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

Cancer treatment is changing—and Aflac is proud to be changing with it. Thanks to advances in science and treatment, more and more Americans today are living with cancer. Aflac Cancer Protection Assurance helps cover these innovative treatments with benefits that really care for you as a whole person.

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

CANCER STATS YOU NEED TO KNOW

FACT NO. 1
MEN HAVE A SLIGHTLY LESS THAN 1 IN 2 LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.

FACT NO. 2
WOMEN HAVE A SLIGHTLY MORE THAN 1 IN 3 LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.

Of course, four-in-four hope they’ll never get it. But for many—and for certain types of cancer—advances in science and treatment have transformed cancer into an illness that can be managed over a lifetime. In fact: 89% of women who are diagnosed with breast cancer will survive it and 98% of men who develop prostate cancer will live with it for five years—or more. Some cancer patients, even with insurance, spend about a third of their household income on out-of-pocket health care costs outside of insurance premiums.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

We’re With You: Aflac Cancer Protection Assurance Stays with You for Life.

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you’re ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment is expensive—today, cancer costs patients and families more than any other chronic illness.6

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

We’re with you, even when you’re well. We pay a benefit for early detection and preventative care, like mammograms, PSA blood tests, and many other kinds of cancer screenings, too. Why? Because when cancer is found and treated early you’re more likely to survive it.7

We’ll see you all the way through treatment. If you’re diagnosed with cancer, we offer benefits that you can count on—and thanks to One Day PaySM, your claim can be processed in just one day. You’ll receive a benefit upon initial diagnosis of a covered cancer and our support doesn’t end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you’re undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

HOW IT WORKS

<table>
<thead>
<tr>
<th>AFLAC CANCER PROTECTION ASSURANCE OPTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICYHOLDER VISITS PHYSICIAN</td>
</tr>
<tr>
<td>PHYSICIAN RECOMMENDS BONE MARROW BIOPSY</td>
</tr>
<tr>
<td>PATIENT RECEIVES DIAGNOSIS OF LEUKEMIA AND UNDERGOES TREATMENT</td>
</tr>
<tr>
<td>TOTAL BENEFITS $23,575</td>
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The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 that includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of $75, Initial Diagnosis Benefit of $4,000, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of $3,600, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of $7,200, Antinausea Benefit (9 months) of $900, Stem Cell Transplant Benefit of $7,000, Hospital Confinement Benefit (4 days) of $800.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
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| **CANCER SCREENING**                                    | One $75 benefit per calendar year, per covered person  
                  Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition                                                                                                                                                                                                                                                                                                |
| **PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)** | $250 per covered person, per lifetime                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| **INITIAL DIAGNOSIS**                                    | Named Insured or Spouse: $4,000  
                  Dependent Child: $8,000  
                  Payable once per covered person, per lifetime                                                                                                                                                                                                                                                                                                                                                                                  |
| **ADDITIONAL OPINION**                                  | $300 per covered person, per lifetime                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| **RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY** | Self-Administered: $250 per calendar month  
                  Physician Administered: $1,200 per calendar month  
                  This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.                                                                                                                                                                                                                                                                                                     |
| **HORMONAL THERAPY**                                    | $25 once per calendar month                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| **TOPICAL CHEMOTHERAPY**                                | $150 once per calendar month                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| **ANTINAUSEA**                                          | $100 once per calendar month                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| **STEM CELL AND BONE MARROW TRANSPLANTATION**           | $7,000; lifetime maximum of $7,000 per covered person  
                  Donor Benefit: $100 for stem cell donation, or  
                  $750 for bone marrow donation  
                  Payable one time per covered person                                                                                                                                                                                                                                                                                                                                 |
| **BLOOD AND PLASMA**                                    | Inpatient: $50 times the number of days paid under the Hospital Confinement Benefit, per covered person  
                  Outpatient: $175 per day, per covered person                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| **SURGERY/ANESTHESIA**                                  | $100-$3,400  
                  Anesthesia: additional 25% of the Surgery Benefit  
                  Maximum daily benefit will not exceed $4,250; no lifetime maximum on the number of operations                                                                                                                                                                                                                                                                                                                                 |
<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>EXTENDED-CARE FACILITY</strong></td>
<td>$100 per day; limited to 30 days in each calendar year, per covered person</td>
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<tr>
<td><strong>HOME HEALTH CARE</strong></td>
<td>$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person</td>
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<tr>
<td><strong>HOSPICE CARE</strong></td>
<td>$1,000 for first day; $50 per day thereafter; $12,000 lifetime maximum per covered person</td>
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<tr>
<td><strong>NURSING SERVICES</strong></td>
<td>$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable</td>
</tr>
<tr>
<td><strong>SURGICAL PROSTHESIS</strong></td>
<td>$2,000; lifetime maximum of $4,000 per covered person</td>
</tr>
<tr>
<td><strong>NONSURGICAL PROSTHESIS</strong></td>
<td>$175 per occurrence, per covered person; lifetime maximum of $350 per covered person</td>
</tr>
<tr>
<td><strong>BREAST RECONSTRUCTION</strong></td>
<td>Breast Tissue/Muscle Reconstruction Flap Procedures: $2,000&lt;br&gt;Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $500&lt;br&gt;Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): $220&lt;br&gt;Permanent Areola Repigmentation (on the diseased breast): $100&lt;br&gt;Maximum daily benefit will not exceed $2,000</td>
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<tr>
<td><strong>OTHER RECONSTRUCTIVE SURGERY</strong></td>
<td>Facial Reconstruction: $500&lt;br&gt;Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit&lt;br&gt;Maximum daily benefit will not exceed $500</td>
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<tr>
<td><strong>EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION</strong></td>
<td>$1,000 for a covered person to have oocytes extracted and harvested&lt;br&gt;$200 for the storage of a covered person’s oocyte(s) or sperm&lt;br&gt;$200 for embryo transfer&lt;br&gt;Lifetime maximum of $1,400 per covered person</td>
</tr>
<tr>
<td><strong>ANNUAL CARE</strong></td>
<td>$200 on the anniversary date of diagnosis; lifetime maximum of five annual $200 payments per covered person</td>
</tr>
<tr>
<td><strong>AMBULANCE</strong></td>
<td>$250 ground&lt;br&gt;$2,000 air ambulance</td>
</tr>
<tr>
<td><strong>TRANSPORTATION</strong></td>
<td>$.40 cents per mile for transportation; payable up to a combined maximum of $1,200, per round trip</td>
</tr>
<tr>
<td><strong>LODGING</strong></td>
<td>$65 per day; limited to 90 days per calendar year</td>
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<tr>
<td><strong>WAIVER OF PREMIUM</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>CONTINUATION OF COVERAGE</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**OPTIONAL RIDERS**

