

BenExtend[®]

Extra Protection for extraordinary times



**Continental American
Insurance Company**



We'd like to think science can stop contagious diseases in their tracks, but outbreaks such as the flu, SARS and COVID-19 have shown that's not always the case. Fortunately, Aflac has learned to expect the unexpected.

We've developed a plan that's among the first of its kind: BenExtend. In addition to paying benefits for diagnosis and treatment of a covered disease, illness or trauma, it also provides coverage when recovery gets more difficult.

For example, heart, lung and kidney damage have emerged as COVID-19 complications.¹

Guaranteed-issue with no pre-existing condition limitations and no waiting periods.

The Telephonic Employee Assistance Program is available if you need help for life's highs and lows. For confidential telephone counseling sessions with highly trained, licensed professionals, call Health Advocate 24/7 at 855.423.8585 or visit healthadvocate.com/Aflac.

Hospital Benefits Overview In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months (In Vermont, or as soon as reasonably possible) of the date of the covered accident.	PLAN 1	PLAN 2	PLAN 3
HOSPITAL ADMISSION (per confinement) – once per covered sickness or accident per calendar year for each insured Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for Hospital Admission of a newborn child following his birth. However, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	\$1,500	\$1,000	\$500
HOSPITAL CONFINEMENT (per day) – maximum of 15 days per confinement for each covered sickness or accident for each insured Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness. We will not pay this benefit for confinement to an observation unit or a recovery unit. We will not pay this benefit for emergency room treatment or outpatient surgery or outpatient treatment.	\$200 Days 1-15	\$200 Days 1-15	\$125 Days 1-15

Critical Illnesses Benefits Overview / \$5,000 High / \$3,000 Mid / \$3,000 Low Benefit Amount

COVERED CRITICAL ILLNESSES AND ADDITIONAL BENEFITS (Percentage of Face Amount / Benefit Amount Shown)

CANCER (Internal or Invasive)	100%	BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
HEART ATTACK (Myocardial Infarction)	100%	SUDDEN CARDIAC ARREST	100%
STROKE (Ischemic or Hemorrhagic)	100%	NON-INVASIVE CANCER	25%
MAJOR ORGAN TRANSPLANT	100%	CORONARY ARTERY BYPASS SURGERY	25%
KIDNEY FAILURE (End-Stage Renal Failure)}	100%	SKIN CANCER (Once per Calendar Year)	\$250

Initial Diagnosis – We will pay a benefit based on the face amount upon diagnosis of a covered critical illness. **Additional Diagnosis** – Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months (In Tennessee, 30 consecutive days). **Reoccurrence** – Once benefits have been paid for a covered critical illness, we will pay benefits for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Benefits will be based on the face amount in effect on the critical illness date of diagnosis. If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit / \$100 High / \$50 Mid / \$50 Low per calendar year per insured

Payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Residents of Massachusetts are not eligible for the Health Screening Benefit.

Term Life Rider / \$5,000 All Plans

If the insured dies while covered under this plan, we will pay the amount shown as a lump-sum benefit to the insured's designated beneficiary. Benefit is paid once per insured.

Successor Insured Benefit

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

¹WebMD. "Complications Coronavirus can cause." Accessed May 4 2020. <https://www.webmd.com/lung/coronavirus-complications#1>

BENEXTEND MONTHLY RATE	HIGH	MID	LOW
Member	\$ 33.17	\$ 23.65	\$17.67
Member and Spouse	\$ 66.43	\$ 47.17	\$35.13
Member and Dependent Children	\$ 47.16	\$ 34.74	\$25.27
Family	\$ 80.42	\$ 58.26	\$42.73

What you need, when you need it.

Aflac pays cash benefits that you can use any way you see fit.

