Group Specified Disease Insurance

You can count on Aflac to help ease the financial impact of surviving a specified disease.

COVERED SPECIFIED DISEASE BENEFITS:	Percentage of Face Amount
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
END STAGE KIDNEY DISEASE (End-Stage Renal Failure)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN FAILURE (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
CORONARY ATHEROSCLEROTIC HEART DISEASE	100%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%

DIAGNOSIS BENEFIT

Pays a lump sum benefit upon diagnosis of a covered specified disease.

Benefits will be based on the face amount in effect on the specified disease date of diagnosis.

Once benefits have been paid for a covered specified disease, diagnosis of an additional specified disease or the diagnosis of the same disease will be paid up to the lifetime maximum benefit of 300% per insured.

Once the lifetime maximum amount has been paid for any one insured, coverage on that insured ceases.

SKIN CANCER BENEFIT

We will pay $1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year. Payment of this benefit does not count toward the lifetime maximum benefit amount.

WAIVER OF PREMIUM

If you become totally disabled due to a covered specified disease 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.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

HEALTH SCREENING BENEFIT (1 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. Payment of this benefit does not count toward the lifetime maximum benefit amount.	Employee/Spouse: $50 Child: 100% of the Health Screening Amount

LIMITATIONS AND EXCLUSIONS

Benefit percentages will be paid based on the face amount in effect on the specified disease date of diagnosis.

Riders become effective when the rider is issued. If it is issued after the certificate, the rider will have a later effective date.

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

ATTAINED AGE PREMIUMS

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

EXCLUSIONS

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

- Self-Inflicted Injuries – injuring oneself intentionally;
- Suicide – committing or attempting to commit suicide;
- Illegal Acts – commission of or attempt to commit a felony;
- War or act of war (declared or undeclared) – participation in a riot or insurrection;
- Illegal substance abuse – the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a doctor.

Diagnosis must be made and Treatment must be received in the United States, its possessions, or the countries of Canada or Mexico.

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

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
- 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

Non-Invasive Cancer is a Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of this Plan, a Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome – RA (refractory anemia)
- Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood DisorderPremalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Non-Invasive Cancer. Skin Cancer, as defined in the plan, is not considered Non-Invasive Cancer and is therefore not payable under the Non-Invasive Cancer benefit.

Skin Cancer is a Cancer that forms in the tissues of the skin. 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

Specified Disease is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- 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).
- 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).

- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Coronary Atherosclerotic Heart Disease: The first date of diagnosis (based on the Coronary Atherosclerotic Heart Disease definition).
- 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.
- End Stage Kidney Disease: The first date of diagnosis (based on the End Stage Kidney Disease definition).
- Major Organ Failure: The first date of diagnosis (based on the Major Organ Failure definition).
- Metastatic Cancer: The date a doctor determines cancer has metastasized to other parts of the body from the original site.
- 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 means your spouse or Dependent Child.

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. Children are automatically covered from the moment of birth for a newborn child, the date the petition is filed for adoption for adopted children (or, for adopted newly-born infants, if you takes physical custody of the infant upon the infant's release from the hospital and file a petition pursuant to section one-hundred fifteen-c of the domestic relations law within 30 days of birth, and provided further that no notice of revocation to the adoption has been filed pursuant to section 115-b of the domestic relations law and consent to the adoption has not been revoked), or the date of the employee's marriage for step-children. 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.

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 CPK-MB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

End Stage Kidney Disease means end-stage renal failure caused by End-Stage Renal Disease, which results in the chronic, irreversible failure of both kidneys to function.

Major Organ Failure means the failure of the heart, both lungs, the liver, or the pancreas such that homeostasis can only be maintained with external clinical help. The Insured's placement on the United Network for Organ Sharing (UNOS) list, or other similar listing service, for a transplant, will be considered conclusive proof of Diagnosis of major organ failure; however, any medically appropriate Diagnosis of such

failure will be accepted. Only one Major Organ Failure benefit will be paid per Insured.

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).

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 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 American Family Life Assurance Company of New York 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. American Family Life Assurance Company of New York coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

If you are a resident of New Mexico, you may not be eligible for this coverage. Please contact your employer for more information.

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The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form AF22100NY.

AGD22NY GP-58994.PLAN-362724B 10/09/2025 6 EXP 10/26