AMERICAN FAMILY LIFE ASSURANCE COMPANY OF NEW YORK
(AFLAC NEW YORK)
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SPECIFIED DISEASE COVERAGE ONLY
REQUIRED DISCLOSURE STATEMENT FOR POLICY FORM NY76100

The policy described in this Disclosure Statement provides supplemental coverage and will be issued only to supplement insurance already in force.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by Aflac New York.

This policy is an individual policy of insurance. This policy provides specified disease coverage ONLY. This policy does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Insurance Department.

(1) Read Your Policy Carefully: This Disclosure Statement provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac New York. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

(2) All treatments listed below must be National Cancer Institute or Food and Drug Administration approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

A. CANCER TREATMENT BENEFITS:

1. DIRECT NONSURGICAL TREATMENT BENEFITS: All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit A1c).

a. INITIAL TREATMENT BENEFIT: Aflac New York will pay $3,000 (three thousand dollars) the first time a Covered Person receives one or more of the following: Radiation Therapy Benefits, Injected Chemotherapy Benefits, or Oral Chemotherapy Benefits. Lifetime maximum benefit of $3,000 per Covered Person.

b. INJECTED CHEMOTHERAPY BENEFIT: Aflac New York will pay $900 (nine hundred dollars) per day during which a Covered Person receives Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to one payment per Calendar Week in which the medication(s) or treatment is received. No lifetime maximum.

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c. **ORAL CHEMOTHERAPY BENEFIT:** Aflac New York will pay $400 (four hundred dollars) per day during which a Covered Person is prescribed and receives Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral Chemotherapy benefits are limited to the Calendar Month in which the medication(s) or treatment is received. Total benefits are payable for up to three different Oral Chemotherapy medicines per Calendar Month, up to a maximum of $1,200 (one thousand two hundred dollars) per Calendar Month. Refills within the same Calendar Month, are not considered a different Chemotherapy medicine. No lifetime maximum.

d. **RADIATION THERAPY BENEFIT:** Aflac New York will pay $500 (five hundred dollars) per day for a Covered Person during which the insured receives Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to one payment per Calendar Week in which the therapy is received. No lifetime maximum.

e. **EXPERIMENTAL TREATMENT BENEFIT:** Aflac New York will pay $500 (five hundred dollars) once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer treatments. Aflac New York will pay $125 (one hundred twenty five dollars) once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer treatments as part of a clinical trial which does not charge patients for inclusion.

Treatments must be approved by the National Cancer Institute as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the treatment is received. No lifetime maximum.

2. **INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.**

a. **IMMUNOTHERAPY BENEFIT:** Aflac New York will pay $500 (five hundred dollars) per Calendar Month during which a Covered Person receives Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the Immunotherapy is received. Lifetime maximum of $2,500 (two thousand five hundred dollars) per Covered Person.

Any medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy Benefit, or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.

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b. **ANTI-NAUSEA BENEFIT:** Aflac New York will pay $150 (one hundred fifty dollars) per Calendar Month during which a Covered Person receives anti-nausea drugs that are prescribed while receiving Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the anti-nausea drugs are received. No lifetime maximum.

c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac New York will pay $10,000 (ten thousand dollars) when a Covered Person receives a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of $10,000 (ten thousand dollars) per Covered Person.

d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac New York will pay $10,000 (ten thousand dollars) when a Covered Person receives a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac New York will pay the Covered Person's bone marrow donor an indemnity of $1,000 (one thousand dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of $10,000 (ten thousand dollars) per Covered Person.

e. **BLOOD AND PLASMA BENEFIT:** Aflac New York will pay $150 (one hundred fifty dollars) times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives blood and/or plasma transfusions during a covered Hospital confinement. Aflac New York will pay $250 (two hundred fifty dollars) for each day a Covered Person receives blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, anti-hemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac New York will pay the indemnity listed in the following Schedule of Operations for the specific procedure. If any operation for the treatment of Internal Cancer or Associated Cancerous Condition is performed other than those listed, Aflac New York will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit A3b. Reconstructive Surgery will be payable under Benefit C7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

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Aflac New York will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed $6,250 (six thousand two hundred fifty dollars). No lifetime maximum on the number of operations.

b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac New York will pay the indemnity listed below for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed $600 (six hundred dollars). No lifetime maximum on the number of operations.

