



Phone: (505) 883-2527 / Toll Free: (866) 738-4500

As Broker, and Third Party Administrator, Competitive Benefits Administrators (CBA), was the successful respondent to a request for proposals, RFP 2017-010 Supplemental Employee Benefits, issued by Cooperative Educational Services (CES) on behalf of its members. CES is a member-owned purchasing cooperative. It is governed by a board of directors representing school districts and participating public institutions in New Mexico through a Joint Powers Agreement. Currently, CES has a membership of 390 public institutions in the state consisting of school districts, colleges, universities, charter schools, cities, and counties. Its primary function is the volume purchasing of goods and services on behalf of its members. Through volume purchasing, it seeks to take advantage of the economies of scale inherent in cooperative purchasing. The process is designed to insure that CES offers its members only the best products and services at the most competitive rates available in the industry.

After an exhaustive review of carriers offering Section 125 qualifying employee supplemental benefits, CES selected Aflac as the provider qualified to meet the specifications of the CES RFP. The RFP required a carrier that; first and foremost, offered a quality Section 125 plan in the industry, and that offered its products and services at the most competitive pricing in the industry. Secondly; it was also essential that the carrier have the capacity to operate and service policyholders effectively in all quadrants of the state. Finally, the carrier would need to demonstrate the ability to operate within the confines of the third party administrative model that CES requires for the implementation of its supplemental benefits.

On all counts; Aflac met and exceeded our requirements. More importantly, Aflac prevailed when our proposal was rated by an evaluation committee of CES member institutions.

ACCIDENT ADVANTAGE

Accidents happen. Help make sure your employees are prepared.

Peace of mind doesn't happen by accident. It occurs when your **employees have a plan that helps protect them in the event of the unexpected** — such as a fall on the front steps or when a child gets hurt at soccer. But when an injury does occur, you can help them stay in control of the costs with Aflac Accident Advantage.



Now they can focus on recovery instead of bills — at no direct cost to your business.

Even if your employees have medical insurance, they may still have out-of-pocket expenses such as deductibles, co-pays and other costs. Aflac Accident Advantage pays cash benefits directly to them¹ that they can use for any expense, from groceries to bills. Best of all, it comes from Aflac, a name families have trusted for more than 60 years.

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,SM only from Aflac²
- **Cash benefits** paid directly to your employees to use as they see fit
- **Portable** – Employees can take the plan with them wherever they go
- **A wellness benefit** they can use for routine, preventative care

FACT NO. 1

ABOUT **1** OUT OF **8**

people seek medical attention for an injury.³

FACT NO. 2

\$5,600

the average medical expenses for an accidental injury.³

Being prepared for whatever life brings is no accident.

The financial fallout from accidents is often surprising. Aflac Accident Advantage can help your employees pay for the unexpected costs, so they can focus on getting better.

This information refers to benefit ranges for Policy Series A36000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Accident Advantage benefits ⁴	
BENEFIT	ACCIDENT ADVANTAGE (24-HOUR) OPTION 3
Accident Treatment	Payable once per 24-hour period and only once per covered accident, per covered person <ul style="list-style-type: none"> • \$200 ER w/ X-ray • \$150 Office w/ X-ray • \$170 ER no X-ray • \$120 Office no X-ray
Wellness	\$60 per calendar year, per policy
Organized Sporting Activity	Additional 25 percent of benefits payable up to \$1,000 per policy, per calendar year
Initial Accident Hospitalization	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person
Accident Hospital Confinement	\$250 per day, up to 365 days per covered person
ICU Confinement	Additional \$400 per day, up to 15 days, per covered accident, per covered person
Ambulance	\$200 ground ambulance or \$1,500 air ambulance
Appliances	\$25-\$300 payable once per covered accident, per covered person
Accident Follow-up Treatment	\$35 for one treatment per day, up to six, per covered accident, per covered person
Therapy (Physical, Speech & Occupational)	\$35 for one treatment per day, up to 10 per covered accident, per covered person
Accident Specific Sum Injuries	\$35-\$12,500
Blood/Plasma/Platelets	\$200 per covered accident, per covered person
Major Diagnostic/Imaging Exams (MRI, CT Scan, etc.)	\$200 per covered person, per calendar year
Prosthesis-New/Repair-Replacement	\$800 once per covered accident per covered person / \$800 once per covered person, per lifetime
Rehabilitation Facility	\$150 per day
Home Modification	\$3,000 once per covered accident, per covered person
Accidental-Death	\$5,000-\$150,000
Accidental-Dismemberment	\$300-\$40,000
Family Support	\$20 per day, up to 30 days
Continuation of Coverage	After six months, waive up to two months
Waiver of Premium	36 months
Transportation	\$600 per trip, up to three per year (>50 miles)
Family Lodging	\$125 per night, up to 30 days (>50 miles)
Available Riders	
Additional Accidental-Death Benefit	\$7,000-\$35,000
Aflac Plus	Yes

