Personal Cancer Protector Plan

A CANCER EXPENSE INSURANCE POLICY

Levels 2 & 3

Plan Benefits

- First-Occurrence
- Hospital Confinement
- Radiation and Chemotherapy
- Cancer Screening Wellness
- Surgical/Anesthesia
- NCI Evaluation and Consultation
- Home Health Care
- Plus ... much more

AFLAC Without it, no insurance is complete.

A-59275R1-FL

RC(8/02)

Personal Cancer Coverage

Cancer Insurance Only; Policy Series A-59000

☐ **$2,000 FIRST-OCCURRENCE BENEFIT** ***(Policy Series A-59200)***

☐ **$5,000 FIRST-OCCURRENCE BENEFIT** ***(Policy Series A-59300)***

AFLAC will pay the FIRST-OCCURRENCE BENEFIT selected above to any covered person when diagnosed as having internal cancer. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy. *Internal cancer* includes melanomas classified as Clark's Level III and higher. When the hospitalization is based on tentative diagnosis, benefits are payable from the date of tentative diagnosis, at the time and date that a positive diagnosis is obtained. In addition to the pathological or clinical diagnosis required by the policy, AFLAC may require additional information from the attending physician and hospital. Any covered person who has had a previously diagnosed cancer will not be eligible for a First-Occurrence Benefit under this policy for a recurrence, extension or metastatic spread of that same cancer.

The benefits listed below are payable for either the A-59200 Policy Series or the A-59300 Policy Series.

HOSPITAL CONFINEMENT BENEFIT

(This includes confinement in a U.S. government hospital.) **AFLAC will pay $300** for each day any covered person is hospitalized and charged as an inpatient for the first 30 days for cancer treatment. Benefits increase to **$600** per day beginning with the 31st day of continuous confinement. The wording "for each day any covered person is charged as an inpatient" does not apply to confinements in U.S. government hospitals. **No lifetime maximum.**

For treatment of cancer: Radiation and Chemotherapy, Experimental Treatment, Anti-Nausea, Nursing Services, Surgical/Anesthesia, Skin Cancer Surgery, Prosthesis, and In-Hospital Blood and Plasma Benefits are not payable when a covered person is confined in a U.S. government hospital unless the covered person is actually charged and is legally required to pay for such services.

RADIATION AND CHEMOTHERAPY BENEFIT

AFLAC will pay the charges incurred up to $300 per day when any covered person receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue: (1) cytotoxic chemical substances and their administration in the treatment of cancer — administration by medical personnel in a doctor's office, clinic or hospital; self-injected medications or medications dispensed by a pump will be limited to the actual cost of the drugs up to **$300** per prescription; oral chemotherapy, regardless of where administered, will be limited to the actual cost of the drugs up to **$300** per prescription (monthly maximum of **$1,200**); (2) radiation therapy; or (3) the insertion of interstitial or intracavitary application of radium or radioisotopes in sealed or nonsealed sources. (The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal. Benefits will not be paid for each day the radium or radioisotope remains in the body.) This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulation, dosimetry, treatment planning or other procedures related to these therapy treatments. This benefit is not payable on the same day that the Experimental Treatment Benefit is paid and is limited to $300 per day. **No lifetime maximum.**

EXPERIMENTAL TREATMENT BENEFIT

AFLAC will pay the charges incurred up to $300 per day for a covered person who receives experimental cancer treatment for the purpose of modification or destruction of abnormal tissue. The treatments must be consistent with one or more National Cancer Institute-sponsored protocols. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. This benefit is not payable on the same day that the Radiation and Chemotherapy Benefit is paid. **No lifetime maximum.**

ANTI-NAUSEA BENEFIT

AFLAC will pay the charges incurred up to $100 per calendar month when a covered person receives anti-nausea drugs that are prescribed while receiving radiation or chemotherapy treatments. **No lifetime maximum.**

NURSING SERVICES BENEFIT

AFLAC will pay the charges incurred up to $100 per 24-hour day to a covered person while confined to a hospital for full-time private care by RNs, LPNs or LVNs other than those regularly furnished by the hospital. Services must be required and authorized by the attending physician. This benefit is not payable for private nurses related to any covered person. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. **No lifetime maximum.**

AFLAC®

Without it, no insurance is complete.

SURGICAL/ANESTHESIA BENEFIT

AFLAC will pay $100 to $5,000 of the indemnity listed when a surgical operation is performed on a covered person for a diagnosed internal cancer (depending on type of surgery performed). Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid for the most expensive procedure. If any operation for the treatment of cancer 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 (surgery for skin cancer will be payable under the Skin Cancer Surgery Benefit). **AFLAC will pay an indemnity benefit equal to 25%** of the amount shown on the Schedule of Operations for the administration of anesthesia during a covered surgical operation. The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation shall not exceed $6,250. **No lifetime maximum** on number of operations. See Schedule of Operations.