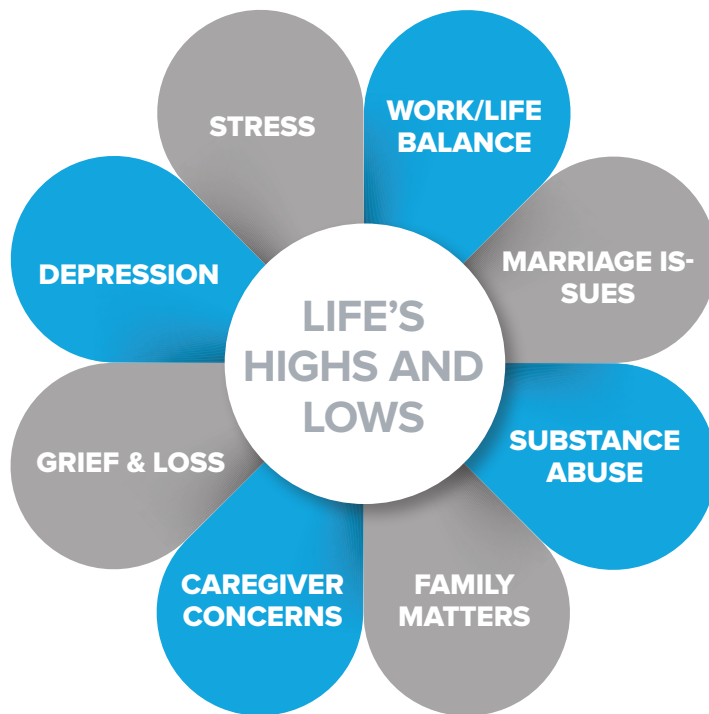


Need help for life's highs and lows? Just call.

Introducing the Telephonic EAP Program, available through Aflac.

We never know what life can bring from one day the next. But you can be sure you have help when you need it. Health Advocate's Telephonic Employee Assistance Program provides support for a range of personal, family and work/life balance matters.

Telephonic EAP provides 24/7 phone access to licensed, professional counselors, prepared to help with your personal situation. They can also provide referrals for long-term counseling or specialized care, with customized plans to meet your specific needs.



USE ANY COMBINATION OF TOOLS, ANY TIME:



24/7 phone access to trained counselors



Long-term referrals and treatment plans



Support for full range of personal and work/life issues

Whatever life brings, call on EAP for help:



Confidential telephone counseling sessions with highly trained, licensed professionals



24/7 phone access to professional counselors



Referrals for long-term counseling or specialized care



Customized treatment plans



Resource website for work/life matters



Help for depression and other mental health issues



Stress management



Support for dealing with grief and loss



Substance abuse counseling

Count on Telephonic EAP to be here when you need it.

When your coverage begins, call **855.423.8585** or visit healthadvocate.com/aflac.

Available through Aflac, powered by Health Advocate.

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary.

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Continental American Insurance Company | Columbia, South Carolina

BenExtend® Limitations and Exclusions

Hospital Indemnity Benefits Exclusions

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois). In North Carolina: War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane. In Colorado, Missouri, and Vermont: committing or attempting to commit suicide, while sane. In Minnesota and Montana: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally. In Colorado: injuring or attempting to injure oneself intentionally, while sane. In Missouri: Injuring or attempting to injure oneself intentionally and is not an obvious suicide attempt. In Montana: this exclusion does not apply.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job. In Georgia, Nebraska, and Tennessee: voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job. In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation. In South Dakota: this exclusion does not apply.
- In South Dakota: Voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member. In Arizona and South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation. In Alabama, Alaska, Washington D.C., and Minnesota: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation. In Montana: this exclusion does not apply.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed. In Tennessee: an abortion for any reason other than to preserve the life of the person upon whom

the abortion is performed, or if the pregnancy was the result of rape or incest, or if the fetus is nonviable.

- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

Hospital Indemnity Definitions

Accidental Injury means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. In Vermont, bodily damage to an insured resulting from a traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. A Covered Accidental Injury is an accidental injury that occurs while coverage is in force. A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

A Doctor does not include the insured or an insured's family member. In Arizona, a doctor who is your family member may treat you. In South Dakota, a doctor who is an employee's family member may treat the insured if that doctor is the only doctor in the area and acts within the scope of his practice.

