

Level 3

# Personal Cancer Indemnity Plan

*Specified-Disease Insurance*



## *Plan Benefits*

- First-Occurrence
- Hospital Confinement
- Medical Imaging
- Radiation and Chemotherapy
- Immunotherapy
- Cancer Screening Wellness
- Plus ... much more

# Personal Cancer Indemnity Plan

## Specified-Disease Policy NY-75300

### First-Occurrence Benefit

*Aflac New York will pay \$5,000 for the insured, \$5,000 for the spouse, or \$7,500 for children* in order to cover the resultant costs, such as travel, lodging, household costs, and other living expenses, when a covered person is first diagnosed with internal cancer after the 30-day waiting period. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy. Internal cancer includes melanomas classified as Clark's Level III and higher, or a Breslow level greater than 1.5 mm. In addition to the pathological, clinical, or other medically appropriate diagnosis required by the policy, we may require additional information from the attending physician and hospital. If cancer is diagnosed before coverage has been in force 30 days from the effective date of coverage and you elect to maintain your coverage, the First-Occurrence Benefit payable at the end of the first year will be \$500.

### Hospital Confinement Benefit

*Aflac New York will pay \$300 per day* when a covered person is confined to a hospital for treatment of cancer. *Benefits increase to \$600 per day* beginning with the 31st day of continuous confinement.

### Medical Imaging Benefit

*Aflac New York will pay \$200 per calendar year* for each covered person who receives an initial diagnosis or follow-up evaluation of internal cancer using one of the following medical imaging exams: CT scans, MRIs, bone scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, or transrectal ultrasounds. These exams must be performed in a hospital, an ambulatory surgical center, or a physician's office. This benefit is payable once per calendar year, per covered person.

### Radiation and Chemotherapy Benefit

*Aflac New York will pay \$300 per day* as follows for a covered person who receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of cancer:
  - a. Injection by medical personnel in a physician's office, clinic, or hospital.
  - b. Self-injected medications (limited to \$300 per daily treatment, subject to a monthly maximum of \$2,400 for all medications).
  - c. Medications dispensed by a pump or implant (limited to \$300 for the initial prescription and \$300 for each pump refill, subject to a monthly maximum of \$1,200 for all medications).
  - d. Oral chemotherapy, regardless of where administered (limited to \$300 per prescription, subject to a monthly maximum of \$1,200 for all prescriptions).
2. Radiation therapy.
3. The insertion of interstitial or intracavitary application of radium or radioisotopes.

If delivery of radiation or chemotherapy is other than listed above, benefits will be subject to a monthly maximum of \$1,200. Treatments must be FDA- or NCI-approved for the treatment of cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulations, dosimetries, treatment plannings, or other procedures related to these therapy treatments. Benefits will not be paid for each day the radium or radioisotope remains in the body, or for each day of continuous infusion of medications dispensed by a pump or implant. This benefit is not payable on the same day that the Experimental Treatment Benefit is paid.

### Experimental Treatment Benefit

*Aflac New York will pay \$300 per day* for a covered person who receives one or more of the following experimental cancer treatments, prescribed by a physician, for the purpose of modification or destruction of abnormal tissue:

- Treatment administered by medical personnel in a physician's office, clinic, or hospital.
- Self-injected medications (limited to \$300 per daily treatment, subject to a monthly maximum of \$2,400).
- Medications dispensed by a pump (limited to \$300 for the initial prescription and \$300 for each refill, subject to a monthly maximum of \$1,200).
- Oral medications, regardless of where administered (limited to \$300 per prescription, subject to a monthly maximum of \$1,200 for all prescriptions).

Treatments must be approved by the National Cancer Institute (NCI) as viable experimental treatments for cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments. Benefits will not be paid for each day of continuous infusion of medications dispensed by a pump or implant. This benefit is not payable on the same day that the Radiation and Chemotherapy Benefit is paid.

### Immunotherapy Benefit

*Aflac New York will pay \$500 per calendar month* for a covered person who receives immunoglobulins or colony-stimulating factors as prescribed by a physician as part of a treatment regimen for internal cancer. Any medications paid under the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit. Lifetime maximum of \$2,500 per covered person.