Laser or Cryosurgery	$ 50
Surgeries OTHER THAN Laser or Cryosurgery:	
Biopsy	100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

B. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):

a. HOSPITALIZATION FOR 30 DAYS OR LESS: When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac New York will pay $300 per day for each day a Covered Person is confined. No lifetime maximum.

b. HOSPITALIZATION FOR 31 DAYS OR MORE: During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac New York will pay benefits as described in Benefit B1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac New York will pay $600 per day for each day a Covered Person is confined. No lifetime maximum.

2. OUTPATIENT HOSPITAL SURGICAL ROOM BENEFIT: When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac New York will pay $300 (three hundred dollars). For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit for the Outpatient Hospital Surgical Room Benefit will not exceed $300 (three hundred dollars). No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

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C. CONTINUING CARE BENEFITS:

1. **EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit B1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac New York will pay $150 (one hundred fifty dollars) per day for such continued confinement. For each day this benefit is payable, benefits under Benefit B1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

   If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit B1 and is confined to the Extended Care Facility within 30 days of that confinement.

2. **HOME HEALTH CARE BENEFIT:** If a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition, and receives benefits under Part 6 and later requires home health care within 30 days of hospital confinement, Aflac New York will pay $75 (seventy five dollars) per day for the first 30 days a Covered Person receives home health care as a direct result of Cancer or an Associated Cancerous Condition, and beginning with the 31st day of such care, we will pay $150 (one hundred fifty dollars) per day for home health care. Lifetime maximum of 100 days per Covered Person.

   This benefit is not payable the same day the Hospice Care Benefit is payable.

3. **HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition, (hereinafter referred to as "Terminally Ill") Aflac New York will pay a one-time benefit of $1,000 (one thousand dollars) for the first day the Covered Person receives Hospice care and $50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, Aflac New York must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is $12,000 (twelve thousand dollars).

4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires private nurses and their services other than those regularly furnished by the Hospital, Aflac New York will pay $150 (one hundred fifty dollars) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

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5. **SURGICAL PROSTHESIS BENEFIT:** Aflac New York will pay $3,000 (three thousand dollars) for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of $6,000 (six thousand dollars) per Covered Person.

   The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. **PROSTHESIS NONSURGICAL BENEFIT:** Aflac New York will pay $250 (two hundred fifty dollars) per occurrence, per Covered Person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of $500 (five hundred dollars) per Covered Person.

7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac New York will pay the specified indemnity listed below for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed $3,000 (three thousand dollars). No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	$3,000
Breast Reconstruction	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

   Aflac New York will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

   If any reconstructive surgery is performed other than those listed, Aflac New York will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

D. <u>AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:</u>

1. **AMBULANCE BENEFIT:** Aflac New York will pay $250 (two hundred fifty dollars) for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac New York will pay $2,000 (two thousand dollars) for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

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2. **TRANSPORTATION BENEFIT:** If a Covered Person requires treatment for Cancer or an Associated Cancerous Condition that has been prescribed by the attending Physician, Aflac New York will pay 50 cents per mile, up to a maximum of $1,500 (one thousand five hundred dollars) for transportation of the Covered Person and a companion, limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. If commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay for one additional person to accompany the Covered Person. If the treatment is for a covered Dependent Child and commercial travel is necessary, Aflac New York will pay for up to two adults to accompany the covered Dependent Child.

   THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac New York will pay $80 (eighty dollars) per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

E. WAIVER OF PREMIUM BENEFIT: If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac New York will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac New York may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac New York will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

(3) Optional Benefits:

INITIAL DIAGNOSIS BENEFIT RIDER: (Series NY76050) Applied for ❑ Yes ❑ No

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

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A. INITIAL DIAGNOSIS BENEFIT: Aflac New York will pay the amount shown in the Policy Schedule when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

B. INITIAL DIAGNOSIS BUILDING BENEFIT: Aflac New York will increase the Initial Diagnosis Benefit by $500 (five hundred dollars) on each rider anniversary date. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

C. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT: Aflac New York will pay $1,000 (one thousand dollars) when a Covered Person seeks evaluation or consultation at a National Cancer Institute Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

D. ADDITIONAL SURGICAL OPINION BENEFIT: Aflac New York will pay $300 (three hundred dollars) per day for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

E. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT: Aflac New York will pay $200 (two hundred dollars) per Calendar Year for each Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, Multiple Gated Acquisition (MUGA) scans, Positron Emission Tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. These exams must be performed in a Hospital, to include an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

Exceptions, Reductions and Limitations of Rider NY76050:
This rider contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 12 months from the Effective Date of the rider or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium. If Cancer or an Associated Cancerous Condition is diagnosed before coverage has been in force 30 days from the Effective Date of coverage and you elect to maintain your coverage, the Initial Diagnosis Benefit, if applicable, payable at the end of the first year shall be $500. The pathological diagnosis date is the day the tissue specimen, culture and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based.

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The Initial Diagnosis Benefit and Initial Diagnosis Building Benefit of this rider are not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Cancer or Associated Cancerous Condition (2) Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit or an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER: (Series NY76051)
Applied for ❑Yes ❑No

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

No diagnosis of either Cancer or an Associated Cancerous Condition is required for benefits A or B to be payable.

A. CANCER VACCINE BENEFIT: Aflac New York will pay $40 (forty dollars) if a Covered Person receives any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per Calendar Year.

B. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac New York will pay the amount shown in the Policy Schedule, per Calendar Year, when a Covered Person receives one of the following:

   - mammogram
   - breast ultrasound
   - breast MRI
   - CA15-3
   - Pap smear
   - ThinPrep
   - biopsy
   - flexible sigmoidoscopy
   - hemoccult stool specimen (lab confirmed)
   - chest X-ray
   - CEA (blood test for colon Cancer)
   - CA 125 (blood test for ovarian Cancer
   - PSA (blood test for prostate Cancer)
   - testicular ultrasound
   - thermography
   - colonoscopy
   - virtual colonoscopy

   This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

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2. **BONE MARROW DONOR SCREENING:** Aflac New York will pay $40 (forty dollars) when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

C. **ANNUAL CARE BENEFIT:** Aflac New York will pay $500 (five hundred dollars) on the anniversary date of a Covered Person's Internal Cancer diagnosis upon proof that the Covered Person is still under the active care of a Physician. **This benefit is not payable for Associated Cancerous Conditions or Nonmelanoma Skin Cancers.** Lifetime maximum of five annual payments per Covered Person.

SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (Series NY75055) Applied for ❑ Yes ❑ No

While this coverage is in force, we will pay the following benefits to a covered person, as applicable, subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy and rider provisions:

A. **FIRST-OCCURRENCE BENEFIT:** Aflac New York will pay the following benefit amount for each covered person when he or she is first diagnosed as having had a Specified Health Event:

Named Insured/Spouse
$5,000 (Lifetime maximum $5,000 per covered person)

Dependent Children
$7,500 (Lifetime maximum $7,500 per covered person)

This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this rider.

B. **FIRST-OCCURRENCE BUILDING BENEFIT:** The First-Occurrence Benefit under A above, will be increased by $500 (five hundred dollars) on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of this rider following the covered person's 65th birthday or at the time of a Specified Health Event, subject to Part 4 of the rider, for that covered person, whichever occurs first. However, regardless of the age of the covered person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

C. **REOCCURRENCE BENEFIT:** If benefits have been paid to a covered person under A above, Aflac New York will pay $2,500 (two thousand five hundred dollars) if such covered person is later diagnosed as having had a subsequent Specified Health Event.