SKIN CANCER SURGERY BENEFIT

AFLAC will pay $100 to $600 of the indemnity listed (depending on the procedure performed) for surgery (with or without anesthesia) to any covered person when a surgical operation is performed for a diagnosed skin cancer. **No lifetime maximum** on number of operations.

PROSTHESIS BENEFIT

(1) AFLAC will pay the charges incurred up to $3,000 to any covered person for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer treatment. **Lifetime maximum of $3,000 per covered person. (2) AFLAC will pay up to $200** to any covered person for the charges incurred per person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of cancer treatment. Examples of these include voice boxes, hair pieces and removable breast prosthetics. **Lifetime maximum of $200 per covered person.**

IN-HOSPITAL BLOOD AND PLASMA BENEFIT

AFLAC will pay the charges incurred up to but not exceeding $100 times the number of days of covered hospital confinement if a covered person receives blood/plasma, blood processing, blood administration, crossmatching and transfusion fees during a hospital confinement. This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors. **No lifetime maximum.**

Refer to policy and riders for complete details, limitations and exclusions.

This brochure is for illustration purposes only.

OUTPATIENT BLOOD AND PLASMA BENEFIT

AFLAC will pay the charges incurred up to $250 for blood/plasma, processing, blood administration, crossmatching and transfusion fees for each day a covered person receives blood transfusions for the treatment of cancer as an outpatient in a doctor's office, clinic, hospital or ambulatory surgical center. This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors. **No lifetime maximum.**

SECOND SURGICAL OPINION BENEFIT

AFLAC will pay the charges incurred up to $250 to any covered person for a second surgical opinion concerning cancer surgery for a diagnosed cancer by a licensed physician not related to the covered person. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable. **No lifetime maximum.**

NATIONAL CANCER INSTITUTE (NCI) EVALUATION/CONSULTATION BENEFIT

AFLAC will pay $500 when a covered person seeks evaluation or consultation at an NCI-sponsored cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. **AFLAC will also pay $250** for the transportation and lodging of the person receiving the evaluation/consultation if the cancer center is more than 100 miles from the covered person's residence. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. This benefit is payable once per covered person. NCI-sponsored cancer centers include but are not limited to:

- M.D. Anderson Cancer Center
- Norris Comprehensive Cancer Center at USC
- Mayo Cancer Center
- Johns Hopkins Oncology Center
- Memorial Sloan-Kettering Cancer Center
- St. Jude Children's Research Hospital

This is a partial listing of NCI-designated cancer centers, and AFLAC does not endorse any center over another. Please see insert Form A-59276 for a complete listing of the current facilities and their locations.

This benefit is also payable at the AFLAC Cancer Center at Children's Healthcare of Atlanta.

AMBULANCE BENEFIT

AFLAC will pay you or any covered person the charges incurred for transportation in a licensed ambulance to and from a hospital within 100 miles of the covered person's residence where confined overnight for cancer treatment. This benefit is limited to two trips per confinement. **No lifetime maximum.**

TRANSPORTATION BENEFIT

AFLAC will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train or bus fare) for transportation of a covered person for the round-trip distance between the hospital or medical facility and the residence of the covered person if special cancer treatment has been prescribed by the local attending physician. Reimbursement will be made only for the method of transportation actually taken. **Benefits are limited to $1,500 per round trip.** This benefit will be paid only for the covered person for whom the special cancer treatment is prescribed; or if the treatment is for a dependent child and commercial travel is necessary, **AFLAC will pay for up to two adults** to accompany the dependent child. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the residence of the covered person.

LODGING BENEFIT

AFLAC will pay the charges incurred up to $60 per day for lodging for you or any one adult family member when a covered person receives special cancer treatment at a hospital or medical facility. The hospital or medical facility and lodging must be more than 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. **This benefit is limited to 60 days per calendar year.**

BONE MARROW TRANSPLANTATION BENEFIT

AFLAC will pay the charges incurred up to $10,000 if a covered person receives a bone marrow transplantation for the treatment of cancer during a covered hospital confinement. It does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion. If the bone marrow transplant is performed on an outpatient basis, **AFLAC will pay the charges incurred up to $5,000. AFLAC will pay the bone marrow donor the greater of $1,000 or medical costs** to the same extent and limitations as costs associated with the insured person for a covered bone marrow transplant. This benefit is not payable for the same procedure as the Stem Cell Transplantation Benefit. **Lifetime maximum of $10,000 per covered person.**