¹ Unless otherwise assigned.

² One Day PaySM available for most properly documented, individual claims submitted online through Aflac SmartClaim[®] by 3PM ET. Aflac SmartClaim[®] not available on the following: Disability, Life, Vision, Dental, Medicare Supplement, Long Term Care/Home Health Care, Aflac Plus Rider, Specified Disease Rider and Group policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received & no further validation and/or research is required. Individual Company Statistic, 2016.

³ Injury Facts, 2015 Edition, National Safety Council.

⁴ This is a brief product overview only. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations and exclusions.

Coverage is underwritten by: American Family Life Assurance Company of Columbus.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



SHORT-TERM DISABILITY

Financial protection that works. Even when they can't.

An illness or injury that keeps your employees from working not only can hurt productivity, but do a job on your employees' finances as well. They may be out of commission, but their bills keep coming. That's where you can help. When you make **Aflac Short-Term Disability** insurance available to your employees, you're helping to provide them with a source of income while they pay attention to getting better.



Offer peace of mind for the worst times — at no direct cost to your business.

Now, taking time off won't take such a toll on your employees' ability to support themselves and their families. With **Aflac Short-Term Disability**, they receive a cash benefit for every day they're disabled.⁵ Best of all, it's just another way that you can help protect your employees — at no direct cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days⁶
- **Cash benefits** paid directly to your employees to use as they see fit
- **Portable** — Employees can take the plan with them wherever they go

FACT NO. 1

1 IN 4

Americans entering the workforce today will become disabled.⁷

FACT NO. 2

NEARLY 90%

of disabilities are not work related.⁷

A convenient plan to help your employees cover short-term expenses.

Aflac Short-Term Disability helps protect your employees' income in the event of injury or illness. It provides coverage options that allow employees to choose the plan that's right for them, based on their financial requirements and income.

This information refers to benefit ranges for Policy Series A57600 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Short-Term Disability benefits ⁸	
Benefit	Description
Guaranteed-Issue Options	<ul style="list-style-type: none"> Monthly benefit amounts up to \$4,000 (subject to income requirements) Benefit periods: 3 or 6 months
Total Disability Benefit Periods	3, 6, 12, 18, or 24 months
Elimination Periods	<p>Injury/Sickness</p> <ul style="list-style-type: none"> 0/7 days 14/14 days 90/90 days 0/14 days 0/30 days 180/180 days 7/7 days 30/30 days 7/14 days 60/60 days
Minimum Income and Hours Requirement	<ul style="list-style-type: none"> Minimum annual income requirement: \$9,000 Minimum weekly hours requirement: 19 hours
Monthly Benefit Amounts	\$500-\$6,000 (subject to income requirements)
Partial Disability Benefit Period	3 months
Waiver of Premium Benefit	<ul style="list-style-type: none"> Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as the insured is disabled, up to the applicable benefit period shown in the policy schedule. Not available with a three-month total disability period.
Portable	Policyholders can take coverage with them if they change jobs or retire.
Total and Partial Disability Benefits	Pays for either a total or partial disability. Even if the insured is able to work, partial disability benefits may be available to compensate for lost income.
Guaranteed Renewable	Guaranteed renewable to age 75.
Available Riders	
<ul style="list-style-type: none"> On-the-Job Injury 	<ul style="list-style-type: none"> Additional Units of Disability Benefit Aflac Plus

⁵ Benefit subject to benefit period and elimination period.