### Nursing Services Benefit

*Aflac New York will pay \$150 per 24-hour day* if, while confined in a hospital, a covered person requires private nursing services other than those regularly furnished by the hospital. 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.

### Antinausea Benefit

*Aflac New York will pay \$150 per calendar month* for a covered person who receives antinausea drugs that are prescribed while receiving radiation or chemotherapy treatments.

### Skin Cancer Surgery Benefit

*Aflac New York will pay the indemnity (\$100 to \$600)* listed for the specific procedure when a surgical operation is performed on a covered person for a diagnosed skin cancer. The benefit listed in the policy includes anesthesia services.

If skin cancer is diagnosed during a hospitalization that is not primarily the result of such skin cancer, benefits will be limited to the day(s) the covered person actually received treatment for skin cancer [such as a malignant tumor, ulcer, pimple, or mole that may arise on the surface of the body (skin), including melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm].

### Surgical/Anesthesia Benefit

*Aflac New York will pay the indemnity (\$100 to \$5,000)* listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer. If any operation for the treatment of cancer 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 similar in severity and gravity. (Exceptions: Surgery for skin cancer will be payable under the Skin Cancer Surgery Benefit. Reconstructive surgery will be paid under the Reconstructive Surgery Benefit.) Two or more surgical procedures performed through the same incision will be considered one operation, and the highest eligible benefit will be paid.

*Aflac New York will pay an indemnity benefit equal to 25 percent* of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation. The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed \$6,250.

### Outpatient Hospital Surgical Benefit

*Aflac New York will pay \$300* when a surgical operation is performed on a covered person for a diagnosed internal cancer. Surgeries must be performed on an outpatient basis in a hospital, to include an ambulatory surgical center. This benefit is not payable for surgery performed in a physician's office or for skin cancer surgery. This benefit is payable in addition to the Surgical/Anesthesia Benefit, is payable once per day, and is not payable on the same day as the Hospital Confinement Benefit.

**This brochure is for illustration purposes only.  
Refer to the policy for complete details, limitations, and exclusions.**

### **Prosthesis Benefit**

*Aflac New York will pay \$3,000* for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer treatment. Lifetime maximum of \$6,000 per covered person.

*Aflac New York will pay \$250* for nonsurgically implanted prosthetic devices that are prescribed as a direct result of cancer treatment. Lifetime maximum of \$500 per covered person.

The Prosthesis Benefit does not include coverage for a breast transverse rectus abdominus myocutaneous (TRAM) flap procedure listed under the Reconstructive Surgery Benefit.

### **Reconstructive Surgery Benefit**

*Aflac New York will pay the indemnity (\$350 to \$3,000)* listed for the specific procedure when a surgical operation is performed on a covered person for reconstructive surgery for the treatment of cancer. *Aflac New York will pay an indemnity benefit equal to 25 percent* of the amount shown in the policy 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 in the policy for the operation most similar in severity and gravity.

### **In-Hospital Blood and Plasma Benefit**

*Aflac New York will pay \$150 times the number of days paid under the Hospital Confinement Benefit* if a covered person receives blood and/or plasma during a covered hospital confinement. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

### **Outpatient Blood and Plasma Benefit**

*Aflac New York will pay \$250 for each day* a covered person receives blood and/or plasma transfusions for the treatment of cancer as an outpatient in a physician's office, clinic, hospital, or ambulatory surgical center. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

### **Second Surgical Opinion Benefit**

*Aflac New York will pay \$300* for a second surgical opinion concerning cancer surgery for a diagnosed cancer by a licensed physician. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable.

### **National Cancer Institute (NCI)**

#### **Evaluation/Consultation Benefit**

*Aflac New York will pay \$500* when a covered person seeks evaluation or consultation at an NCI-designated cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. If the NCI-designated cancer center is more than 50 miles from the covered person's residence, *Aflac New York will pay \$250* for the transportation and lodging of the covered person receiving the evaluation/consultation.

