Aflac Group Critical Illness Insurance

We help take care of your expenses while you take care of yourself.

Aflac®

Voluntary benefit plans are offered by Aflac and are not ERISA-covered group health insurance plans. Enrollment is completely voluntary. If you enroll in a plan, you must deal directly with the insurance company to request assistance or submit a claim.

In Georgia, Group Critical Illness Limited Benefit Insurance Plan.

This plan does not contain comprehensive adult wellness benefits as defined by law.

AGC2300474 R2

EXP 5/26

AFLAC GROUP CRITICAL ILLNESS

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of the amount you applied for:
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	**$10,000, $20,000 or $40,000**

Amount payable based on the amount for which you applied.

For more information, call 888-515-1942 or visit www.aflac.com/trinetgroup.

COVERED CRITICAL ILLNESS BENEFITS:	PERCENTAGE OF FACE AMOUNT
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	25%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%

INITIAL DIAGNOSIS BENEFIT
We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS BENEFIT
We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 1 consecutive month.

REOCCURRENCE BENEFIT
We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

SKIN CANCER BENEFIT
We will pay $1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

ACCIDENT BENEFIT Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis.	100%

WAIVER OF PREMIUM
If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT (In Missouri, Conversion Privilege (Successor Insured))
If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

CHILD COVERAGE AT NO ADDITIONAL COST
Each dependent child is covered at 100 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

HEALTH SCREENING BENEFIT - $50 PER CALENDAR YEAR

Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

PROGRESSIVE BENEFITS RIDER	PERCENTAGE OF FACE AMOUNT
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	100%
SUSTAINED MULTIPLE SCLEROSIS (MS)	100%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	25%
CROHN'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force. The Progressive Disease benefit is payable only once per disease.

For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

SPECIFIED DISEASES RIDER	
TIER I SPECIFIED DISEASE BENEFIT Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
TIER II SPECIFIED DISEASE BENEFIT Covered Diseases: Bird Flu/H5N1, Ebola, Human Coronavirus, Influenza, Pneumonia We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force. In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided. For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.	10% if confined to a hospital for 4-9 days 25% if confined to a hospital for 10 or more days 40% if confined to an intensive care unit

CHILDHOOD CONDITIONS RIDER	PERCENTAGE OF FACE AMOUNT
CYSTIC FIBROSIS	100%
CEREBRAL PALSY	100%
CLEFT LIP OR CLEFT PALATE	100%
DOWN SYNDROME	100%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	100%
SPINA BIFIDA	100%
TYPE 1 DIABETES	100%
	One Time Benefit Amount
AUTISM SPECTRUM DISORDER (ASD)	$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the plan.)

SEVERE MENTAL ILLNESSES RIDER	
BIPOLAR I DISORDER	10%
MAJOR DEPRESSIVE DISORDER (MDD)	10%
SUBSTANCE USE DISORDER	10%

Benefits are payable if an insured is diagnosed with one of the illnesses listed above, and the diagnosis is while the rider is in force. This benefit is payable once per covered insured, per Severe Mental Illness. For any subsequent Severe Mental Illness to be covered, the date of diagnosis of the subsequent Severe Mental Illness must satisfy the Additional Diagnosis separation period outlined in the brochure.