⁶ Aflac processes most claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, July 2015.

⁷ 2015 Disability Insurance Awareness Month, Facts from LIMRA.

⁸ This is a brief product overview only. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

Coverage is underwritten by: American Family Life Assurance Company of Columbus.
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000



Aflac Cancer Protection Assurance: real coverage when you need it most.

Cancer treatment is changing—and Aflac is proud to be changing with it. Thanks to advances in science and treatment, more and more Americans today are living with cancer.¹ Aflac Cancer Protection Assurance helps cover these innovative treatments with benefits that really care for you as a whole person.

From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.²



CANCER STATS YOU NEED TO KNOW

FACT NO. 1



LIFETIME RISK OF DEVELOPING CANCER IN
THE UNITED STATES.³

FACT NO. 2



LIFETIME RISK OF DEVELOPING CANCER IN
THE UNITED STATES.³

Of course, four-in-four hope they'll never get it. But for many—and for certain types of cancer—advances in science and treatment have transformed cancer into an illness that can be managed over a lifetime. **In fact: 89% of women who are diagnosed with breast cancer will survive it and 98% of men who develop prostate cancer will live with it for five years—or more.**⁴ Some cancer patients, even with insurance, spend about a third of their household income on out-of-pocket health care costs outside of insurance premiums.⁵

¹Progress Against Cancer – 2019 Annual Plan, National Cancer Institute. <https://www.cancer.gov/about-nci/budget/plan/progress>. Accessed: November 13, 2017. ²Coverage remains in force as long as premiums are paid. ³Cancer Facts & Figures 2017, American Cancer Society. ⁴National Cancer Institute, Surveillance, Epidemiology and End Results (SEER) Program. See: <https://seer.cancer.gov/statfacts/html/breast.html> and <https://seer.cancer.gov/statfacts/html/prost.html>. SEER Cancer Statistics Review, 1975-2014, National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2014/, based on November 2016 SEER data submission, posted to the SEER web site, April 2017. Accessed: December 13, 2017.

⁵Widowed Early, A Cancer Doctor Writes About the Harm of Medical Debt, NPR, August, 10 2018. <https://www.npr.org/sections/health-shots/2017/08/10/542589232/widowed-early-a-cancer-doctor-writes-about-the-harm-of-medical-debt>. Accessed: December 14, 2017.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

We're With You: Aflac Cancer Protection Assurance Stays with You for Life.

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment is expensive—today, cancer costs patients and families more than any other chronic illness.⁶

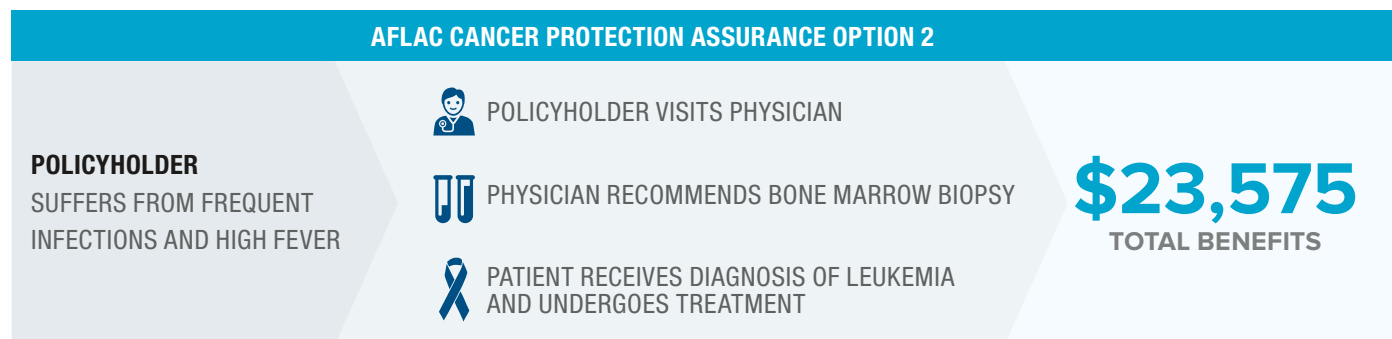
Major medical may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life. Here's how it works:

