

University System of Georgia and Group Critical Illness from Aflac



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Features of Aflac Plans

- **Fast Claims Payment**—Most claims are processed in about four days.
- **Unlimited Claims**—There is no limit on the number of claims a certificate holder can file.
- **Payroll Deduction**—Premiums are paid by convenient payroll deduction.
- **Portable Coverage**—Employees can continue through bank draft or direct billing as long as the master policy stays in force.

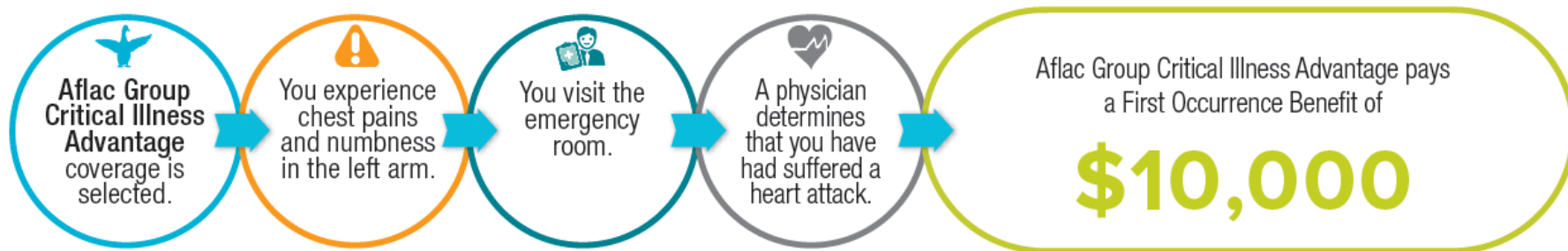
USG's Critical Illness Plan



Critical Illness Insurance

USG's Critical Illness Plan provides cash benefits when an insured person is diagnosed with or treated for a covered critical illness—and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness.

How it works



Amount payable based on \$10,000 First Occurrence Benefit.

Critical Illness Insurance

Plan Features

Coverage is guaranteed-issue in the following benefit amounts:

Option 1: \$20,000 for employees and \$10,000 for spouses

Option 2: \$10,000 for employees and \$5,000 for spouses

- \$50 health screening benefit
- No pre-existing condition limitation
- No waiting period
- No benefit reduction at any age
- 6 month reoccurrence benefit (12 months treatment-free for cancer)
- 6 month additional diagnosis benefit (12 months treatment-free for cancer)
- Standard portability
- Waiver of premium after 90 days of total disability

Critical Illness Insurance Benefits

Benefits

Coverage Type	Covered Conditions and Additional Benefits	Benefit Amount
Base Benefits	Coronary Artery Bypass Surgery, Non-Invasive Cancer	25%
	Heart Attack, Stroke, Kidney Failure (End-Stage Renal Failure), Major Organ Transplant, Bone Marrow Transplant (Stem Cell Transplant), Sudden Cardiac Arrest, Cancer (Internal or Invasive)	100%
Skin Cancer	Skin Cancer	\$250 per calendar year
Health Screening Benefit	Payable for health screening tests performed as the result of preventive care. Not payable for dependent children.	\$50 per calendar year
Additional Base Benefits	Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing	100%
Optional Benefits Rider	Advanced Alzheimer's Disease, Advanced Parkinson's Disease	25%
	Benign Brain Tumor	100%

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Please request a sample policy for full benefit descriptions and definitions.

Critical Illness Insurance Benefits

Benefits

- **Initial Diagnosis+**

An insured may receive up to 100% of his face amount upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease.

- **Additional Diagnosis+**

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid.

- **Reoccurrence+**

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid.

+If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

- **Waiver of Premium Benefit**

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

Group Critical Illness Insurance

Eligibility

Issue Ages

Employee: 18+

Spouse: 18+

Children: under age 26

Full-time, benefit-eligible employees working at least 30 hours per week are eligible to apply. If an employee is eligible, his spouse is also eligible to apply for coverage.

Eligible dependent children are automatically covered until the end of the month of their 26th birthday.

Dependents are covered at up to 50% of the face amount elected by the employee at no extra cost .

