# Peace of Mind and Real Cash Benefits

## GROUP CRITICAL ILLNESS

CI[G]

This is a limited plan. It provides benefits for cancer, carcinoma in situ, skin cancer, heart attack, stroke, and end-stage renal failure only. Read the plan carefully with the required disclosure statement. This coverage does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

Notice: Any applicant who does not have at least major medical insurance or at least basic hospital and basic medical insurance is not eligible for this coverage and will not be covered by the group policy.

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# GROUP CRITICAL ILLNESS

Policy Forms AF2800NY, AF2801NY, AF2810NY, and AF2811NY

CI[G]

## You can win the battle against a critical illness, but can you handle the added costs?

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

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

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

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

## COVERAGE WORK SHEET

| | |
|---|---|
| Employee Benefit: | $ _____ |
| Spouse Benefit: | $ _____ |
| Child Benefit:<br>(50 percent of the primary insured amount) | $ _____ |
| **Total Deduction:** | $ _____ |

This work sheet is for illustration purposes only. It does not imply coverage.

## BENEFITS

### COVERED CRITICAL ILLNESSES:[1]

| | |
|---|---|
| HEART ATTACK (Myocardial Infarction) | 100% |
| STROKE (Apoplexy or Cerebral Vascular Accident) | 100% |
| RENAL FAILURE (End-Stage) | 100% |

### SPECIFIED CRITICAL ILLNESS BENEFITS

After the waiting period, we will pay benefits if an insured is diagnosed with one of the specified critical illnesses shown as long as the date of diagnosis is while the plan and the insured's coverage is in force and as long as the illness is not excluded by name or specific description in the plan.

If an insured receives a benefit for carcinoma in situ and/or skin cancer and is later diagnosed with a different covered specified critical illness, we will pay the maximum benefit amount less any benefits previously received under the plan, subject to the lifetime maximum benefit. An insured's lifetime maximum benefit amount will be shown in the benefit schedule in each certificate.

We will calculate benefits for a specified critical illness according to the benefit amount in affect when the diagnosis is made. That amount will be multiplied by the percentage payable shown in the benefit schedule for the applicable specified critical illness, minus any partial benefits paid.

### LIFETIME MAXIMUM BENEFITS

| Insured: | Percentage of Initial Benefit |
|---|---|
| Employee: | 200% |
| Spouse: | 200% |
| Child(ren): | 200%* |

*Note: The child benefit amount is 50% of the employee's initial benefit amount. This 200% represents 200% of this 50%—not 200% of the employee's initial benefit amount.

When we have paid the lifetime maximum benefit shown in the insured's certificate benefit schedule, the coverage for that insured terminates. No additional benefits are payable for a surgical procedure performed as a result of a covered specified critical illness for which we have paid benefits. When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for each insured, the certificate terminates. We will pay benefits for a specified critical illness in the order the events occur.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.

[1]All covered conditions are subject to the definitions found in your certificate.

## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

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.

This 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 their effective date. If a specified critical illness is diagnosed during the initial 30 days of coverage (the waiting period), no benefits will be payable for that specified critical illness until 12 months after the insured's effective Date; or, at the employee's option, may elect to void coverage for that insured from the beginning and receive a full refund of any applicable premium.

When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for an insured, the coverage for that insured terminates. No additional benefits are payable for a surgical procedure performed as a result of a covered specified critical illness for which we have paid benefits. When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for each insured, the certificate terminates. We will pay benefits for a specified critical illness in the order the events occur.

### EXCLUSIONS

We will not pay for loss due to: (1) War – War or act of war (whether declared or undeclared); or service in the Armed Forces or units auxiliary thereto; (2) Suicide/Self-Inflicted Injuries – Suicide, attempted suicide, or intentionally self-inflicted injury; (3) Illegal Acts – Participation in a felony, riot, or insurrection.

Diagnosis must be made and treatment received in the United States, its possessions, or the countries of Mexico or Canada.

# WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

## PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for any specified critical illness starting within six months of the insured's effective date that is caused by, contributed to by, or resulting from a pre-existing condition.

A claim for benefits for loss starting after six months from the insured's effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A specified critical illness will no longer be considered pre-existing at the end of six consecutive months starting and ending after the insured's effective date.

Pre-existing condition means a condition for which medical advice was given or treatment was recommended by, or received from, a licensed health care provider within the six-month period before an insured's effective date.

## TERMS YOU NEED TO KNOW

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

**Eligibility** Classes of Coverage:

Class I
All full-time and part-time benefit-eligible employees of the issue age shown on the master application are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he: was previously insured under Class I; and is no longer employed by the policyholder.

The employee must elect Class II coverage under the Portability Privilege within 60 days after the date for which his Class I eligibility would otherwise terminate.

Only dependents covered under Class I coverage are eligible for continued coverage under Class II.

Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.

**Employee** (as used in this plan) A person insured under the plan who is: (1) An employee of the policyholder or an eligible spouse of the employee; (2) Actively at work; and Included in the class of employees eligible for coverage as shown on the application.

**Dependent(s)** The employee's: (1) Lawful spouse (The spouse must meet the legal requirements of a spouse as defined by the laws of New York), unless such spouse is eligible for coverage as an employee under this plan; and (2) Natural or stepchild, unless such child is eligible as an employee under this plan and who: a. Is less than 26 years old; or b. Is chiefly dependent upon the Insured and becomes incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law) or physical handicap and who became so incapacitated prior to age 26. The employee must furnish proof of such incapacity and dependency to Aflac New York within 31 days of the dependent child's 26th birthday. The employee must furnish proof of continued incapacity and dependency at Aflac New York's request, but not more often than annually, after the two-year period following the dependent child's 26th birthday.

This term includes a child who: (1) Is the newborn child of an employee or spouse; (2) Is adopted by or placed for adoption (including any waiting period prior to the finalization of the child's adoption) with, or is party in a suit of adoption by the covered employee; or (3) Is required to be provided coverage by the covered employee or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO) A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (Section 609 a).

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

**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 begins 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.

**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.

## YOU MAY CONTINUE YOUR COVERAGE

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

## TERMINATION

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

**American Family Life Assurance Company of New York is not aware of whether any employees receive benefits from Medicare, Medicaid, or a state variation. If any employees or dependents are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned.**

**This means that any such employees may not receive any of the benefits in the plan. As a result, employees should please check the coverage in all health insurance policies those employees already have or may have before such employees buy this insurance to verify the absence of any assignments or liens.**

**Notice to Consumer: The coverages provided by American Family Life Assurance Company of New York represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. American Family Life Assurance Company of New York coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

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

For groups situsued in New York, group coverage is underwritten by American Family Life Assurance Company of New York, and customer service is administered by Continental American Insurance Company, 22 Corporate Woods Boulevard Albany, New York 12211.

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 Forms AF2800NY, AF2801NY, AF2810NY, and AF2811NY.

**American Family Life Assurance Company of New York**
**(herein referred to as Aflac New York)**
**22 Corporate Woods Boulevard • Suite 2 •Albany, New York 12211**
**TOLL-FREE 1-866-849-2964**

**GROUP SPECIFIED CRITICAL ILLNESS COVERAGE ONLY**

**REQUIRED DISCLOSURE STATEMENT FOR POLICY FORM AF2800NY, et al**

The certificate is a group certificate. The certificate provides Specified Critical Illness Insurance Coverage ONLY. This coverage does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

## BENEFITS

**The certificate provides lump sum benefits for Cancer (internal or invasive), Skin Cancer & Carcinoma in Situ, Heart Attack, Stroke, and Kidney Failure.**

The following benefits will be paid, subject to LIMITATIONS AND EXCLUSIONS, if an insured is diagnosed as having a covered Specified Critical Illness. The Date of Diagnosis of the Specified Critical Illness must be after the Waiting Period, while the policy and the Insured's coverage is in force and the disease must not be excluded by name or specific description.