We're with you, even when you're well. We pay a benefit for early detection and preventative care, like mammograms, PSA blood tests, and many other kinds of cancer screenings, too. Why? Because when cancer is found and treated early you're more likely to survive it.⁷

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on—and thanks to One Day PaySM, your claim can be processed in just one day. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 that includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, Initial Diagnosis Benefit of \$4,000, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$3,600, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$7,200, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

⁶National Institutes of Health, Discussing Health Care Expenses in the Oncology Clinic: Analysis of Cost Conversations in Outpatient Encounters, November 2017 <https://www.ncbi.nlm.nih.gov/pubmed/28834684>. Accessed: December 13, 2017. ⁷National Cancer Institute, Cancer Trends Progress Report. See <https://progressreport.cancer.gov/detection>. Published: January 2017. Accessed: December 13, 2017.

Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
INITIAL DIAGNOSIS	Named Insured or Spouse: \$4,000 Dependent Child: \$8,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$250 per calendar month Physician Administered: \$1,200 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGERY/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person

EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person
ANNUAL CARE	\$200 on the anniversary date of diagnosis; lifetime maximum of five annual \$200 payments per covered person
AMBULANCE	\$250 ground \$2,000 air ambulance
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip
LODGING	\$65 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

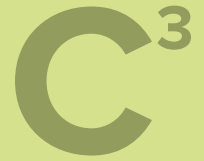
OPTIONAL RIDERS	DESCRIPTION						
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.						
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider: <table border="1" data-bbox="490 1747 1524 1887"> <thead> <tr> <th>Initial diagnosis</th> <th colspan="2">Hospitalization</th> </tr> </thead> <tbody> <tr> <td>\$2,000</td> <td>30 days or less: \$400 per day</td> <td>31 days or more: \$800 per day</td> </tr> </tbody> </table>	Initial diagnosis	Hospitalization		\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day
Initial diagnosis	Hospitalization						
\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day					
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child						

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, LIMITATIONS AND EXCLUSIONS.

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE – OPTION 3

Policy Series B70000



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From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.²



CANCER STATS YOU NEED TO KNOW

FACT NO. 1



LIFETIME RISK OF DEVELOPING CANCER IN
THE UNITED STATES.³

FACT NO. 2



LIFETIME RISK OF DEVELOPING CANCER IN
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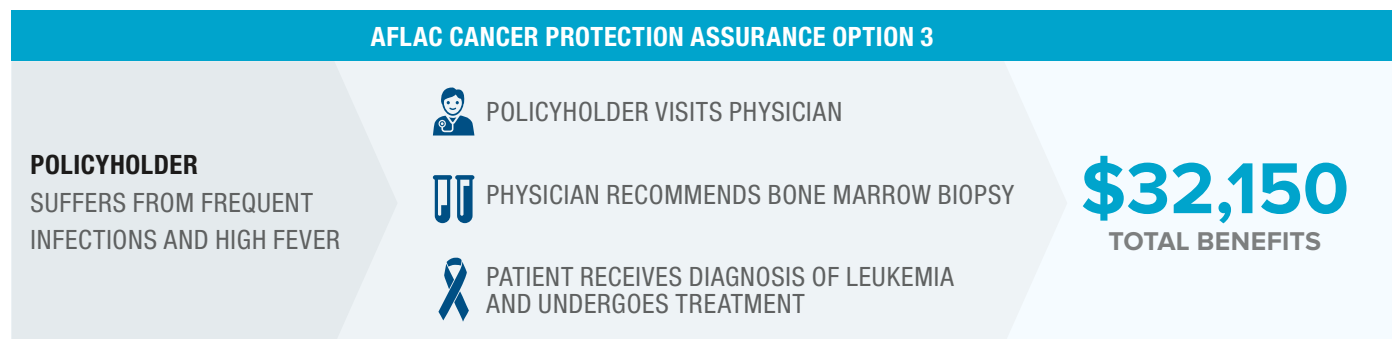
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We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on—and thanks to One Day PaySM, your claim can be processed in just one day. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 3 that includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of \$100, Initial Diagnosis Benefit of \$6,000, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$4,500, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$9,000, Antinausea Benefit (9 months) of \$1,350, Stem Cell Transplant Benefit of \$10,000, Hospital Confinement Benefit (4 days) of \$1,200.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

