



CANCER PROTECTION ASSURANCE PLANS
Supplemental Cancer Indemnity Insurance

Benefit Description	Option 1	Option 2
Cancer Screening Wellness Benefit	\$25 *	\$75 *
Prophylactic Surgery (Due to Positive Genetic Testing Results)	\$125/Once per Lifetime	\$250/Once per Lifetime
Initial Diagnosis Initial Diagnosis Building Benefit Rider & Dependent Child Rider	Insured/Spouse: \$1,250; Child: \$2,500 Includes \$500 building benefit rider and an additional \$10,000 child rider	Insured/Spouse: \$5,000; Child: \$10,000 Includes \$500 building benefit rider and an additional \$10,000 child rider
Annual Care Benefit	\$250/Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years	\$500/Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years
Nonsurgical Treatment Benefit (Chemotherapy, Immunotherapy, Radiation or Experimental)	\$150/mo (Self-Administered) and \$800/mo (Physician-Administered)	\$375/mo (Self-Administered) and \$1,600/mo (Physician-Administered)
Hormonal Oral Chemotherapy	\$15/mo- Self-Administered (prescribed, receives and incurs a charge)	\$25/mo- Self-Administered (prescribed, receives and incurs a charge)
Topical Chemotherapy	\$100/mo (prescribed, receives and incurs a charge)	\$150/mo (prescribed, receives and incurs a charge)
Anti-Nausea	\$50/mo.	\$100/mo.
Stem Cell & Bone Marrow Transplantation (Combined)	\$3,500-Lifetime Max / \$50-Stem Cell Donor / \$500-Bone Marrow Donor	\$7,000-Lifetime Max / \$100-Stem Cell Donor / \$750-Bone Marrow Donor
Blood and Plasma	Inpatient: \$50x/Days Confined Outpatient: \$140/day	Inpatient: \$50x/Days Confined Outpatient: \$175/day
Surgical/Anesthesia Benefit	\$50-\$1,700 / 25% of surgical benefit	\$100-\$3,400 / 25% of surgical benefit
Skin Cancer Surgery	\$20 to \$200	\$35 to \$400
Additional Opinion Benefit	\$150 Lifetime Max	\$300 Lifetime Max
Prophylactic Surgery	(With Correlating Internal Cancer Diagnosis) \$125/Once per Lifetime	(With Correlating Internal Cancer Diagnosis) \$250/Once per Lifetime
Hospital Confinement < 30 days	Insured/Spouse: \$100/day; Child: \$125/day	Insured/Spouse: \$200/day; Child: \$250/day
Hospital Confinement 31 st day +	Insured/Spouse: \$200/day; Child: \$250/day	Insured/Spouse: \$400/day; Child: \$500/day
Outpatient Hospital Surgical Room	\$100/Day	\$200/Day
Extended-Care Facility	\$75/day – up to 30 days/calendar year	\$100/day – up to 30 days/calendar year
Home Health Care	\$50/day (10 days per hospital confinement) – Limit: 30 days/Calendar Yr.	\$100/day (10 days per hospital confinement) – Limit: 30 days/Calendar Yr.
Hospice	\$1,000/1st day, \$50/day thereafter, \$12,000/Lifetime Max	\$1,000/1st day, \$50/day thereafter, \$12,000/Lifetime Max
Nursing Services	\$50/day	\$100/day
Surgical Prosthesis	\$1,000 - Lifetime Max \$2,000	\$2,000 - Lifetime Max \$4,000
Non Surgical Prosthesis	\$90/Occurrence - Lifetime Max \$180	\$175/Occurrence - Lifetime Max \$350
Reconstructive Surgery/Anesthesia	\$50-\$1,000 (Breast) - \$250(Other) / 25% of Surgery Benefit	\$100-\$2,000 (Breast) - \$500 (Other) / 25% of Surgery Benefit
Egg Harvesting and Storage (Cryopreservation) Benefit	\$500/ \$100 (storage) - \$100 (Embryo transfer) \$700 Lifetime Max	\$1,000/\$200 (storage) - \$200 (Embryo transfer) - \$1,400 Lifetime Max
Ambulance	\$250 Ground and \$2000 Air	\$250 Ground and \$2000 Air
Transportation	\$.35/mile - Max: \$1,050	\$.40/mile - Max: \$1,200
Lodging	\$50/day – Max: 90 days/Calendar Year	\$65/day – Max: 90 days/Calendar Year
Monthly Payroll Premium:	Option 1	Option 2
Individual	\$22.54	\$39.45
One Parent Family	\$23.45	\$40.36
Insured/Spouse	\$40.40	\$71.69
Two Parent Family	\$41.31	\$72.60

*Payable up to 3/yr with a Positive Medical Diagnosis of Internal Cancer or an Associated Cancerous Condition

- 30-day waiting period –Aflac will not pay benefits if a covered person has a Cancer or an Associated Cancerous Condition diagnosed before their coverage has been in force 30 days.

This outline is for illustrative purposes only. Refer to the policy for complete details, limitations and exclusions.