



We've got you
under our wing.SM

Pasco County Schools AFLAC Products Guide

GROUP CRITICAL ILLNESS Includes Cancer

Policy Series CI2100-C-FL

CI^G

PLAN FEATURES

GUARANTEED ISSUE \$10,000 EMPLOYEE/\$5,000 SPOUSE Participation Requirement for groups 250 or less is 50 applications; for groups 250+ participation requirement is 20% of eligible employees. **\$5,000 EMPLOYEE** Participation Requirement for groups 250 or less is 25 applications; for groups 250+ participation requirement is 10% of eligible employees.

SAME DAY COVERAGE Coverage will be effective the date the employee signs the application pending underwriting approval.

PORTABILITY Employees can keep coverage at same rates and benefits if they leave their job, with certain stipulations.

CANCER OPTION May be sold with or without cancer benefit.

PREMIUM OPTIONS May be sold on tobacco/non-tobacco structure or uni-tobacco structure.

PLAN BENEFITS

FIRST OCCURRENCE BENEFIT After the waiting period, a Lump Sum Benefit is payable upon initial diagnosis of a covered illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition you still retain the ability to purchase spouse coverage.

ADDITIONAL OCCURRENCE BENEFIT If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 90 days.

When we have paid the benefits due once for each Specified Critical Illness, the Employee's Certificate ends. No additional benefits are payable for a Surgical Procedure performed as a result of a Specified Critical Illness for which we have paid benefits.

25% 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) After the Waiting Period, pays 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. *Covered health screening tests include (but are not limited to): mammography, colonoscopy, pap smear, breast ultrasound, chest x-ray, PSA (blood test for prostate cancer), stress test on a bicycle or treadmill, and bone marrow testing.*

COVERED SPECIFIC CRITICAL ILLNESSES:

CANCER	100%
HEART ATTACK (Myocardial Infarction).....	100%
STROKE (Apoplexy or Cerebral Vascular Accident).....	100%
MAJOR ORGAN TRANSPLANT	100%
RENAL FAILURE (End Stage)	100%
CARCINOMA IN SITU.....	25%
CORONARY ARTERY BYPASS SURGERY	25%

NOTE: If a benefit is paid for carcinoma in situ, the internal cancer benefit will be reduced by 25%. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25%. All covered conditions are subject to the definitions found in your certificate.

Personal Cancer Protector Plan

A CANCER EXPENSE INSURANCE POLICY

Level 1

Plan Benefits

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

 Without it, no insurance is complete.

A-59175R1-FL

RC(5/02)



Personal Cancer Coverage

Cancer Insurance Only; Policy Series A-59100

FIRST-OCCURRENCE BENEFIT

AFLAC will pay a \$1,500 FIRST-OCCURRENCE BENEFIT 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.

HOSPITAL CONFINEMENT BENEFIT

(This includes confinement in a U.S. government hospital.)

AFLAC will pay \$200 for each day any covered person is hospitalized and charged as an inpatient for the first 30 days for cancer treatment. Benefits increase to **\$400** 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 \$200 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 **\$200** per prescription; oral chemotherapy, regardless of where administered, will be limited to the actual cost of the drugs up to **\$200** per prescription (monthly maximum of **\$800**); (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 **\$200** per day. **No lifetime maximum.**

EXPERIMENTAL TREATMENT BENEFIT

AFLAC will pay the charges incurred up to \$200 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.**



Without it, no insurance is complete.

SURGICAL/ANESTHESIA BENEFIT

AFLAC will pay \$95 to \$3,000 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 \$3,750. **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 \$2,500 to any covered person for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer treatment. **Lifetime maximum of \$2,500 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 \$50 times the number of days of covered hospital confinement if a covered person receives blood/plasma, blood processing, blood administration, crossmatching and transfusion 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 \$200 for blood/plasma, processing, blood administration, crossmatching and transfusion 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 \$200 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 40 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 \$1,200 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 \$50 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.**

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

CANCER SCREENING WELLNESS BENEFIT: AFLAC will pay \$40 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.**

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.**

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.

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.

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.

