



Cancer Protection Assurance

The fight against cancer has evolved. Aflac's coverage has as well.

Wellness Cancer Screening	\$75 per covered person, per year. <i>After diagnosis 3 per year.</i>
Initial Diagnosis Benefit	\$5,000 Insured/Spouse, \$10,000 Dependent Child
Initial Diagnosis Building Benefit Rider	\$500 annually
Specified Disease Benefit Rider	\$2,000 initial. Hospital \$400/day (day 1-30), \$800/day (day 31+)
Initial Dependent Child Rider	\$10,000 payable upon initial child diagnosis (family coverage)
Additional Opinion Benefit	\$300 per covered person, per lifetime
*Nonsurgical Treatment Benefits	
Chemotherapy	\$375/calendar month (Self-Administered)
Immunotherapy	\$1,600/calendar month (Physician)
Non-Hormonal	
Radiation Therapy	
Experimental Chemotherapy	
Annual Care	\$500 on the anniversary date of diagnosis. Five annual payments/person
Hormonal Therapy Benefits	\$25/calendar month
Topical Chemotherapy Benefit	\$150/calendar month
*Anti-nausea Benefit	\$100/calendar month
Stem Cell Transplantation	\$7,000 Covered Person, \$100 for Donor
Bone Marrow Transplant	\$7,000 Covered Person, \$750 for Donor
*Blood and Plasma (Inpatient)	\$50 times number of days in Hospital Confinement per person
*Blood and Plasma (Outpatient)	\$175/day per person
*Surgical/Anesthesia	\$100-\$3,400 Anesthesia: additional 25% of surgical benefit
*Skin Cancer Surgery	\$35-\$400 Laser or Cryosurgery to Excision of lesion of skin
Prophylactic Surgery	\$250 per covered person, per lifetime (with Internal diagnosis)
*Hospital Confinement, Days 1-30	\$200/day for Insured/Spouse and \$250/day for Dependent Child
*Hospital Confinement, Days 31+	\$400/day for Insured/Spouse and \$500/day for Dependent Child
*Outpatient Hospital Surgical Room	\$200/day
Extended Care Facility	\$100/day (30 days each calendar year/covered person)
*Home Health Care	\$100/day (limit 10 days per hospitalization and 30 days each year/person)
Hospice Care	\$1,000/day (Day 1), \$50/day (Day 2 to 220) \$12,000 lifetime max
*Nursing Services	\$100/day
Surgical Prosthesis	\$2,000 (\$4,000 lifetime maximum)
Non-surgical Prosthesis	\$175 /occurrence (\$350 maximum)
Reconstructive Surgery	\$100-\$2,000 (Breast), \$500 (Other), 25% will be paid for anesthesia
Egg Harvesting and Storage	\$1,000 harvesting, \$200 storage, \$200 Embryo Transfer
*Ambulance	\$250 for Ground, and \$2,000 for Air
*Transportation	\$.40/mile up to \$1,200, if hospital is >50 miles from residence
Lodging	\$65/day, if hospital is >50 miles from insured person's residence, limit of 90 days/calendar year

* = These benefits have NO LIFETIME MAXIMUM. Waiver of Premium and Continuation of Coverage included.

Opt. 2 Payroll Rates	Ages	Monthly
Individual	18-75	\$40.36
Insured & Spouse	18-75	\$72.60
One Parent Family	18-75	\$41.27
Two Parent Family	18-75	\$73.51

Family includes insured, spouse, and all unmarried, dependent children to age 26. This is a brief summary of coverage, please read both the policy and the brochure carefully. A copy of the brochure must accompany this summary.