Cancer Protection Assurance

Cancer Protection Assurance: Real Conversations and Real Coverage When You Really Need It

While 1 in 2 men and 1 in 3 women may get cancer in their lifetime, more and more Americans are living with cancer as a manageable disease. In fact today, 90% of women who are diagnosed with breast cancer will survive it and 99% of men who develop prostate cancer will live with it for five years or more. 2

We know that talking about cancer can feel overwhelming, but it doesn't have to be. If a cancer diagnosis touches your team, Aflac Cancer Protection Assurance can help you balance fairness, empathy, privacy, dignity, morale and even productivity. Give your employees real conversations and coverage when they really need it with Aflac Cancer Protection Assurance.

Since 1958, Aflac has been a pioneer in cancer insurance. Today, cancer treatment is changing — and we're proud to be changing with it. Our Cancer Protection Assurance helps cover these innovative treatments with benefits that care for you as a whole person.

From prevention to recovery, our benefits see your employees all the way through treatment — and stick with them for life after cancer.³

Real help with the high cost of cancer care

Real cancer coverage is more important than ever before. Why? Because having cancer is expensive — it costs patients and families more than any other chronic illness. From deductibles and copays, to treatment transportation and childcare, there are lots of expenses that major medical may not cover, and Aflac benefits can really help.

Why your employees will love it:

- One Day PaySM, only from Aflac⁵
- End-to-End Care. We offer prevention, diagnosis, treatment and recovery benefits: we're with them when they're well, and we'll stick with them for life after cancer
- Cash benefits paid directly to them to use as they see fit (unless otherwise assigned)



THE FACTS SAY YOU NEED THE PROTECTION OF THE AFLAC CANCER PROTECTION ASSURANCE INSURANCE POLICY:

FACT NO. 1

MEN HAVE A SLIGHTLY LESS THAN 1 IN 2

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.¹

FACT NO. 2

WOMEN HAVE A SLIGHTLY MORE THAN

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.¹



Coverage Options

Choose the Policy and Riders that Fit Your Employees' Needs

BENEFIT	DESCRIPTION
INITIAL DIAGNOSIS	Named Insured or Spouse: \$1,000-\$6,000 Dependent Child: \$2,000-\$12,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$100-\$400 per calendar month Physician Administered: \$600-\$1,500 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
CANCER SCREENING	One \$25-\$100 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
SURGERY/ANESTHESIA	\$50-\$5,000 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$2,125-\$6,250; no lifetime maximum on the number of operations
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$100-\$300 Dependent Child: \$125-\$375
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$200-\$600 Dependent Child: \$250-\$750
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$100-\$300 per day, per covered person
SKIN CANCER SURGERY	Laser or Cryosurgery: \$20-\$50 Excision of lesion of skin without flap or graft: \$85-\$250 Flap or graft without excision: \$125-\$375 Excision of lesion of skin with flap or graft: \$200-\$600 Maximum daily benefit will not exceed \$200-\$600. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$125-\$350 per covered person, per lifetime
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$1,000-\$3,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$250-\$700 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$110-\$350 Permanent Areola Repigmentation (on the diseased breast): \$50-\$150 Maximum daily benefit will not exceed \$1,000-\$3,000
ANNUAL CARE	\$100-\$300 on the anniversary date of diagnosis; lifetime maximum of five annual \$100 payments per covered person
OPTIONAL RIDERS	DESCRIPTION
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:
	Initial diagnosis Hospitalization \$2,000 30 days or less: \$400 per day 31 days or more: \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child

Cancer Facts & Figures, Last medical review, Jan. 4, 2018, American Cancer Society, https://www.cancer.org/cancer/basics/lifetime-probability-of-developing-or-dying-from-cancer.html#references, Accessed 2/8/2019. "Probability of Occurence, Dying and Survivial," American Cancer Society, Cancer Statistics Center, https://cancerstatisticscenter.cancer.org/?_ga=2.12336892.995392643.1549640208-1807636007.1549640208#//, Accessed 2/8/2019

Coverage remains in force as long as premiums are paid.

National Institutes of Health, Discussing Health Care Expenses in the Oncology Clinic: Analysis of Cost Conversations in Outpatient Encounters, November 2017, https://www.ncbi.nlm.nih.gov/pubmed/28834684. Accessed: December 13, 2017.

One Day Pay⁸¹ is available for certain individual claims submitted online through the Affac SmartClaim® process. Claims may be eligible for One Day Pay processing if submitted online through Affac SmartClaim®, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Affac SmartClaim® is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2018. This is a brief product overview only. Benefits/premium rates may vary based on plan selected. Optional ribers are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Affac agent.

In Arkansas, Policies B70100AR, B70200AR, B70300AR, B70300AR, B7010EPAR, B7020EPAR. In Idaho, Policies B70100ID, B70200ID, B70300ID, B7010EPID, B7020EPID. In Oklahoma, Policies B70100OK, B70300OK, B70300OK, B70300OK, B70300OK, B7030OK, B B7020EPOK. In Oregon, Policies B701000R, B702000R, B703000R, B703000R, B703000R, B703000R, B7020EPOR, B7020EPOK. In Pennsylvania, Policies B70100PA, B70200PA, B70300PA. In Texas, Policies B70100TX, B70300TX, B70300TX, B70300TX, B70300TX, B7030EPTX, This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.