**INITIAL DIAGNOSIS BUILDING BENEFIT RIDER**

This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by $100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.

**SPECIFIED-DISEASE BENEFIT RIDER**

When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:

<table>
<thead>
<tr>
<th>Initial diagnosis</th>
<th>Hospitalization</th>
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<tr>
<td>$2,000</td>
<td>30 days or less: $400 per day</td>
</tr>
<tr>
<td></td>
<td>31 days or more: $800 per day</td>
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**DEPENDENT CHILD RIDER**

$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child.

*REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, LIMITATIONS AND EXCLUSIONS.*
American Family Life Assurance Company of Columbus
(heretofore referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

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

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

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

(1) Read Your Policy Carefully: This Outline of Coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

(2) Cancer Insurance Coverage is designed to supplement a Covered Person’s existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) Benefits: Aflac will pay the following benefits, as applicable, while coverage is in force, subject to all other limitations and exclusions, conditions, and provisions of the policy, unless indicated otherwise. All treatments listed below must be National Cancer Institute (NCI) or Food and Drug Administration (FDA) approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

CANCER SCREENING BENEFIT: Aflac will pay $75 per Calendar Year when a Covered Person receives one of the following:
- mammogram
- breast ultrasound
- breast MRI
- thermography
- CA15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Pap smear/ThinPrep
- PSA (blood test for prostate cancer)
- CEA (blood test for colon cancer)
- P32 uptake serum protein electrophoresis (blood test for multiple myeloma)
- testicular ultrasound
- transrectal ultrasound
- abdominal ultrasound
- flexible sigmoidoscopy
- colonoscopy
- virtual colonoscopy
- cystoscopy
- colposcopy
- bronchoscopy
- mediastinoscopy
- esophagoscopy
- sigmoidoscopy
- proctosigmoidoscopy
- gastroscopy
- laryngoscopy
- chest X-ray
- computerized tomography (CT or CAT scan)
- magnetic resonance imaging (MRI)
- bone scan
- thyroid scan
- multiple gated acquisition (MUGA) scan
- positron emission tomography (PET) scan
- biopsy
- hemoccult stool specimen (lab confirmed)
- Genetic Testing
- bone marrow donor screening
- cancer vaccine

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

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

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

CANCER DIAGNOSIS BENEFITS:

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

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

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

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

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