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

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.
  - In Alaska and Nevada, injuring or attempting to injure oneself intentionally.
  - In Vermont, injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured while sane.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, committing or attempting to commit suicide while sane.
  - In Pennsylvania and Vermont, committing or attempting to commit suicide.
  - In Illinois and Minnesota, this exclusion does not apply.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
  - In Maryland, this exclusion does not apply.
  - In Illinois and Pennsylvania, Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska, being engaged in an illegal occupation, or commission of or attempting to commit a felony.
  - In Nevada, being convicted of participating in a felony, or working at an illegal job that could result in a financial gain for the member obtained through illicit means. This exclusion does not apply to acts or victims of domestic violence, regardless of whether the insured contributed to any loss or injury.
  - In Ohio, committing or attempting to commit a felony, or working at an illegal job.
  - In Utah, voluntarily participating in an illegal activity or voluntary working at an illegal job;
  - In Vermont, participating or attempting to participate in a felony, or working at an illegal job.
- Participation (in Utah, Voluntary participation) in aggressive conflict of any kind (in Nevada, conflict of the following types), including:
  - War (declared or undeclared) or military conflicts
    - In Florida and North Carolina, war does not include acts of terrorism.
    - In Oklahoma war, or act of war, declared or undeclared, when serving in the military service or an auxiliary unit thereto;
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
  - In D.C., participation in aggressive conflict of any kind, including:
    - War (declared or undeclared) or military conflicts;
    - Insurrection or riot (Riot means a public disturbance involving an assemblage of 5 or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for riot shall apply only when a person willfully engages in a riot or willfully incites or urges other persons to engage in a riot.
  - In Maryland, participation in aggressive conflict of any kind, including war

(declared or undeclared) or military conflicts.

- Illegal substance abuse which includes the following:
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs
  - In Kentucky, Illegal substance abuse which includes the following:
    - Any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of any drug unless administered on the advice of a doctor and taken in accordance with the doctor's instructions.
  - In Louisiana, Illegal substance abuse which includes the following:
    - Illegal intoxication or
    - Being under the influence of narcotics unless administered on the advice of a doctor.
  - In Massachusetts, Illegal substance abuse which includes the following:
    - Abuse of legally-obtained prescription medication
    - Illegal use of non-prescription drugs
    - Services provided for alcohol and drug detoxification
  - In Maryland, Nevada, South Dakota and Vermont, this exclusion does not apply.
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.
  - In Pennsylvania and Utah, this exclusion does not apply.

In Texas, diagnosis of a critical illness made by a family member.

In Maryland, any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in §1-302 of the Health Occupations Article.

Diagnosis must be made and treatment must be received in the United States or its territories.

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

TERMS YOU NEED TO KNOW

Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin (In Maryland, this exclusion will not apply when the skin cancer metastasizes and leads to internal cancer.)
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging
- Metastatic Cancer

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder
- Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer
- Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:
  - Basal cell carcinoma
  - Squamous cell carcinoma of the skin
  - Melanoma in Situ
  - Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days (In Pennsylvania, three consecutive days), and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

- Coma does not include a medically-induced coma.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Critical Illness is a disease or a sickness as defined in the plan that first manifests (In Maryland and South Dakota, that manifests; In Illinois, began) while your coverage is in force. In Pennsylvania, a disease or sickness as defined in the plan that is diagnosed or first treated while your coverage is in force.

Date of Diagnosis is defined as follows:

- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
  - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of Cancer and/or Carcinoma in Situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
  - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of Cancer and/or Carcinoma in Situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial Infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Hearing: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Sight: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Speech: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Major Organ Transplant: The date the surgery occurs.

- Metastatic Cancer: The date a doctor determines cancer has metastasized to other parts of the body from the original site.
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth. Definition may vary by state. Read your certificate carefully for details.

Spouse is your legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your application. Definition may vary by state. Read your certificate carefully for details.

A doctor does not include you or any of your family members. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law. (In Pennsylvania, reference to family-members-in-law is not applicable.)

In South Dakota, A doctor who is your family member may treat you if that doctor:

- Is the only doctor in the area; and,
- Acts within the scope of his or her practice.

In Arizona and Texas, the above definition of doctor is not applicable.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).
- Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:
- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine physphokinase (CPK) a CPKMB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (endstage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction). (In Illinois, contributed to by language does not apply.)

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

PROGRESSIVE DISEASES RIDER

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a doctor diagnoses an insured as having ALS and where such diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a doctor diagnoses an Insured as having Multiple Sclerosis and where such diagnosis is supported by medical records.
- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Chronic Obstructive Pulmonary Disease (COPD): The date a doctor diagnoses an insured as having COPD based on clinical and/or laboratory findings as supported by medical records.
- Crohn's Disease: The date a doctor diagnoses an insured as having Crohn's Disease based on clinical and/or laboratory findings as supported by medical records.