⁶National Institutes of Health, Discussing Health Care Expenses in the Oncology Clinic: Analysis of Cost Conversations in Outpatient Encounters, November 2017 <https://www.ncbi.nlm.nih.gov/pubmed/28834684>. Accessed: December 13, 2017. ⁷National Cancer Institute, Cancer Trends Progress Report. See <https://progressreport.cancer.gov/detection>. Published: January 2017. Accessed: December 13, 2017.

Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
CANCER SCREENING	One \$100 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$350 per covered person, per lifetime
INITIAL DIAGNOSIS	Named Insured or Spouse: \$6,000 Dependent Child: \$12,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	\$400 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$400 per calendar month Physician Administered: \$1,500 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.
HORMONAL THERAPY	\$40 once per calendar month
TOPICAL CHEMOTHERAPY	\$200 once per calendar month
ANTINAUSEA	\$150 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$10,000; lifetime maximum of \$10,000 per covered person Donor Benefit: \$150 for stem cell donation, or \$1,000 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$75 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$250 per day, per covered person
SURGERY/ANESTHESIA	\$140-\$5,000 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$6,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$50 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 Maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$350 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$300 Dependent Child: \$375
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$600 Dependent Child: \$750
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$300 per day, per covered person

EXTENDED-CARE FACILITY	\$150 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	\$150 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person
NURSING SERVICES	\$150 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	\$3,000; lifetime maximum of \$6,000 per covered person
NONSURGICAL PROSTHESIS	\$250 per occurrence, per covered person; lifetime maximum of \$500 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$3,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$700 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$350 Permanent Areola Repigmentation (on the diseased breast): \$150 Maximum daily benefit will not exceed \$3,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$700 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$700
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,500 for a covered person to have oocytes extracted and harvested \$250 for the storage of a covered person's oocyte(s) or sperm \$250 for embryo transfer Lifetime maximum of \$2,000 per covered person
ANNUAL CARE	\$300 on the anniversary date of diagnosis; lifetime maximum of five annual \$300 payments per covered person
AMBULANCE	\$250 ground \$2,000 air ambulance
TRANSPORTATION	\$.50 cents per mile for transportation; payable up to a combined maximum of \$1,500, per round trip
LODGING	\$80 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION						
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.						
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider: <table border="1" data-bbox="488 1745 1524 1887"> <thead> <tr> <th>Initial diagnosis</th> <th colspan="2">Hospitalization</th> </tr> </thead> <tbody> <tr> <td>\$2,000</td> <td>30 days or less: \$400 per day</td> <td>31 days or more: \$800 per day</td> </tr> </tbody> </table>	Initial diagnosis	Hospitalization		\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day
Initial diagnosis	Hospitalization						
\$2,000	30 days or less: \$400 per day	31 days or more: \$800 per day					
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child						

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, LIMITATIONS AND EXCLUSIONS.



LUMP SUM CRITICAL ILLNESS

Protecting their stability during an illness isn't just smart. It's critical.

Serious illnesses such as a heart attack or stroke can have a serious impact on your employees' financial health. But **Aflac Lump Sum Critical Illness** insurance can help provide the financial peace of mind they need in the event of a serious health event.



Give your employees extra protection to face the unexpected.

Even if your employees have medical insurance, it's usually not enough to cover every expense. But **Lump Sum Critical Illness** insurance pays a lump sum benefit directly to your employees¹⁵ when they're diagnosed with a covered critical illness. The extra cash helps with the expenses major medical doesn't cover, helping you better protect your employees — at no cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,SM only from Aflac¹⁶
- **Cash benefits** paid to directly to your employees to use as they see fit
- **Guaranteed renewable** as long as the premium is paid
- **Portable** – Employees can take the plan with them wherever they go

FACT NO. 1

About every

34 SECONDS

an American suffers a heart attack.¹⁷

FACT NO. 2

About every

40 SECONDS

someone in the United States suffers a stroke.¹⁷

When a critical illness strikes, they can focus on recovery instead of bills.