STEM CELL TRANSPLANTATION BENEFIT

AFLAC will pay the charges incurred up to $2,500 if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This benefit is payable once per covered person. This benefit is not payable in conjunction with the payment of the Bone Marrow Transplantation Benefit. **Lifetime maximum of $2,500 per covered person.**

EXTENDED-CARE FACILITY BENEFIT

AFLAC will pay $100 per day if a covered person is hospitalized and receives the Hospital Confinement Benefit and is later confined, within 30 days, to a section of the hospital used as an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit, or to any bed designated as a swing bed, for such continued confinement. Benefits are limited to the same number of days that the covered person receives the Hospital Confinement Benefit. For each day this benefit is payable, benefits under the Hospital Confinement Benefit are not payable. If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a hospital prior to the second such confinement. **Lifetime maximum of 365 days per covered person.**

HOSPICE BENEFIT

AFLAC will pay $100 per day for the first 60 days and **$50** per day for days over 60 for care provided by a hospice organization for any covered person when medical evaluation determines that cancer treatment is no longer appropriate and the covered person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer. This benefit does not cover nonterminally ill patients or organizations not qualifying as hospices. This benefit is payable once per covered person and is not payable the same day as the Home Health Care Benefit. **Lifetime maximum for each covered person is $12,000.**

HOME HEALTH CARE BENEFIT

AFLAC will pay the charges incurred up to $50 per visit for home health care or health supportive services when provided on a covered person's behalf within seven days of release from the hospital for the treatment of cancer. The number of visits shall not exceed 10 per hospitalization. This benefit will not be payable unless the attending physician prescribes such services to be performed in the home of the insured person and certifies that if these services were not available, the insured person would have to be hospitalized to receive the necessary care, treatment and services. Home health care and health supportive services must be performed by or under the supervision of a person who is licensed, certified or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility. This benefit is not payable the same day the Hospice Benefit is payable. **This benefit is limited to 30 visits per calendar year for each covered person.**

AFLAC's Cancer Screening Wellness Benefit is a preventative benefit.

CANCER SCREENING WELLNESS BENEFIT: **AFLAC will pay $75** per calendar year for each covered person when a charge is incurred for one of the following: mammogram, breast ultrasound, Pap smear (lab and procedure), biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography or colonoscopy. These tests must be performed to determine if cancer exists in a covered person. This benefit is limited to one payment per calendar year per covered person. **No lifetime maximum.**

NEWBORN TRANSPORTATION BENEFIT

Under a family policy, if cancer in a newborn child requires the newborn to receive treatment to protect his/her health and safety, we will pay transportation charges as follows: Actual transportation costs to and from the nearest available facility appropriately staffed and equipped to treat the condition of the newborn. The transportation must be certified by the attending physician as necessary to protect the health and safety of the newborn child. The coverage for such transportation costs shall not exceed the usual and customary charges up to $1,000.

WAIVER OF PREMIUM BENEFIT

If you, due to having internal cancer, are completely unable to do all of the usual and customary duties of your occupation [*or, if you are not employed*: are completely unable to perform two or more of the activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, AFLAC will waive, from month to month, any premiums 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 without assistance. AFLAC will also waive from month to month any premiums falling due while you are receiving hospice benefits under the Hospice Benefit.

CONTINUATION OF COVERAGE BENEFIT

AFLAC will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions: (1) Your policy was in force for at least six months. (2) We receive premiums for at least six consecutive months. (3) Your premiums were paid through payroll deduction. (4) You or your employer notifies us in writing within 30 days of the date your premium payments ceased due to your leaving employment. (5) You re-establish premium payments through your new employer's payroll deduction process or direct payment to 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 have received premiums for at least six consecutive months. *Payroll deduction* means your premium is remitted to AFLAC for you by your employer through a payroll deduction process.

GUARANTEED-RENEWABLE

This policy is guaranteed-renewable for life subject to AFLAC's right to change applicable table of premium rates for all policies of this class.

EFFECTIVE DATE

The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. This policy is available through age 70 on payroll deduction and through age 64 on direct billing. Payroll rate may be retained after one month's premium payment on payroll deduction.

FAMILY COVERAGE

Family coverage includes the insured; the insured's spouse; and dependent, unmarried children to age 25. Newborn children are automatically insured as any other family member. *One-parent family* includes the insured and dependent, unmarried children to age 25.

IMPORTANT NOTICE

When you receive your policy and application, please examine them thoroughly. If you are not satisfied, you may return the policy and application within 30 days for a full refund.