SPECIFIED DISEASES RIDER

These benefits will be paid based on the face amount in effect on the specified disease date of diagnosis. All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

No benefits will be paid for loss which occurred prior to the effective date of the plan.

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Bird Flu/H5N1: The date a doctor diagnoses an insured as having Bird Flu/H5N1 based on clinical and/or laboratory findings as supported by medical records.
- Cerebrospinal Meningitis: The date a doctor diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Ebola: The date a doctor diagnoses an insured as having Ebola based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor diagnoses an insured as having Encephalitis and where such diagnosis is supported by medical records.
- Human Coronavirus: The date a doctor diagnoses an insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.
- Huntington's Chorea: The date a doctor diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Influenza: The date a doctor diagnoses an insured as having Influenza based on clinical and/or laboratory findings as supported by medical records.
- Legionnaire's Disease: The date a doctor diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Lyme Disease: The date a doctor diagnoses an insured as having Lyme Disease and where such diagnosis is supported by medical records.
- Malaria: The date a doctor diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- Muscular Dystrophy: The date a doctor diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- Myasthenia Gravis: The date a doctor diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a doctor diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- Osteomyelitis: The date a doctor diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- Pneumonia: The date a doctor diagnoses an insured as having Pneumonia based on clinical and/or laboratory findings as supported by medical records
- Poliomyelitis: The date a doctor diagnoses an insured as having Poliomyelitis and where such diagnosis is supported by medical records.
- Rabies: The date a doctor diagnoses an insured as having Rabies and where such diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a doctor diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- Systemic Lupus: The date a doctor diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a doctor diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- Tetanus: The date a doctor diagnoses an insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the insured.
- Tuberculosis: The date a doctor diagnoses an insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the insured.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in the plan, including but not limited to (In Florida and North Carolina, not limited to reference is not applicable) private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or
- An intermediate care unit.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in the plan, including but not limited to (In Florida and North Carolina, not limited to reference is not applicable):

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility (In Missouri, this is not applicable),
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Human Coronavirus does not include the following Human Coronaviruses:

229E, NL63, OC43, and HKU1.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

CHILDHOOD CONDITIONS RIDER

Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Type I Diabetes: The date a doctor diagnoses a dependent child as having Type I Diabetes and where such diagnosis isupported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

A doctor must diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria.

SEVER MENTAL ILLNESS RIDER

All exclusions in the critical illness plan apply to the rider, with the exception of the exclusions for self-inflicted injuries, suicide, illegal substance abuse (including abuse of legally-obtained prescriptions and illegal use of non-prescription drugs), and/or participation in aggressive conflict.

In Connecticut, all exclusions in the critical illness plan apply to the rider, with the exception of the exclusions for suicide, voluntary use of any controlled substance as

defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by their doctor for the insured, and/or participation in war (declared or undeclared) or military conflicts, insurrection or riot, or civil commotion or civil state of belligerence.

In Kentucky, illegal substance abuse includes any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of any drug unless administered on the advice of a doctor and taken in accordance with the doctor's instructions.

In Louisiana, all exclusions in the critical illness plan apply to the rider, with the exception of the exclusions for self-inflicted injuries, suicide, illegal substance abuse, and/or participation in aggressive conflict.

In Maryland, South Dakota and Vermont, all exclusions in the critical illness plan apply to the rider, with the exception of the exclusions for self-inflicted injuries, suicide, and/or participation in aggressive conflict.

In Michigan, all exclusions in the critical illness plan apply to the rider, with the exception of the exclusions for illegal occupation and/or participation in aggressive conflict.

