







Aflac Critical Illness, Accident, and Hospital Indemnity Plans

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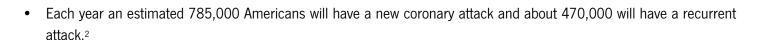
CRITICAL ILLNESS INSURANCE POLICY SERIES CAI2800UT

A critical illness plan helps prepare you for the added costs of battling a critical illness.

The good news is that many people with critical illnesses survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

According to medical statistics:

- Over 1.5 million new cancer cases are expected to be diagnosed in 2011.¹
- The National Institutes of Health estimate the overall costs for cancer in the year 2010 at \$263.8 billion: \$102.8 billion for direct medical costs and \$161 billion for indirect costs.¹



- On average, every 40 seconds, someone in the U.S. has a stroke.²
- On average, more than 2,200 Americans die of cardiovascular disease each day.²

Your recovery doesn't have to be spoiled by medical bills.

With the critical illness plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

- Coverage is available for you and your family. As an insured, you will receive a lump-sum benefit upon initial diagnosis of the covered critical illness.
- Use your lump-sum benefit to help with medical bills or for whatever else you may need.
- This plan can help meet your financial obligations, such as medical bills, and uncovered expenses, as well as mortgage payments and other ongoing living expenses.

This plan is limited benefit supplemental insurance coverage and is not intended as a substitute for medical insurance.

12011 Cancer Facts & Figures, American Cancer Society

²2011 Heart and Stroke Statistical Update, American Heart Association



Features

- Guaranteed-issue: No health questions asked!
 - Employee benefit amounts up to \$30,000.
 - Spouse benefit amounts up to \$15,000.
- Lump sum benefit Benefits are payable upon the initial diagnosis of each covered illness.
- Coverage is portable you may take your coverage with you if you leave or retire from your job (with certain stipulations).
- Premiums will not be individually increased due to change in health, age, or claims paid.

FIRST-OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employe benefit amounts are available from \$15,000 to \$30,000. Spouse coverage is also available in benefit amounts up to \$15,000.

ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

REOCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months (or, for cancer, the insured must be treatment-free from cancer for 12 months). Cancer that has spread (metastasized), even though there is a new tumor, will not be considered an additional occurrence unless the insured has been treatment-free for 12 months.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 25 percent of the primary insured amount at no additional charge.

\$50 HEALTH SCREENING BENEFIT

(Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be payable as long as the certificate remains in force. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- · Breast ultrasound
- · Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- Serum cholesterol test to determine level of HDL and LDL

COVERED CRITICAL ILLNESSES*

CANCER (internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
MAJOR ORGAN TRANSPLANT	100%
END-STAGE RENAL FAILURE	100%
CARCINOMA IN SITU	25%
CORONARY ARTERY BYPASS SURGERY	25 %

NOTE: For Coronary Artery Bypass Surgery payment of this partial benefit will reduce the heart attack benefit by 25%. For Carcinoma in situ payment of this partial benefit will reduce the cancer benefit by 25%.

- CA 15-3 (blood test for breast cancer)
- · CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- · Hemocult stool analysis
- · Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test

^{*}All covered conditions are subject to the definitions found in your certificate.

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a covered accident occurs, the last things on your mind are the charges that may be accumulating while you're at the emergency room, including the following:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts

- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.

Features

- Nonoccupational coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your spouse and/or dependent children
- · Benefits for both inpatient and outpatient treatment of covered accidents
- Guaranteed-issue (No underwriting is required to qualify for coverage).
- Payroll deduction (Premiums are paid by convenient payroll deduction).
- Portable coverage (You can continue coverage when you leave employment; see the back of your brochure for guidelines).



HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
HOSPITAL ADMISSION We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident (within six months of the date of the accident). We will pay this benefit once per calendar year, per covered accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.	\$1,000	\$1,000	\$1,000
HOSPITAL CONFINEMENT (per day) We will provide this benefit on the first day of hospital confinement for up to 365 days per covered accident when an insured is confined to a hospital due to a covered accident. Hospital confinement must begin within 90 days from the date of the accident.	\$200	\$200	\$200
HOSPITAL INTENSIVE CARE (per day) This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.	\$400	\$400	\$400
MEDICAL FEES (for each accident) If an insured is injured in a covered accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.	\$125	\$125	\$75
PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days) Quadriplegia Paraplegia	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL-DEATH	\$50,000	\$10,000	\$5,000
ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)	\$100,000	\$50,000	\$15,000
SINGLE DISMEMBERMENT	\$6,250	\$2,500	\$1,250
DOUBLE DISMEMBERMENT	\$25,000	\$10,000	\$5,000
LOSS OF ONE OR MORE FINGERS OR TOES	\$1,250	\$500	\$250
PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)	\$100	\$100	\$100

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

Accidental Injury means bodily injury caused solely by or as the result of a covered accident.