If a Specified Critical Illness is diagnosed during the initial 30 days of coverage (the Waiting Period), no benefits will be payable for that Specified Critical Illness until 12 months after the Insured's Effective Date; or, at Your option, You may elect to void coverage for that Insured from the beginning and receive a full refund of any applicable premium.

The Lifetime Maximum Benefit amount per Insured is **200% of the Maximum Benefit**
Maximum Benefit Amount **See brochures**

Benefits are calculated by taking the benefit amount in effect when the diagnosis is made, multiplying by the percentage shown below, and subtracting any partial benefits previously paid.

| | |
|---|---|
| Cancer | |
| Invasive Cancer | 100% |
| Carcinoma in Situ | 25%* |
| Skin Cancer | 10%* |
| Kidney Failure (End-Stage Renal Failure) | 100% |
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |

*Payable only once per lifetime. Carcinoma in Situ- When this Partial Benefit is paid, it will reduce the Cancer Benefit by 25%. Skin Cancer- When this Partial Benefit is paid, it will reduce the Cancer Benefit by 10%.

Example: Cancer (internal or invasive)

| | |
|---|---|
| $30,000 | Maximum Benefit Amount |
| - $7,500 | Benefit previously paid for Carcinoma in Situ |
| $22,500 | |
| x 100% | Benefit percentage for Cancer (internal or invasive) |
| $22,500 | Total Benefit Payable |

The payment of benefits is subject to the following:

1. When we have paid the Lifetime Maximum Benefit shown in the Benefit Schedule for an Insured, the coverage for that Insured terminates. No additional benefits are payable for a surgical procedure performed as a result of a covered Specified Critical Illness for which we have paid benefits. When we have paid the Lifetime Maximum Benefit shown in the Benefit Schedule for each Insured, the certificate terminates.

2. We will pay benefits for a Specified Critical Illness in the order the events occur.

3. We will pay the Carcinoma in Situ and the Skin Cancer benefit only once per lifetime.

## LIMITATIONS AND EXCLUSIONS

The certificate 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 their Effective Date. If a Specified Critical Illness is diagnosed during the initial 30 days of coverage (the Waiting Period), no benefits will be payable for that Specified Critical Illness until 12 months after the Insured's Effective Date; or, at Your option You may elect to void coverage for that Insured from the beginning and receive a full refund of any applicable premium.

## PRE-EXISTING CONDITIONS LIMITATION

We will not pay benefits for any condition or illness starting within six months of an Insured's Effective Date that is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after six months from an Insured's 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 six consecutive months starting and ending after an Insured's Effective Date.

"Pre-existing Condition" means a condition for which medical advice was given or Treatment was recommended by, or received from, a licensed health care provider within the six-month period before the Insured's Effective Date.

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

## EXCLUSIONS

We will not pay for loss due to:

1. **War -** war or act of war (whether declared or undeclared); or service in the Armed Forces or units auxiliary thereto.

2. **Suicide/Self-Inflicted Injuries –** suicide, attempted suicide, or intentionally self-inflicted injury.

3. **Illegal Acts –** participation in a felony, riot or insurrection.

   Diagnosis must be made and Treatment received in the United States, its possessions or the countries of Mexico or Canada.

TERMINATION NOTICE: In order to be covered by this insurance, an individual MUST also be covered under at least major medical insurance or at least basic hospital insurance and basic medical insurance. If they do not have at least major medical insurance or at least basic hospital insurance and basic medical insurance in force on the Effective Date of this coverage, we will consider their coverage as if it never existed and return any applicable premium.

**This disclosure is a very brief summary of Your certificate. The certificate itself sets forth the rights and obligations of both You and Aflac New York. It is therefore imperative that You READ YOUR CERTIFICATE carefully.**

The expected benefit loss ratio for these forms is 70%. This ratio is the portion of future premiums that Aflac New York expects to return as benefits, when averaged over all people with this coverage.