For Benefit C to be payable, the Specified Health Event must occur more than 180 days after the date Benefit A or Benefit C became payable. No lifetime maximum.

D. **HOSPITAL CONFINEMENT BENEFIT: (includes confinement in a U.S. government Hospital):** When a covered person requires Hospital Confinement for the treatment of a

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covered Specified Health Event, Aflac New York will pay $240 (two hundred forty dollars) per day for each day a covered person is confined. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per covered person.

Benefits are not payable on the same day as the Continuing Care Benefit (E). If the Hospital Confinement Benefit (D) and the Continuing Care Benefit (E) are payable on the same day, only the highest eligible benefit will be paid.

Benefits E through H will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

E. CONTINUING CARE BENEFIT: If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed Physician, Aflac New York will pay $125 (one hundred twenty-five dollars) each day a covered person receives one or more of the following treatments:

1. rehabilitation therapy
2. physical therapy
3. speech therapy
4. occupational therapy
5. respiratory therapy
6. dietary therapy/consultation
7. home health care
8. dialysis
9. hospice care
10. extended care
11. Physician visits
12. nursing home care

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is $125 (one hundred twenty-five dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (D). If the Hospital Confinement Benefit (D) and the Continuing Care Benefit (E) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

F. AMBULANCE BENEFIT: If, due to a covered Specified Health Event, a covered person requires ground ambulance transportation to or from a Hospital, Aflac New York will pay $250 (two hundred fifty dollars). If air ambulance transportation is required due to a covered Specified Health Event, we will pay $2,000 (two thousand dollars). A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

G. TRANSPORTATION BENEFIT: If a covered person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event, Aflac New York will pay 50 cents (fifty cents) per mile for transportation of a

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covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the dependent child. The benefit amount payable is limited to

$1,500 (one thousand five hundred dollars) per occurrence of a covered Specified Health Event. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON.** No lifetime maximum.

H. LODGING BENEFIT: Aflac New York will pay $60 (sixty dollars) per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

I. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums, for this rider, falling due during your continued inability. For premiums to be waived, Aflac New York will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a Specified Health Event, are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums, for this rider, falling due during your continued inability. For premiums to be waived, Aflac New York will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac New York may ask for and use an independent consultant to determine whether you can perform an ADL.

SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND RECOVERY BENEFIT RIDER (Series NY75056) Applied for ❑ Yes ❑ No

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While this coverage is in force, we will pay the following benefits to a covered person, as applicable, subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy and rider provisions:

A. FIRST-OCCURRENCE BENEFIT: Aflac New York will pay the following benefit amount for each covered person when he or she is first diagnosed as having had a Specified Health Event:

Named Insured/Spouse
$5,000 (Lifetime maximum $5,000 per covered person)

Dependent Children
$7,500 (Lifetime maximum $7,500 per covered person)

This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this rider.

B. FIRST-OCCURRENCE BUILDING BENEFIT: The First-Occurrence Benefit under A above, will be increased by $500 (five hundred dollars) on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of this rider following the covered person's 65th birthday or at the time of a Specified Health Event, subject to Part 4 of the rider, for that covered person, whichever occurs first. However, regardless of the age of the covered person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

C. REOCCURRENCE BENEFIT: If benefits have been paid to a covered person under A above, Aflac New York will pay $2,500 (two thousand five hundred dollars) if such covered person is later diagnosed as having had a subsequent Specified Health Event.

For Benefit C to be payable, the Specified Health Event must occur more than 180 days after the date Benefit A or Benefit C became payable. No lifetime maximum.

D. HOSPITAL CONFINEMENT BENEFIT: (includes confinement in a U.S. government Hospital): When a covered person requires Hospital Confinement for the treatment of a covered Specified Health Event, Aflac New York will pay $240 (two hundred forty dollars) per day for each day a covered person is confined. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per covered person.

Benefits are not payable on the same day as the Continuing Care Benefit (E). If the Hospital Confinement Benefit (D) and the Continuing Care Benefit (E) are payable on the same day, only the highest eligible benefit will be paid.