Covered Accident means an accident that occurs on or after the effective date, while the certificate is in force, and that is not specifically excluded.

ACCIDENT INSURANCE PLAN

MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD	
FRACTURES (closed reduction):			
Hip/Thigh	\$4,500	\$4,000	
Vertebrae (except processes)	\$4,050	\$3,600	
Pelvis	\$3,600	\$3,200	
Skull (depressed)	\$3,375	\$3,000	
Leg	\$2,700	\$2,400	
Forearm/Hand/Wrist	\$2,250	\$2,000	Once reduction is reid at
Foot/Ankle/Knee Cap	\$2,250	\$2,000	Open reduction is paid at
Shoulder Blade/Collar Bone	\$1,800	\$1,600	150% of closed reduction.
Lower Jaw (mandible)	\$1,800	\$1,600	Multiple fractures and disloca-
Skull (simple)	\$1,575	\$1,400	tions are paid at 150% of the
Upper Arm/Upper Jaw	\$1,575	\$1,400	benefit amount for open or
Facial Bones (except teeth)	\$1 ,350	\$1,200	closed reduction.
Vertebral Processes	\$900	\$800	
Coccyx/Rib/Finger/Toe	\$360	\$320	Chip fractures are paid at
			10% of the fracture benefit.
DISLOCATIONS (closed reduction):		.	Partial dislocations are paid at
Hip	\$3,600	\$2,700	25% of the dislocation benefit.
Knee (not knee cap)	\$2,600	\$1,950	E370 of the dislocation benefit.
Shoulder	\$2,000	\$1,500	
Foot/Ankle	\$1,600	\$1,200	
Hand	\$1,400	\$1,050	
Lower Jaw	\$1,200	\$900	
Wrist	\$1,000	\$750	
Elbow	\$800	\$600	
Finger/Toe	\$320	\$240	

SPECIFIC INJURIES

SPECIFIC INJURIES		
EMPLOYEE//SPOUSE//CHILD EMPLOYEE//SPOUSE//CHILD		
RUPTURED DISC (treatment within 60 days; surgical repair within one year) Injury occurring during first certificate year Injury occurring after first certificate year \$100	Resulting in extraction Remarks (per accident) \$150 \$50	
TENDONS/LIGAMENTS (within 60 days; surgical repair within \$400 (Single)	BURNS (treatment within 72 hours and based on percent of body surface burned):	
90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.	Second-Degree Burns Less than 10% \$100 At least 10%, but less than 25% \$200 At least 25%, but less than 35% \$500 35% or more \$1,000	
TORN KNEE CARTILAGE (treatment within 60 days; surgical repair within one year) Injury occurring during first certificate year Injury occurring after first certificate year \$100	Third-Degree Burns Less than 10% \$500 At least 10%, but less than 25% \$3,000 At least 25%, but less than 35% \$7,000 35% or more \$10,000	
EYE INJURIES Treatment and surgical repair within 90 days \$250	First-degree burns are not covered. LACERATIONS (treatment and repair within 72 hours):	
Removal of foreign body \$50 CONCUSSION (a head injury resulting in electroencephalogram \$200	Under 2" long \$50 2" to 6" long \$200 Over 6" long \$400 Lacerations not requiring stitches \$25	
abnormality) COMA (lasting 30 days or more) \$10,000	Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	

ADDITIONAL BENEFITS

EMPLOYEE//SPOUSE//CHILD

AMBULANCE \$100

AIR AMBULANCE \$500

If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a covered accident, we will pay the amount shown.

BLOOD/PLASMA \$100

If the insured receives blood or plasma within 90 days following a covered accident, we will pay the amount shown.

APPLIANCES \$100

We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

INTERNAL INJURIES \$1,000

(resulting in open abdominal or thoracic surgery)

ACCIDENT FOLLOW-UP TREATMENT \$25

We will pay this benefit for up to six treatments per covered accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

EXPLORATORY SURGERY \$250

without repair (i.e., arthroscopy)

PROSTHESIS \$500

If an insured requires the use of a prosthetic device due to injuries received in a covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.