Lump Sum Critical Illness pays cash benefits directly to them, so they can use it as they wish to help pay for any out-of-pocket expenses they may have – the choice is theirs.

This information refers to benefit ranges for Policy Series A73000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of all benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Lump Sum Critical Illness benefits ¹⁸	
Benefit	Description
Major Critical Illness Event: <ul style="list-style-type: none"> • Heart Attack* • Stroke • Coma • Paralysis • End-Stage Renal Failure • Major Human Organ Transplant 	<ul style="list-style-type: none"> • Benefit amounts are offered in units ranging from \$10,000 to \$100,000** (available in \$5,000 increments) • \$10,000 – Guaranteed-issue base plan • \$15,000-\$30,000 – Requires underwriting • \$35,000-\$100,000 – Requires full underwriting and exception approval • Spouse/Dependent Children: 50% of the primary insured benefit amount • Payable once per covered person, per lifetime
Subsequent Critical Illness Event	<ul style="list-style-type: none"> • Primary insured: \$5,000 • Spouse/Dependent Children: \$2,500 • No lifetime maximum
Coronary Artery Bypass Graft Surgery	<ul style="list-style-type: none"> • Primary insured: \$3,000 • Spouse/Dependent Children: \$1,500 • Payable once per covered person, per lifetime
Sudden Cardiac Arrest	<ul style="list-style-type: none"> • Primary insured: \$10,000 • Spouse/Dependent Children: \$5,000 • Payable once per covered person, per lifetime
<p>All benefits are reduced by 50% for losses incurred on or after the 75th birthday of a covered person.</p>	

*Sudden cardiac arrest is not a heart attack

**Applicants who apply for \$15,000-\$30,000 require underwriting; applicants who apply for \$35,000 and above require underwriting and must meet other stipulations. Ask your agent for more information.

¹⁵ Unless otherwise assigned.

¹⁶ One Day PaySM available for most properly documented, individual claims submitted online through Aflac SmartClaim[®] by 3 p.m. ET. Aflac SmartClaim[®] is available on most Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2017.

¹⁷ Heart Disease and Stroke Statistics, 2016 Update, American Heart Association.

¹⁸ This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

Coverage is underwritten by: American Family Life Assurance Company of Columbus.
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

AFLAC CHOICE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000



Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.
- We pay cash directly to you (unless you tell us otherwise)—not the doctor or hospital.



Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION		
HOSPITAL CONFINEMENT	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.		
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.		
HOSPITAL EMERGENCY ROOM	Pays \$100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.		
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS	DESCRIPTION		
EXTENDED BENEFITS RIDER	<p>Physician Visit Benefit: Pays \$25 for visits (including telemedicine) to a physician, psychologist or urgent care center.</p> <table border="0"> <tr> <td style="border-right: 1px solid black; padding-right: 10px;"> <p>Individual Coverage: Limited to 3 visits per calendar year, per policy.</p> </td> <td> <p>Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.</p> </td> </tr> </table>	<p>Individual Coverage: Limited to 3 visits per calendar year, per policy.</p>	<p>Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.</p>
	<p>Individual Coverage: Limited to 3 visits per calendar year, per policy.</p>	<p>Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.</p>	
	<p>Laboratory Test and X-Ray Benefit: Pays \$35; limited to 2 payments per covered person, per calendar year.</p>		
<p>Medical Diagnostic and Imaging Exams Benefit: Pays \$150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p>Ambulance Benefit: Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>			
HOSPITAL STAY AND SURGICAL CARE RIDER	<p>Initial Assistance Benefit: Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission.</p> <p>Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.</p> <p>Invasive Diagnostic Exams Benefit: Pays \$100 for one covered exam, per covered person, per 24-hour period.</p> <p>Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per day, per covered person, for up to 30 days.</p> <p>Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days.</p> <p>Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.</p>		
AFLAC PLUS RIDER	Ask your Aflac agent about the Aflac Plus Rider!		