Personal Cancer Coverage

Cancer Insurance Only; Policy Series A-59000

\$2,000 FIRST-OCCURRENCE BENEFIT

(Policy Series A-59200)

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.

\$5,000 FIRST-OCCURRENCE BENEFIT

(Policy Series A-59300)

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.**



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.**

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

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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.**

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.**

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.**

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.

GROUP ACCIDENT INSURANCE

Policy Series CA7700-MP

AC1^G

PLAN FEATURES

24-Hour or Non-occupational Coverage.

No limit on the number of claims.

Supplements and pays regardless of any other insurance programs.

Benefits available for spouse and/or dependent children.

Benefits for both inpatient and outpatient treatment of covered accidents.

Guaranteed Issue - No underwriting required to qualify for coverage.

PLAN BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Common Carrier Death (Plane, Train, Boat or Ship)	\$100,000
Accidental Death	\$50,000
Double Dismemberment	\$25,000
Single Dismemberment	\$6,250
Loss of One or More Fingers or Toes	\$1,250
Partial Amputation of Fingers or Toes (Including at least one joint)	\$100

HOSPITAL BENEFITS

Paralysis	\$10,000
Hospital Admission	\$1,000
Hospital Intensive Care (per day)	\$400
Hospital Confinement (per day)	\$200
Medical Fees	\$125

SPECIFIC INJURIES

Burns	\$100-\$10,000
Lacerations	\$25-\$400
Ruptured Disc	\$100-\$400
Tendons/Ligaments	\$400-\$600
Torn Knee Cartilage	\$100-\$400
Eye Injuries	\$50-\$250
Coma	\$10,000
Concussion	\$200
Emergency Dental Work	\$50-\$150

ADDITIONAL BENEFITS

Internal Injuries	\$1,000
Air Ambulance	\$500
Prosthesis	\$500
Transportation	\$150-\$300
Exploratory Surgery	\$250
Ambulance	\$100
Blood/Plasma	\$100
Appliances	\$100
Family Lodging Benefit	\$100
Wellness Benefit	\$60
Accident Follow-up Treatment	\$25
Physical Therapy	\$25

MAJOR INJURIES

Fractures* (open reduction)	
Hip/Thigh	\$6,750
Vertebrae (except processes)	\$6,075
Pelvis	\$5,400
Skull (depressed)	\$5,062
Leg	\$4,050
Forearm/Hand/Wrist	\$3,375
Foot/Ankle/Knee cap	\$3,375
Shoulder blade/Collar bone	\$2,700
Lower Jaw (Mandible)	\$2,700
Skull (Simple)	\$2,362
Upper Arm/Upper Jaw	\$2,362
Facial bones (except teeth)	\$2,025
Vertebral Processes	\$1,350
Coccyx/Rib/Finger/Toe	\$540
Dislocations* (open reduction)	
Hip	\$5,400
Knee (not knee cap)	\$3,900
Shoulder	\$3,000
Foot/Ankle	\$2,400
Hand	\$2,100
Lower Jaw	\$1,800
Wrist	\$1,500
Elbow	\$1,200
Finger/Toe	\$480

*Closed reduction pays a benefit 33% less than open reduction.

GROUP WHOLE LIFE INSURANCE

Policy Series WL9800-MP

WLG

PLAN FEATURES

FLEXIBILITY TO MEET YOUR NEEDS

Employee—Coverage amount: up to \$100,000.

Spouse—Coverage amount: up to \$50,000 (not to exceed employee's coverage).

Children (ages 15 days-24 years)—\$10,000 child term rider covers all your dependent children for only \$1.38 per week.

BUILDS CASH VALUE In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return (competitive interest rates) and pay no taxes on any of the money until you use it. You have access to your cash value and have the ability to make loans or withdrawals.

NO MEDICAL EXAMS Required Employees and their families may apply for benefit amounts by answering only a few medical questions.

GUARANTEED ISSUE \$10,000 employee/\$5,000 spouse based on 20% participation and 50 applications • \$5,000 employee based on 10% participation and 25 applications.

IMMEDIATE EFFECTIVE DATE Guaranteed Issue coverage will be effective the date the employee signs the application.

PERMANENT INSURANCE PROTECTION Once your insurance application has been approved and payroll deductions have started, the coverage is yours to keep by continuing to pay premiums. Your premium will never increase.