Rates

NONTOBACCO - Employee		
Attained Age	\$10,000	\$20,000
18-25	\$4.28	\$7.06
26-30	\$5.47	\$9.44
31-35	\$6.24	\$10.99
36-40	\$7.94	\$14.39
41-45	\$9.47	\$17.45
46-50	\$11.21	\$20.93
51-55	\$17.03	\$32.58
56-60	\$16.61	\$31.73
61-65	\$33.68	\$65.87
66-70	\$59.16	\$116.83
71+	\$59.16	\$116.83

NONTOBACCO - Spouse		
Attained Age	\$5,000	\$10,000
18-25	\$2.88	\$4.28
26-30	\$3.48	\$5.47
31-35	\$3.86	\$6.24
36-40	\$4.72	\$7.94
41-45	\$5.48	\$9.47
46-50	\$6.35	\$11.21
51-55	\$9.26	\$17.03
56-60	\$9.05	\$16.61
61-65	\$17.58	\$33.68
66-70	\$30.33	\$59.16
71+	\$30.33	\$59.16

TOBACCO - Employee		
Attained Age	\$10,000	\$20,000
18-25	\$5.53	\$9.57
26-30	\$7.16	\$12.84
31-35	\$8.82	\$16.14
36-40	\$11.75	\$22.01
41-45	\$14.05	\$26.61
46-50	\$16.71	\$31.93
51-55	\$26.05	\$50.62
56-60	\$26.32	\$51.15
61-65	\$52.18	\$102.86
66-70	\$89.73	\$177.97
71+	\$89.73	\$177.97

TOBACCO - Spouse		
Attained Age	\$5,000	\$10,000
18-25	\$3.51	\$5.53
26-30	\$4.33	\$7.16
31-35	\$5.15	\$8.82
36-40	\$6.62	\$11.75
41-45	\$7.77	\$14.05
46-50	\$9.10	\$16.71
51-55	\$13.77	\$26.05
56-60	\$13.91	\$26.32
61-65	\$26.83	\$52.18
66-70	\$45.61	\$89.73
71+	\$45.61	\$89.73

How to file a claim

To file a claim:

1. Visit www.aflacgroupinsurance.com.
2. Download the appropriate claim form.
3. Follow the instructions on the form and return it to us with all the necessary information.

Service Requests

Use our Service Request Form to request any of the following:

- Name change
- Address change
- Ownership transfer
- A copy of your certificate

http://aflacgroupinsurance.com/customer_service/service_requests.aspx

We also have a beneficiary form available for the assignment of beneficiaries.

How to file a claim

Our customer service phone number is 1.800.433.3036.

Over the telephone you can:

- Check on the status of your claim.
- Check your plan information.
- Keep your contact information updated.

Call Center representatives are available Monday through Friday, 8 a.m. – 8 p.m. Eastern time.

Please have your Social Security or your certificate number ready when you call.

Mailing Address: Aflac Group, P.O. Box 427, Columbia, SC 29202

Fax number: 1.866.849.2970

Value Added Services



Value Added Services

Aflac offers customers and their family members access to three valuable services: Health Advocacy services and Medical Bill Saver™ through Health Advocate™, a health assistance and support company and Telemedicine services through MeMD.

- **For Health Advocacy**, Personal Health Advocates provide expert assistance with a wide range of healthcare and health insurance challenges—from coverage questions, locating a provider or second opinion, understanding a medical issue, to grievance or medical bill challenges and more.
- **Medical Bill Saver™** gives insureds access to a specialized negotiation unit to help negotiate bills not covered by their health insurance plan.
- **Telemedicine by MeMD** connects members with a medical provider online to receive personalized treatment.

Limitations and Exclusions



Limitations and Exclusions

Cancer Diagnosis Limitation

- Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:
 - Is treatment-free from cancer for at least 12 months before the diagnosis date; and
 - Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

Exclusions

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- Suicide – committing or attempting to commit suicide, while sane or insane.

Limitations and Exclusions, cont.

- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Participation in Aggressive Conflict of any kind, including:
 - o War (declared or undeclared) or military conflicts.
 - o Insurrection or riot.
 - o Civil commotion or civil state of belligerence.
- Illegal substance abuse, which includes the following:
 - o Abuse of legally-obtained prescription medication.
 - o Illegal use of non-prescription drugs.
- Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

Thank you