REFER TO THE FOLLOWING PAGES AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Rates (semi-monthly premiums)

Aflac Accident Advantage

Ages 18.75	Option 3	optional AD&D
Individual	\$9.88	+\$2.15
Insured & Spouse	\$14.04	+\$2.99
One Parent Family	\$16.64	+\$2.41
Two Parent Family	\$21.52	+\$3.38

Aflac Short-Term Disability

	Elimination Period 0/7 0-day Accident 7-day Sickness	Elimination Period 14/14 -day Accident 14/14-day Sickness
18-49	Please see Disability	
50-64	rates on second page	
65-74	----->	

*Price per unit (one unit= \$100) semi-monthly –3 months benefit period.
Minimum 5 Units (\$500) maximum 60 units (\$6,000) per month

Aflac Cancer Care

Ages 18-75	Classic	Premier
Individual One Parent Family	\$16.75	\$23.69
Initial Diagnosis Rider (\$500)	\$2.93	\$2.93
Dependent Child Rider	\$0.00 (Individual) \$0.46 (One-Parent Family)	\$0.00 (Individual) \$0.46 (One-Parent Family)
Specified Disease Rider	\$0.46	\$0.46
Insured/Spouse Two-Parent Family	\$28.82	\$40.43
Initial Diagnosis Rider (\$500)	\$6.50	\$6.50
Dependent Child Rider	\$0.00 (Insured/Spouse) \$0.46 (Two-Parent Family)	\$0.00 (Insured/Spouse) \$0.46 (Two-Parent Family)
Specified Disease Rider	\$0.85	\$0.85

Aflac Hospital Choice

Benefit Amount	\$500	\$1,000
Individual		
18-49	\$8.58	\$13.52
50-59	\$8.84	\$13.78
60-75	\$9.10	\$14.17
Insured/Spouse		
18-49	\$11.18	\$19.18
50-59	\$11.90	\$20.28
60-75	\$12.22	\$21.71
One-Parent Family		
18-49	\$11.18	\$17.16
50-59	\$11.44	\$17.42
60-75	\$11.77	\$17.68
Two Parent Family		
18-49	\$12.81	\$20.35
50-59	\$13.07	\$20.54
60-75	\$13.33	\$21.97

Aflac Plus Rider

Individual	
18-29	\$1.56
30-39	\$2.21
40-49	\$3.77
50-70	\$6.44
Insured/Spouse	
18-29	\$2.93
30-39	\$4.36
40-49	\$7.15
50-70	\$12.29
One-Parent Family	
18-29	\$3.12
30-39	\$3.38
40-49	\$4.55
50-70	\$6.63
Two Parent Family	
18-29	\$3.77
30-39	\$4.88
40-49	\$7.35
50-70	\$12.35

Aflac Lump Sum Critical Illness

Ages (Non-Tobacco)	Individual/ One Parent Family		Insured & Spouse/ Two Parent Family		Ages (Tobacco)	Individual/ One Parent Family		Insured & Spouse/ Two Parent Family	
	10,000	20,000	10,000	20,000		10,000	20,000	10,000	20,000
18-24	\$2.21	\$2.99	\$3.58	\$5.01	18-24	\$2.86	\$4.29	\$4.94	\$7.54
25-29	\$2.47	\$3.64	\$4.03	\$5.98	25-29	\$3.58	\$5.53	\$5.98	\$9.36
30-34	\$3.25	\$4.81	\$5.27	\$7.87	30-34	\$4.94	\$7.80	\$8.06	\$12.74
35-39	\$4.42	\$6.63	\$6.96	\$10.60	35-39	\$6.76	\$10.66	\$10.73	\$17.10
40-44	\$5.72	\$8.71	\$8.71	\$13.26	40-44	\$8.78	\$14.11	\$13.52	\$21.58
45-49	\$6.96	\$10.73	\$10.60	\$16.32	45-49	\$10.73	\$17.23	\$16.51	\$26.39
50-54	\$8.13	\$12.55	\$12.74	\$19.63	50-54	\$12.55	\$20.35	\$19.89	\$31.85
55-59	\$9.23	\$14.30	\$14.95	\$23.01	55-59	\$14.17	\$23.01	\$23.21	\$37.38
60-64	\$10.86	\$16.84	\$18.40	\$28.54	60-64	\$16.58	\$26.98	\$28.34	\$46.02
65-70	\$10.86	\$16.84	\$18.40	\$28.54	65-70	\$16.58	\$26.98	\$28.34	\$46.02