PORTABILITY Take your coverage with you if you leave the company.

PLAN BENEFITS

WAIVER OF PREMIUM RIDER (Employee only • Issue ages 18-55)

Waives entire premium amount for employee coverage after the insured has been totally disabled for 4 months and continues throughout the duration of the disability. Any recurrence of a prior disability will be covered, provided the prior disability continued for at least 6 consecutive months, if it begins within 30 days of the recovery, and is due to the same or related causes. The waiver of premium is also available for loss of sight or loss of limbs even though the employee may be able to engage in an occupation. The rider terminates on the employee's certificate anniversary coinciding with or next following his 60th birthday.

ACCIDENTAL DEATH BENEFIT RIDER (Employee and Spouse only • Issue ages 18-60)

The benefit provides an additional benefit equal to the face amount if the insured dies in an accident. The maximum coverage available under this rider is \$100,000.

ACCELERATED BENEFIT RIDER

This offers one-half of the death benefit to be paid prior to death, when the insured is diagnosed with a terminal illness. This is a life insurance rider, which pays, Accelerated Death Benefits at your option under conditions specified in this rider. This rider is not intended to provide health, nursing, home or long term care insurance. Benefit payments may affect your eligibility to receive Medicaid and other government benefits or entitlements. Insureds and/or spouses are eligible for this benefit. Receipt of Accelerated Benefits may be taxable. The Insured should consult with his personal tax advisor.

CAI9880

GROUP HOSPITAL INDEMNITY

Policy Series CA8500-MP

PLAN 1



HOSPITAL CONFINEMENT

(up to 180 days per 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 six 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.

\$200
per day

HOSPITAL INTENSIVE CARE

(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 six 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 six months because of the same or related condition, we will treat this confinement as the same period of confinement.

\$250
per day

HOSPITAL 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 for 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.

\$250
per admission

WELLNESS BENEFIT

We will pay this benefit when an insured visits a doctor and is neither sick nor injured.

\$50
per calendar year

HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MEDICAL FEES)

If an insured is injured in a Covered Accident or has treatment as the result of a Covered Sickness, he will receive the following:

- \$50 - Physician (per visit)
- \$25 - Laboratory fees (per visit)
- \$50 - X-ray (per visit)
- \$25 - Injections/medications (per visit)
- Not to exceed a maximum of \$50 per visit.

Up to a maximum of
\$50 per visit

Maximum \$300 per Insured
per calendar year

ACCIDENTAL DEATH BENEFIT

We will pay this benefit if an insured is injured in a covered accident and the injury results in death within 90 days after the covered accident.

\$5,000

GROUP HOSPITAL INDEMNITY
Policy Series CA8500-MP
PLAN 4



HOSPITAL CONFINEMENT

(UP to 180 days per 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 six months of the date of the Covered Accident.

\$1,000
per day

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 INTENSIVE CARE

(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 six months of the date of the Covered Accident.

\$1,000
per day

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 six months because of the same or related condition, we will treat this confinement as the same period of confinement.

HOSPITAL 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.

\$1000
per admission

We will not pay benefits for confinement to an observation unit, or for emergency treatment for 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.

SURGICAL AND ANESTHESIA BENEFIT

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.

surgery up to
\$2,000

anesthesia up to
\$400

We will not pay benefits for confinement to an observation unit or for emergency treatment for 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.

WELLNESS BENEFIT

We will pay this benefit when an insured visits a doctor and is neither sick nor injured.

\$100
per calendar year

HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MEDICAL FEES)

If an insured is injured in a Covered Accident or has treatment as the result of a Covered Sickness, he will receive the following:

Up to a maximum
of
\$75 per visit

\$50 - Physician (per visit)

\$25 - Laboratory fees (per visit)

\$50 - X-ray (per visit)

\$25 - Infections/medications (per visit)

Not to exceed a maximum of \$50 per visit.

Maximum **\$450 per**
Insured per calendar year

ACCIDENTAL DEATH BENEFIT

We will pay this benefit if an insured is injured in a covered accident and the injury results in death within 90 days after the covered accident.

\$12,500