For the purposes of this definition, Family Member includes the employee's spouse as well as the following members of the employee's immediate family:

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

This includes step-family members and family-members-in-law.

The term Hospital specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

In Florida and North Carolina, the above list is exhaustive. In Vermont, a facility for the treatment of alcoholism or drug addiction is not excluded.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury. In Florida, complications of pregnancy are treated the same as any other illness.

A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force.

Dependent means your spouse or your dependent child. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent children are your or your spouse's natural children, stepchildren, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. Refer to your certificate for details.

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not

include telemedicine services.

Critical Illness Benefits Limitations and Exclusions

Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

Exclusions

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

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured. In Alaska and Tennessee: injuring or attempting to injure oneself intentionally. In Colorado, Missouri, and Vermont: injuring or attempting to injure oneself intentionally, while sane. In Montana: this exclusion does not apply.
- Suicide – committing or attempting to commit suicide, while sane or insane. In Colorado: committing or attempting to commit suicide, while sane. In Illinois, Minnesota, and Montana: this exclusion does not apply.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job. In Arizona: participating or attempting to commit a felony, or engaged in an illegal occupation. In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation. In Georgia and South Dakota: this exclusion does not apply. In Illinois, Nebraska, and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation. In Utah: voluntarily participating in an illegal activity or voluntarily working at an illegal job.
- In South Dakota: Voluntarily committing a felony at the time of the loss.
- In Georgia: Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Participation (In Utah: Voluntary Participation) in Aggressive Conflict of any kind, including**:
 - War (declared or undeclared) or military conflicts. In Florida and North Carolina: War (declared or undeclared) or military conflicts. War does not include acts of terrorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- Illegal substance abuse (In Georgia and South Dakota: this exclusion does not apply.), which includes the following**:
 - Abuse of legally-obtained prescription medication. In Alabama: The use of any prescription drug or medication not taken as prescribed by a doctor. In Louisiana: Illegal intoxication.
 - Illegal use of non-prescription drugs. In Alabama: The use of non-prescription drugs not taken as directed. In Louisiana: Being under the influence of narcotics unless administered on the advice of a doctor.
 - In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
- In Georgia: Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the loss occurred.)

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

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

** Ambiguous language (i.e. "any of the following," "of any kind, including," "which includes the following") does not apply in Florida.

Critical Illness Definitions

Other applicable terms and definitions are included in the Hospital Definitions section.

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

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- 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

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 phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

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

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

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

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Stroke does not include:

- Transient ischemic attacks (TIAs)
- Head injury

- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

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

Critical Illness is a disease or a sickness as defined in this rider that first manifests (In Illinois, that began; in South Dakota, that manifests) while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/ or non-invasive cancer is based on such specimens).
 - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical Diagnosis is the date the Diagnosis is communicated to the Insured. (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/ or non-invasive cancer is based on such specimens).
 - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical Diagnosis is the date the Diagnosis is communicated to the Insured. (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- 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.

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

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

Term Life Rider

Limitations and exclusions and terms you need to know

All limitations and exclusions that apply to the plan also apply to these benefits. No benefits will be paid for a loss that occurred prior to the effective date of the plan.

Beneficiary means the person (or entity) named in the application, or later changed in writing by the primary insured, who will receive proceeds upon the death of the insured.

Suicide limitation

If the insured takes their own life within two years from the effective date of the rider, the liability of the company

under the rider will be limited to the premiums paid for the rider, without interest.

You May Continue Your Coverage

In some states, 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.

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

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

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

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This information provides a brief description of coverage and is not a contract. Read the certificate carefully for exact terms and conditions. This is subject to the terms, conditions, and limitations of Policy Series C81000.

In Arkansas, C81100AR. In Oklahoma, C81100OK. In Oregon, C81100OR. In Pennsylvania, C81100.1PA. In Texas, C81100.1TX. In Virginia, C81100VA.

You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

States references refer to the state of your group.