SHORT TERM DISABILITY

- Guaranteed-issue maximum is \$3,000 monthly benefit with account participation minimum.
- 3 month benefit period
- Elimination Period: 0 Day Accident / 7 Day Sickness

Semi-Monthly

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74
\$9,000 to \$11,999	\$ 500	\$ 6.50	\$ 7.15	\$ 8.78
\$12,000 to \$15,999	\$ 700	\$ 9.10	\$ 10.01	\$ 12.29
\$16,000 to \$17,999	\$ 800	\$ 10.40	\$ 11.44	\$ 14.04
\$18,000 to \$19,999	\$ 900	\$ 11.70	\$ 12.87	\$ 15.80
\$20,000 to \$21,999	\$ 1,000	\$ 13.00	\$ 14.30	\$ 17.55
\$22,000 to \$23,999	\$ 1,100	\$ 14.30	\$ 15.73	\$ 19.31
\$24,000 to \$25,999	\$ 1,200	\$ 15.60	\$ 17.16	\$ 21.06
\$26,000 to \$27,999	\$ 1,300	\$ 16.90	\$ 18.59	\$ 22.82
\$28,000 to \$29,999	\$ 1,400	\$ 18.20	\$ 20.02	\$ 24.57
\$30,000 to \$31,999	\$ 1,500	\$ 19.50	\$ 21.45	\$ 26.33
\$32,000 to \$33,999	\$ 1,600	\$ 20.80	\$ 22.88	\$ 28.08
\$34,000 to \$35,999	\$ 1,700	\$ 22.10	\$ 24.31	\$ 29.84
\$36,000 to \$37,999	\$ 1,800	\$ 23.40	\$ 25.74	\$ 31.59
\$38,000 to \$39,999	\$ 1,900	\$ 24.70	\$ 27.17	\$ 33.35
\$40,000 to \$41,999	\$ 2,000	\$ 26.00	\$ 28.60	\$ 35.10
\$42,000 to \$43,999	\$ 2,100	\$ 27.30	\$ 30.03	\$ 36.86
\$44,000 to \$45,999	\$ 2,200	\$ 28.60	\$ 31.46	\$ 38.61
\$46,000 to \$47,999	\$ 2,300	\$ 29.90	\$ 32.89	\$ 40.37
\$48,000 to \$49,999	\$ 2,400	\$ 31.20	\$ 34.32	\$ 42.12
\$50,000 to \$51,999	\$ 2,500	\$ 32.05	\$ 35.75	\$ 43.88
\$52,000 to \$53,999	\$ 2,600	\$ 33.80	\$ 37.18	\$ 45.63
\$54,000 to \$55,999	\$ 2,700	\$ 35.10	\$ 38.61	\$ 47.39
\$56,000 to \$57,999	\$ 2,800	\$ 36.40	\$ 40.04	\$ 49.14
\$58,000 to \$59,999	\$ 2,900	\$ 37.70	\$ 41.47	\$ 50.90
\$60,000 to \$60,999	\$ 3,000	\$ 39.00	\$ 42.90	\$ 52.65
\$61,000 to \$62,999	\$ 3,100	\$ 40.30	\$ 44.33	\$ 54.41

* Monthly Benefits shown represent a 60% Income Replacement

The information in this Benefits Summary is presented for illustrative purposes and does not include the limitations and exclusions. The text contained in this summary was taken from the full plan description and benefit information. For the full schedule of benefits and outline of coverages, please see the brochures provided by your employer. In case of discrepancy between the summary and the actual plan documents, the actual plan documents will prevail.