\$25 PHYSICAL THERAPY

We will pay this benefit for up to six treatments per covered accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

TRANSPORTATION \$300 (train/plane) \$150 (bus)

If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the covered accident. The distance to the hospital must be greater than 50 miles from your residence.

FAMILY LODGING BENEFIT (per night) \$100

If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a covered accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.

WELLNESS BENEFIT (per 12-month period)

\$60 While coverage is in force, we will pay this benefit for preventive testing once each 12-month period.

Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations,

immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

Will your major medical insurance cover all of your bills?

Supplemental hospital indemnity insurance provides financial help to enhance your current coverage.

Your health insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any other expenses that are not covered by the plan. As a result, you could incur significant outof-pocket expenses if you or a family member were hospitalized.



You don't want to be caught unprepared in a medical emergency and have to rely on your family's savings to cover the extra expenses you may face. This plan can help cover those expenses and protect your savings.

PLAN BENEFITS

BENEFIT AMOUNTS

\$150

HOSPITAL CONFINEMENT (per day, up to 180 days confinement)

This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for Injuries received in a Covered Accident, the Covered Person must be confined to a hospital within 6 months of the date of the Covered Accident.

This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.

HOSPITAL ADMISSION (per admission)

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within 6 months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again.

HOSPITAL INTENSIVE CARE (per day, 30 day maximum for any one period of confinement)

This benefit is paid when a Covered Person is confined in a hospital intensive care unit because of a Covered Sickness or due to an Injury received from a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital intensive care unit within 6 months of the date of the Covered Accident.

We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness. If we pay benefits for confinement in a hospital intensive care unit and a Covered Person becomes confined to a hospital intensive care unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

\$1,500

\$150

LIMITATIONS AND EXCLUSIONS

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

CRITICAL ILLNESS

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

The Plan contains a 30-day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force 30 days from the Effective Date. If an Insured is first diagnosed during the Waiting Period, benefits for treatment of that Critical Illness or Specified Procedure will apply only to loss commencing after 6 months from the Effective Date; or, at the Employee's option, they may elect to void the Certificate from the beginning and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

EXCLUSIONS

Benefits will not be paid for loss due to: Intentionally self-inflicted injury or action; Suicide or attempted suicide while sane or insane; Voluntary participation in Illegal activities or voluntary participation in an illegal occupation; War, whether declared or undeclared or military conflicts, voluntary participation in an insurrection or riot, civil commotion or state of belligerence.; Substance abuse; or Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Condition means a sickness or physical condition which, within the 6-month period prior to the Effective Date resulted in an insured receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 6 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 6 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A condition will no longer be considered Pre-existing at the end of 6 consecutive months starting and ending after the Effective Date.

Treatment means consultation; care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

TERMS YOU NEED TO KNOW

The Effective Date of your insurance will be the date shown in your Certificate Schedule.

Employee means the insured as shown in the Certificate Schedule.

Spouse means an Employee's legal wife or husband.

Dependent Children means your natural children, step-children, foster children, legally adopted children, children placed for adoption, or children

for whom coverage has been court-ordered, who are under age 26.

Your natural Children born after the Effective Date of the Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate at the end of the month in which the child attains age 26. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria: 1. New and serial eletrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which is first manifested on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Cancer (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark's Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Renal Failure (Kidney Failure) means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to

function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

PORTABLE COVERAGE

When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is terminated; (2) The 31st day after the premium due date if the required premium has not been paid; (3) The date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse ceases to be a dependent; (3) the end of the month in which the Dependent Child attains age 26; (4) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

ACCIDENT

WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM: Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service; Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those that are not motordriven; Participating or attempting to participate in an illegal activity or working at an illegal job; Committing or attempting to commit suicide, while sane or insane; Injuring or attempting to injure yourself intentionally; Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness; Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common-Carrier Death Benefit; Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; Participating in any professional or semiprofessional organized sport; Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician; Driving any taxi, or intrastate or interstate longdistance vehicle for wage, compensation, or profit; Mountaineering using ropes and/or other equipment, parachuting, or hang gliding; Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident; An injury arising from any employment; Injury or sickness covered by workers' compensation.

A doctor or physician does not include you or a member of your immediate family.

