cancer (unless stated otherwise) or an Associated Cancerous Condition, as applicable. To be payable, the benefits listed below require a charge to be incurred for the applicable treatment or service, except for the Experimental Treatment Benefit (as detailed below), the Hospital Confinement Benefit (when confined in a U.S. government Hospital), and the Hospice Care Benefit.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX PER INSURED	ADDITIONAL BENEFIT INFORMATION
DIRECT NONSURGICAL TREATMENT BENEFITS			
<p>Benefits are payable the calendar week or calendar month, as applicable, during which a Covered Person receives and incurs a charge for the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.</p>			
Initial Treatment	\$3,000	\$3,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
Injected Chemotherapy	\$900 once per calendar week	None	Limited to the calendar week in which the charge for medication(s) or treatment is incurred.
Oral Chemotherapy <i>Nonhormonal</i> <i>Hormonal</i>	\$400 per medication, per calendar month \$400 per medication, per calendar month up to 24 months \$100 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy	None None	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.
Radiation Therapy	\$500 once per calendar week	None	Benefit is limited to the calendar week in which the charge for the therapy is incurred.
Experimental Treatment	\$500 once per calendar week if a charge is incurred; \$125 once per calendar week if no charge is incurred for inclusion in a clinical trial	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the charge for the treatment is incurred, if there is a charge.

The policy has limitations that may affect benefits payable.

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BENEFIT	BENEFIT AMOUNT	LIFETIME MAX PER INSURED	ADDITIONAL BENEFIT INFORMATION
INDIRECT/ADDITIONAL THERAPY BENEFITS			
<p>The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives and incurs a charge for the applicable treatment.</p>			
Immunotherapy	\$500 once per calendar month	\$2,500	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
Anti-Nausea	\$150 once per calendar month	None	Anti-nausea drugs must be prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
Stem Cell Transplantation	\$10,000	\$10,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
Bone Marrow Transplantation	<i>Covered Person</i> \$10,000 <i>Donor</i> \$ 1,000	\$10,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. The lifetime maximum for the donor benefit is \$1,000. Does not include stem cell transplantations.
Blood and Plasma	<i>Inpatient</i> \$150 times the number of days paid under the Hospital Confinement Benefit <i>Outpatient</i> \$250 per day	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered Hospital confinement. Outpatient benefit is payable 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. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
SURGICAL TREATMENT BENEFITS			
Surgical/ Anesthesia	\$140–\$5,000 (based on the Schedule of Operations listed in the policy) 25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed \$6,250. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation 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 operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
Skin Cancer Surgery	\$50–\$600	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: \$600.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX PER INSURED	ADDITIONAL BENEFIT INFORMATION
CONTINUING CARE BENEFITS			
Hospice Care <i>Day 1</i> <i>Additional Days</i>	\$1,000 (one-time benefit) \$50 per day	\$12,000	Payable when 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. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
Nursing Services	\$150 per day	None	Payable while confined in a Hospital and requiring full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the Hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
Surgical Prosthesis	\$3,000	\$6,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
Prosthesis Nonsurgical	\$250 per occurrence	\$500	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
Reconstructive Surgery	\$350–\$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: \$3,000.
AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS			
Ambulance <i>Ground</i> <i>Air</i>	\$ 250 \$2,000	None	Payable for ambulance transportation to or from a Hospital where confined overnight. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.
Transportation	50 cents per mile, up to \$1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
Lodging	\$80 per day	None	Payable 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. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.

Policy benefits continue on back panel.

Premium Waiver and Related Benefits

Waiver of Premium: 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 [or if not employed: are unable to perform 2 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. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL while this benefit is in force. Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

Continuation of Coverage: Aflac will waive all monthly premiums due for the policy and riders for 2 months if you meet all of the following conditions: your policy has been in force for at least 6 months; we have received premiums for at least 6 consecutive months; your premiums have been paid through payroll deduction; you or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and you re-establish premium payments with Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least 6 months, and we receive premiums for at least 6 consecutive months.

What Is Not Covered

Limitations and Exclusions: We pay only for the definitive treatment of Cancer and Associated Cancerous Conditions diagnosed on or after the Effective Date of coverage, including the 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. Pathologic proof thereof must be submitted. Clinical diagnosis of Cancer will be accepted under the conditions specified in the Positive Medical Diagnosis section of the policy.

Hospital does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation 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 or educational 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.

An *Ambulatory Surgical Center* does not include a doctor's or dentist's office, clinic, or other such location.

Terms You Need to Know

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

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.

Covered Person: A *Covered Person* is any person covered under 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) coverage as applied for by you on the application. *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children, including dependent grandchildren who reside with a covered grandparent, are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only, and you desire uninterrupted coverage, you must notify Aflac in writing within 31 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 unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness or disorder, physical disability, or developmental disability, and who became so incapacitated prior to age 25 and while covered under the policy. *Dependent Children* are your natural children, including dependent grandchildren who reside with a covered grandparent; stepchildren; or legally adopted children who are unmarried, under age 25, and your dependents. Children for whom you must provide medical support under a court order or children for whom you or your spouse has been appointed as legal guardian are also covered under the terms of the policy. **A Dependent Child (including persons incapable of self-sustaining employment by reason of mental illness or disorder, physical disability, or developmental disability) must be under age 25 at the time of application to be eligible for coverage.**

Cancer: *Cancer* is a 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* includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

2. *Nonmelanoma Skin Cancer* is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

Associated Cancerous Condition: An *Associated Cancerous Condition* is a myelodysplastic blood disorder, myeloproliferative blood disorder, or 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.**

Physician: A *Physician* is a person legally qualified to practice medicine, other than a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.





**OPTIONAL INITIAL DIAGNOSIS BENEFIT RIDER SUMMARY PAGE
(Policy Rider Series A76000)**

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

Initial Diagnosis Benefit

Primary Insured/Spouse	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000
Dependent Child	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000

Aflac will pay the amount shown in the Policy Schedule when a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition while the rider is in force. This benefit is payable only once for each Covered Person. In addition to the positive medical diagnosis, additional information from the attending Physician and Hospital may be required.

Initial Diagnosis Building Benefit

Aflac will increase the Initial Diagnosis Benefit by \$500 on each rider anniversary date. This benefit is payable under the same terms as the Initial Diagnosis Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. Regardless of the age of the Covered Person on the Effective Date of the rider, the 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.

National Cancer Institute (NCI) Evaluation/Consultation Benefit

Aflac will pay \$1,000 when a Covered Person seeks evaluation or consultation at an NCI-designated Cancer center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is also payable at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person and is not payable the same day the Additional Surgical Opinion Benefit is payable.

Additional Surgical Opinion Benefit

Aflac will pay \$300 per day when a charge is incurred for an additional surgical opinion by a Physician concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

Medical Imaging With Diagnosis Benefit

Aflac will pay \$200 per calendar year when a charge is incurred for each Covered Person who receives an initial diagnosis or follow-up evaluation for Internal Cancer or an Associated Cancerous Condition using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. Exams must be performed in a Hospital, an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per calendar year, per Covered Person. No lifetime maximum.

Limitations and Exclusions

The Initial Diagnosis Benefit and Initial Diagnosis Building Benefit of the rider are 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 Cancer or Associated Cancerous Condition, or (2) 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 or an Initial Diagnosis Building Benefit under the rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

Termination

The rider will terminate if the policy to which it is attached terminates or if the premium for the rider is not paid.

Effective Date

The Effective Date of the rider is the Effective Date listed on the Policy Schedule.

Refer to the policy and rider for complete details, limitations, and exclusions.