Benefits E through H will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one

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covered Specified Health Event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

E. CONTINUING CARE BENEFIT: If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed Physician, Aflac New York will pay $125 (one hundred twenty-five dollars) each day a covered person receives one or more of the following treatments:

1. rehabilitation therapy
2. physical therapy
3. speech therapy
4. occupational therapy
5. respiratory therapy
6. dietary therapy/consultation
7. home health care
8. dialysis
9. hospice care
10. extended care
11. Physician visits
12. nursing home care

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is $125 (one hundred twenty-five dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (D). If the Hospital Confinement Benefit (D) and the Continuing Care Benefit (E) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

F. AMBULANCE BENEFIT: If, due to a covered Specified Health Event, a covered person requires ground ambulance transportation to or from a Hospital, Aflac New York will pay $250 (two hundred fifty dollars). If air ambulance transportation is required due to a covered Specified Health Event, we will pay $2,000 (two thousand dollars). A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

G. TRANSPORTATION BENEFIT: If a covered person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event, Aflac New York will pay 50 cents (fifty cents) per mile for transportation of a covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the dependent child. The benefit amount payable is limited to $1,500 (one thousand five hundred dollars) per occurrence of a covered Specified Health Event. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON.** No lifetime maximum.

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H. LODGING BENEFIT: Aflac New York will pay $60 (sixty dollars) per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

I. SPECIFIED HEALTH EVENT RECOVERY BENEFIT: Aflac New York will pay $500 (five hundred dollars) per month while a covered person remains in Specified Health Event Recovery upon receipt of written proof of loss from that person's Physician.

For Periods of Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per covered person.

J. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums, for this rider, falling due during your continued inability. For premiums to be waived, Aflac New York will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a Specified Health Event, are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac New York will waive, from month to month, any premiums, for this rider, falling due during your continued inability. For premiums to be waived, Aflac New York will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac New York may ask for and use an independent consultant to determine whether you can perform an ADL.

THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO THE SPECIFIED HEALTH EVENT RIDERS NY75055 and NY75056. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THESE RIDERS.

A. Benefits for a Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Benefits are payable for only one covered Specified Health Event at a time per covered person.

B. This rider does not cover losses or confinements caused by or resulting from:

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1. Any loss sustained or contracted, directly or indirectly, due to a covered person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

2. Intentionally self-inflicting bodily Injury or attempting suicide.

3. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto. (If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend this rider during a period of active duty that does not exceed more than five years. When you notify us to suspend this rider, we will refund any premium paid for coverage after the date we receive the notice. We will reinstate this rider, if the policy to which it is attached is currently inforce, when your active duty ends without evidence of insurability when we receive (1) your written request to reinstate this rider, and (2) the premium for the period from the date your active service ends to the next premium due date. The reinstated rider will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement. (In this case, you must comply with the Reinstatement provision.)

PRE-EXISTING CONDITIONS FOR SPECIFIED HEALTH EVENT RIDERS NY75055 AND NY75056

A "Pre-Existing Condition" is a Sickness for which, within the six-month period before the Effective Date of coverage, medical advice or treatment was recommended or received from a Physician. Benefits for a Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective Date will be covered.

(4) Exceptions, Reductions and Limitations of the Policy (This is not a daily hospital expense plan.):

A. We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases and conditions caused, complicated, or aggravated by or resulting from Cancer or Associated Cancerous Conditions including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity that is not directly caused or aggravated by Cancer or an Associated Cancerous Condition or the treatment of Cancer or an Associated Cancerous Condition.

B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 12 months from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium. If Cancer or an Associated Cancerous Condition is diagnosed before coverage has been in force 30 days from the Effective Date of coverage and you elect to maintain your coverage, the Initial Diagnosis Benefit, if applicable, payable at the end of the first year shall be $500.

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The pathological diagnosis date is the day the tissue specimen, culture and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based.