Date of Diagnosis is defined as follows:

- Bipolar I Disorder: The date a psychiatric doctor diagnoses an insured as having Bipolar I Disorder and where such diagnosis is supported by medical records.
- Major Depressive Disorder (MDD): The date a psychiatric doctor diagnoses an insured as having Major Depressive Disorder (MDD) and where such diagnosis is supported by medical records.
- Post-Traumatic Stress Disorder (PTSD): The date a psychiatric doctor diagnoses an insured as having Post-Traumatic Stress Disorder (PTSD) and where such diagnosis is supported by medical records.
- Schizophrenia: The date a psychiatric doctor diagnoses an insured as having Schizophrenia and where such diagnosis is supported by medical records.
- Substance Use Disorder: The date a psychiatric doctor diagnoses an insured as having Substance Use Disorder and where such diagnosis is supported by medical records.

An insured must meet the diagnostic criteria for Bipolar I Disorder, Major Depressive Disorder (MDD), Post-Traumatic Stress Disorder (PTSD), Schizophrenia and/or Substance Use Disorder stipulated in the most recent edition of the diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs, and be under the active care of a psychiatrist or a Ph.D.-level psychologist.

Bipolar I Disorder does not include single manic episodes, major depressive disorders, mild Bipolar I Disorder, or Bipolar I Disorder that is in remission.

A condition will not be classified as Major Depressive Disorder (MDD) if:

- The disturbance is due to the direct physiological effects of drug use or substance abuse or a general medical condition;
- The condition meets the criteria of another mental disorder; or
- The condition is better explained by bereavement.

Psychiatrist (Psychiatric Doctor) means a doctor of medicine who specializes in the diagnosis and treatment of mental illnesses and disorders.

Ph.D.-Level Psychologist means a clinical, mental health professional with a doctoral degree who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Schizophrenia does not include brief psychotic disorder, cyclic schizophrenia, mood disorders with psychotic symptoms, or schizophrenic reaction in alcoholism, brain disease, epilepsy, or drug use.

Severe Mental Illness means any of the following mental illnesses as defined in the rider:

- Bipolar I Disorder,
- Major Depressive Disorder (MDD),
- Post-Traumatic Stress Disorder (PTSD),
- Schizophrenia, and/or
- Substance Use Disorder

Substance Use Disorder does not include addiction to nicotine products, food, or caffeine.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day (In Nevada, the 60th day) after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

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Aflac Group Critical Illness Plan Enhancements

The following enhancements have been made to the Aflac Group plans with no change to the current rates.

Group Critical Illness Insurance helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness such as cancer (internal or invasive), heart attack, stroke, end-stage renal failure or a major organ transplant. This plan includes a $50 Health Screening Benefit.

BENEFIT DESCRIPTIONS	CURRENT	NEW
COVERED CONDITIONS		
Type I Diabetes	$0	$100
SEVERE MENTAL ILLNESS RIDER		
Bipolar I Disorder (percentage of face amount)	0%	10%
Major Depressive Disorder (MDD) (percentage of face amount)	0%	10%
Substance Use Disorder (percentage of face amount)	0%	10%
Benefits are payable if an insured is diagnosed with one of the illnesses listed above, and the diagnosis is while the rider is in force. This benefit is payable once per covered insured, per Severe Mental Illness. For any subsequent Severe Mental Illness to be covered, the date of diagnosis of the subsequent Severe Mental Illness must satisfy the Additional Diagnosis separation period outlined in the brochure.		
CHILDHOOD CONDITIONS RIDER	0%	100%
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida		
Childhood Autism Spectrum Disorder	$0	$3,000
Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure.		
ACCIDENT BENEFIT	0%	100%
Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis		

For more information, call 888-515-1942 or visit www.aflac.com/trinetgroup.

THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. THE EMPLOYER DOES NOT OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE BY PURCHASING THIS POLICY, AND IF THE EMPLOYER HAS NOT ELECTED TO OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE, THE EMPLOYER DOES NOT OBTAIN THOSE BENEFITS THAT WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS IN THIS STATE. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS IN THIS STATE AS THEY PERTAIN TO EMPLOYERS THAT ELECT NOT TO MAINTAIN WORKERS' COMPENSATION INSURANCE COVERAGE AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.