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a loss that is caused by, that is contributed to, or that results from a Pre-Existing Condition for 6 months after the Effective Date of your certificate and attached riders, as applicable.

Pre-Existing Condition means within the 6-month period prior to the Effective Date of the Certificate and attached Riders, as applicable, those conditions for which medical advice or treatment was received or recommended.

A claim for benefits for loss starting after 6 months from the Effective Date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures, and taking prescribed drugs and medicines.

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-Existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

You and Your refer to an employee as defined in the plan.

Spouse means the person married to you on the Effective Date of the rider. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

Dependent Children means your natural children, step-children, foster children, legally adopted children, children placed for adoption, or children for whom coverage has been court-ordered, who are under age 26.

Your natural Children born after the Effective Date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate at the end of the month in which the child attains age 26. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

PORTABLE COVERAGE

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee

LIMITATIONS AND EXCLUSIONS

will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

TERMINATION

Insurance for an insured employee will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date the employee ceases to meet the definition of an employee as defined in the master policy, (4) the premium due date which falls on or first follows the employee's 70th birthday, or (5) the date the employee is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

EFFECTIVE DATE

The Effective Date for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

HOSPITAL IDEMNITY

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

EXCLUSIONS

We will not pay benefits for loss caused by Pre-Existing Conditions.

We will not pay benefits for loss contributed to, caused by, or resulting from: War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service; Suicide - committing or attempting to commit suicide, while sane or insane; Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally; Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit; Racing - Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; Aviation operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven; Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician; Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job; Sports - participating in any organized sport: professional or semiprofessional; Custodial Care. This is care meant simply to help people who cannot take care of themselves; Treatment for

being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications; Services performed by a relative; Services related to sex change, sterilization, in vitro fertilization, or reversal of a vasectomy or tubal ligation; A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance; Elective abortion; Treatment, services, or supplies received outside the United States and its possessions or Canada; Dental services or treatment; Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery; Mental or emotional disorders without demonstrable organic disease; Alcoholism, drug addiction, or chemical dependency; Injury or sickness covered by workers' compensation; Routine physical exams and rest cures.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means within the 12-month period prior to the Effective Date of the certificate those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a Pre-Existing Condition for 12 months after the Effective Date of the certificate, or for 12 months from the date medical care, treatment, or supplies were received for the Pre-Existing Condition, whichever is less.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

Pregnancy is a "Pre-Existing Condition" if conception was before the effective date of a certificate.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

If a certificate is issued as a replacement for a certificate previously issued under the Plan, then the Pre-Existing Condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining period of Pre-Existing Condition limitation of the prior certificate would continue to apply to the prior level of benefits.

TERMS YOU NEED TO KNOW

You and Your – Refer to an employee as defined in the Plan.

Spouse – means your legal spouse who is between that ages of 18 and 64

Dependent Children – Mmeans your natural children, step-children, foster children, legally adopted children, children placed for adoption, or children for whom coverage has been court-ordered, who are under age 26.

Your natural Children born after the Effective Date will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate at the end of the month in which the child attains age 26. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

Covered Person – If the certificate is issued as: Individual coverage, the covered Person means you; Employee/Spouse coverage, covered Person

LIMITATIONS AND EXCLUSIONS

means you and your legal spouse; Single Parent Family coverage, covered Person means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage; Family coverage, covered Person means you and your spouse and covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

Injury or Injuries – An accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered accident – An accident, which occurs on or after a covered Person's Effective Date, while the certificate is in force, and which is not specifically excluded.

Sickness – An illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an Injury.

Covered Sickness – An illness, infection, disease, or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force; and was not treated or for which a covered Person did not receive advice within 12 months before the Effective Date of his/her coverage; and is not excluded by name or specific description in the certificate.

Doctor or Physician – A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

A hospital is not a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

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

Effective Date – The date as shown in the Certificate Schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its Effective Date, automatically replaces any certificate or certificates previously issued to you under the plan.

Individual Termination – Your insurance will terminate on the earliest of the date the plan is terminated; on the 31st day after the premium due date if the required premium has not been paid; on the date you cease to meet the definition of an employee as defined in the plan; on the premium due date which falls on or first follows your 70th birthday; or on the date you are no longer a member of an eligible class.

Termination of any covered Person's insurance under the certificate shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

Portable Coverage - When coverage would otherwise terminate because

the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CAI2800UT, CA8500-MP-UT, and CA7700-MP(UT).

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