(5) Renewability: This policy is guaranteed-renewable for life by payment of the premium in effect at the start of each renewal period. Premium rates may change only if the New York Superintendent of Insurance approves the rate. We will then change the rate for all policies of this class in force in your state. If this policy was issued on a "list-bill" basis and you leave your employer for any reason, the premium will revert to a higher non-payroll rate. If we change the premium rate, we will notify you in writing at your last known address at least 31 days before the change becomes effective.

This Disclosure Statement is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and Aflac New York. It is therefore imperative that you **READ YOUR POLICY** carefully.

The expected benefit ratio for this policy is 62%. This ratio is the portion of future premiums which Aflac New York expects to return as benefits, when averaged over all people with this policy.

RETAIN FOR YOUR RECORDS.

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Peace of Mind *and* Real Cash Benefits

MAXIMUM DIFFERENCE®
SPECIFIED-DISEASE INSURANCE

MD

Aflac®

We've got you under our wing.®

MAXIMUM DIFFERENCE®

SPECIFIED-DISEASE INSURANCE

Policy NY76100

MD

The Need

Despite the best efforts of doctors, researchers, and countless organizations, Cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role Cancer plays in America's overall health. According to the American Cancer Society:*

1. In the United States, men have slightly less than a 1-in-2 lifetime risk of developing Cancer; for women, the risk is a little more than 1-in-3.
2. About 1,479,350 new Cancer cases were expected to be diagnosed in 2009.

Cancer Facts & Figures 2009.

ARE YOU PROTECTED IF SOMETHING UNEXPECTED HAPPENS?

HERE'S HOW WE CAN HELP.

Aflac's Maximum Difference Cancer insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

1. Your coverage is portable, which means it goes with you if you change jobs.
2. Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
3. Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of New York.

QUICK-REFERENCE

BENEFITS are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute or the Food and Drug Administration (unless stated otherwise) for Cancer or an Associated Cancerous Condition, as applicable. If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government hospital, the benefits listed below will not require a charge for them to be payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
DIRECT NONSURGICAL TREATMENT BENEFITS			
Benefits are payable per day, or the calendar week or the calendar month, as applicable, during which a Covered Person receives applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.			
INITIAL TREATMENT	$3,000	$3,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
INJECTED CHEMOTHERAPY	$900 per day	None	Limited to one payment per calendar week in which the medication(s) or treatment is received.
ORAL CHEMOTHERAPY	$400 per medication, per day	None	Total benefits are payable for up to 3 different medications per calendar month, up to a maximum of $1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the medication(s) or treatment is received. Refills within the same calendar month are not considered a different chemotherapy medicine.
RADIATION THERAPY	$500 per day	None	Benefit is limited to one payment per calendar week in which the therapy is received.
EXPERIMENTAL TREATMENT	$500 once per calendar week; $125 once per calendar week for inclusion in a clinical trial that does not charge for inclusion	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the treatment is received.