LIMITATIONS AND EXCLUSIONS

AFLAC pays only for treatment of cancer including direct extension, metastatic spread or recurrence. Benefits are not provided for premalignant conditions; conditions with malignant potential; complications of any other disease, sickness or incapacity. Pathological proof of diagnosis must be submitted. Clinical diagnosis will be accepted when a pathological diagnosis cannot be made, provided medical evidence sustains the diagnosis and the covered person receives cancer treatment. This policy contains a 30-day waiting period. This means that no benefits are payable for any covered person who has cancer diagnosed before coverage has been in force 30 days from the effective date shown in the Policy Schedule. If a covered person has cancer diagnosed during the waiting period, benefits for treatment of that cancer will apply only to treatment occurring after two years from the effective date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. The First-Occurrence Benefit is not payable for: (1) any internal cancer diagnosed or treated before the effective date of this policy and subsequent recurrence, extension or metastatic spread of such internal cancer that is diagnosed or treated after the effective date of this policy (2) cancer diagnosed during this policy's 30-day waiting period (3) the diagnosis of skin cancer or melanomas classified as Clark's Levels I and II. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under this policy for a recurrence, extension or metastatic spread of that same cancer. No benefits are payable for immunoglobulins or colony-stimulating factors.

AFLAC's Personal Cancer Protection Plan

FINANCIAL SOLUTIONS: CORPORATE COMMITMENT

AFLAC is a world leader in providing an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance. We are also a prominent corporate advocate in the fight against this disease through our aggressive support of facilities like the AFLAC Cancer Center at Children's Healthcare of Atlanta and the Norris Comprehensive Cancer Center at USC (Los Angeles).

THE FIRST STEP IN PREPARATION: APPRECIATING THE RISKS

According to the American Cancer Society* …

- Approximately 8.9 million Americans with a history of cancer were alive in 1997.
- About 1,284,900 new cancer cases are expected to be diagnosed in 2002.
- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.
- Since 1990, about 16 million new cancer cases have been diagnosed.

SCIENCE AND MEDICINE HAVE MADE WONDERFUL ADVANCES IN THE TREATMENT OF CANCER.

But while survival rates and expectations grow each year … so do the costs of new and advanced treatments. In fact, about $56 billion is spent each year to treat cancer.*

**Cancer Facts & Figures – 2002*, American Cancer Society

— Without it, no insurance is complete.

MANY COSTS NORMALLY HAVE TO BE PICKED UP BY YOU:

Deductibles – Most standard health insurance plans have hefty deductibles — some as high as $300, $500 or $1,000 — that must be paid before your coverage kicks in.

Cost-sharing expenses – Once your deductible is satisfied, you may still be responsible for 10% or 20% of the bills as part of your copay arrangement.

Nonmedical expenses – Beyond the doctor and hospital bills are incidental costs including:

- travel
- food
- lodging
- long-distance calls
- household help

Out-of-pocket expenses – Normal everyday living costs include:

- car payments
- mortgage or rent payments
- utility bills
- groceries

Managed care restrictions – If you seek medical services outside your approved network, you may incur additional expense.

Loss of earning power – If you're seriously injured or ill, the paychecks will eventually stop. And if your spouse has to leave work to care for you, your family may face a double loss of income.

AFLAC MAKES YOUR HEALTH INSURANCE COVERAGE MORE "COMPLETE" BY PAYING BENEFITS DIRECTLY TO YOU.

These cash benefits, unless assigned, are paid to you regardless of any other insurance you may have — to be used where you decide.

AFLAC®

Without it, no insurance is complete.

AFLAC, the insurance industry leader in cafeteria plan services,* is ...

- A Fortune 500 company with assets exceeding $37 billion insuring more than 40 million people worldwide.
- Rated "AA" in insurer financial strength by Standard & Poor's (December 2000), "Aa3 (Excellent)" in insurer financial strength by Moody's Investors Service (December 2001), "A+ (Superior)" by A.M. Best (July 2001) and "AA" in insurer financial strength by Fitch, Inc. (November 2001).**
- A world leader in guaranteed-renewable insurance with more than 200,000 national payroll accounts.
- Outstanding in claimant recommendations as validated by an Opinion Research Corporation poll indicating that 9 out of 10 claimants agree that AFLAC paid their claims fairly and promptly, and they would recommend the purchase of cancer insurance to others (July 2001).
- Uncompromising in fast, efficient service. Our toll-free line puts you in touch with a decision-maker immediately.
- Named by *Fortune* magazine to its list of "The 100 Best Companies to Work for in America" for the fourth consecutive year in January 2002.

* *Employers Council on Flexible Compensation (ECFC), 3/00*

** *Ratings refer only to the overall financial status of AFLAC and are not recommendations of specific policy provisions, rates or practices.*

Your local AFLAC representative

1-800-99-AFLAC
(1-800-992-3522)

En español:
1-800-SI-AFLAC
(1-800-742-3522)

Visit our Web site at www.aflac.com.