The policy has limitations that may affect benefits payable.
This brochure is for illustrative purposes only. See the policy for complete definitions, details, limitations, and exclusions.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
INDIRECT/ADDITIONAL THERAPY BENEFITS			
The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives the applicable treatment.			
IMMUNOTHERAPY	$500 once per calendar month	$2,500	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
ANTI-NAUSEA	$150 once per calendar month	None	Payable for anti-nausea drugs prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
STEM CELL TRANSPLANTATION	$10,000	$10,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
BONE MARROW TRANSPLANTATION *COVERED PERSON* *DONOR*	$10,000 $ 1,000	$10,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. Does not include stem cell transplantations.
BLOOD & PLASMA *INPATIENT* *OUTPATIENT*	$150 times the number of days paid under the Hospital Confinement Benefit $250 per day	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered hospital confinement. Outpatient benefit is payable for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, hospital, or ambulatory surgical center. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
SURGICAL TREATMENT BENEFITS			
SURGICAL/ ANESTHESIA	$150–$5,000 (based on the Schedule of Operations listed in the policy) 25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed $6,250. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
SKIN CANCER SURGERY	$50–$600 (based on skin Cancer surgeries listed in the policy)	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: $600.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
HOSPITALIZATION BENEFITS			
HOSPITAL CONFINEMENT, DAYS 1–30 HOSPITAL CONFINEMENT, DAYS 31+	$300 per day $600 per day	None	For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a hospital for treatment. During any continuous period of hospital confinement for 31 days or more, Aflac will pay benefits as described for Days 1–30. Beginning with the 31st day of such continuous hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is confined. If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.
OUTPATIENT HOSPITAL SURGICAL ROOM	$300 per day	None	Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician's office. Surgery must be performed on an outpatient basis in a hospital or an ambulatory surgical center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: $300.
CONTINUING CARE BENEFITS			
EXTENDED-CARE FACILITY	$150 per day	None	Payable when an insured is hospitalized and receiving Hospital Confinement Benefits and is later confined, within 30 days of the covered hospital confinement, to an extended-care facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the hospital used as such (an extended-care facility). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. If more than 30 days separates confinements in an extended-care facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined to the extended-care facility within 30 days of that confinement. Benefits are limited to 30 days per calendar year, per Covered Person.
HOME HEALTH CARE DAYS 1–30 DAYS 31+	$75 per day $150 per day	100 days	Payable when a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and receives benefits, and later requires home health care within 30 days of hospital confinement. Benefit is not payable the same day the Hospice Care Benefit is payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
CONTINUING CARE BENEFITS			
HOSPICE CARE *DAY 1* *ADDITIONAL DAYS*	$1,000 (one-time benefit) $50 per day	$12,000	Payable when diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
NURSING SERVICES	$150 per day	None	Payable while a Covered Person is confined in a hospital and requires full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
SURGICAL PROSTHESIS	$3,000	$6,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
PROSTHESIS NONSURGICAL	$250 per occurrence	$500	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
RECONSTRUCTIVE SURGERY	$350–$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: $3,000.
AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS			
AMBULANCE *GROUND* *AIR*	$ 250 $2,000	None	Payable for ambulance transportation to or from a hospital where treatment is received. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.
TRANSPORTATION	50 cents per mile, up to $1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a hospital/facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
LODGING	$80 per day	None	Payable for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.

POLICY BENEFITS CONTINUE ON NEXT PANEL.

WAIVER OF PREMIUM: If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [or if not employed: are completely unable to perform two or more activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities and may each month thereafter require a Physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL while this benefit is in force. Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

LIMITATIONS AND EXCLUSIONS

We pay only for treatment of Cancer; Associated Cancerous Conditions; or other diseases and conditions caused, complicated, or aggravated by, or resulting from Cancer or Associated Cancerous Conditions diagnosed while the policy is in force, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity that is not directly caused or aggravated by Cancer or an Associated Cancerous Condition, or the treatment of Cancer or an Associated Cancerous Condition. The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 12 months from the Effective Date of such person's coverage or, at your option, you may elect to void the coverage and receive a full refund of premium.

A hospital is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts or alcoholics; or a place for convalescent, custodial, educational, or rehabilitative care.

An ambulatory surgical center does not include a doctor's or dentist's office, a clinic, or other such location.

TERMS YOU NEED TO KNOW

Associated Cancerous Condition: An *Associated Cancerous Condition* is a myelodysplastic blood disorder, myeloproliferative blood disorder, or carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a positive medical diagnosis. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.

Cancer: *Cancer* is a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. *Cancer* also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a positive medical diagnosis.

1. *Internal Cancer* includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).
2. *Nonmelanoma Skin Cancer* is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

Covered Person: A *Covered Person* is any person covered under individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children) coverage as applied for by you on the application. *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap, and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26. **A Dependent Child [including persons incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap] must be under age 26 at the time of application to be eligible for coverage.**

Effective Date: The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

Guaranteed-Renewable: The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class.

Physician: A *Physician* is a person legally qualified to practice medicine, other than a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

We've got you under our wing.®

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Underwritten by:
American Family Life Assurance Company of New York
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