This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. This benefit is payable only once under the policy per covered person.

#### **Ambulance Benefit**

*Aflac New York will pay \$200 for ground ambulance transportation or \$1,000 for air ambulance transportation* of a covered person to or from a hospital where the covered person is confined overnight for cancer treatment. The ambulance service must be performed by a licensed professional ambulance company. This benefit is limited to two trips per confinement.

#### **Transportation Benefit**

*Aflac New York will pay 50 cents per mile* for round-trip transportation between the hospital or medical facility and the residence of the covered person when a covered person requires cancer treatment that has been prescribed by the local attending physician. Benefits are limited to \$1,500 per round trip. This benefit will be paid only for the covered person for whom the treatment is prescribed. If the treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, Aflac New York will pay this benefit for up to two adults to accompany the 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.

#### **Lodging Benefit**

*Aflac New York will pay \$60 per day* for lodging for you or any one adult family member when a covered person receives cancer treatment 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.

### **Bone Marrow Transplantation Benefit**

*Aflac New York will pay \$10,000* when a covered person receives a bone marrow transplantation for the treatment of cancer. This does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion. The harvesting of peripheral blood cells or stem cells and subsequent reinfusion is payable under the Stem Cell Transplantation Benefit. *Aflac New York will pay the covered person's bone marrow donor a benefit of \$1,000* for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per covered person.

### **Stem Cell Transplantation Benefit**

*Aflac New York will pay \$5,000* if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This benefit does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia. This benefit is payable once per covered person. Lifetime maximum of \$5,000 per covered person.

### **Extended-Care Facility Benefit**

*Aflac New York will pay \$100 per day* if a covered person receives Hospital Confinement Benefits and, within 30 days of hospital confinement, is confined 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. This benefit is limited to the same number of days that the covered person received Hospital Confinement Benefits. For each day this benefit is payable, Hospital Confinement Benefits are not payable. If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a hospital prior to the second such confinement. Lifetime maximum of 365 days per covered person.

### **Hospice Benefit**

*Aflac New York will pay a one-time benefit of \$1,000 for the first day and \$50 per day thereafter* for hospice care when a covered person is diagnosed with cancer, therapeutic intervention directed toward the cure of the disease is medically determined no longer appropriate, and the covered person's prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum of \$12,000 per covered person.

### **Home Health Care Benefit**

*Aflac New York will pay \$75 per day* for the first 30 days a covered person receives home health care as the direct result of cancer if the covered person is hospitalized and receives benefits under the Hospital Confinement Benefit and later requires home health care within 30 days of hospital confinement. Beginning with the 31st day of such care, *Aflac New York will pay \$150 per day* for home health care. This benefit is not payable the same day the Hospice Benefit is payable. Lifetime maximum of 100 days per covered person.

### **Nursing Home Benefit**

*Aflac New York will pay \$75 per day* for the first 30 days a covered person is confined in a nursing home as the direct result of cancer if the covered person is hospitalized and receives benefits under the Hospital Confinement Benefit and is later confined in a nursing home within 30 days of hospital confinement. Beginning with the 31st day of such care, *Aflac New York will pay \$150 per day* for confinement in a nursing home. This benefit is not payable the same day the Hospital Confinement Benefit is payable. Lifetime maximum of 100 days per covered person.

### **Cancer Screening Wellness Benefit**

This is a preventive benefit; a diagnosis of cancer is not required for this benefit to be payable.

*Aflac New York will pay \$75* per calendar year for one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography, colonoscopy, or virtual colonoscopy. These tests must be performed to determine whether cancer exists in a covered person. This benefit is limited to one payment per calendar year, per covered person.

### **The Following Benefits Have No Lifetime Maximum:**

Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Outpatient Hospital Surgical, Skin Cancer Surgery, Reconstructive Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, and Cancer Screening Wellness.

### **Waiver of Premium Benefit**

If you, due to having internal cancer, are completely unable to do all of the usual and customary duties of your occupation [or, if you are not employed: 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 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. Aflac New York may ask for and use an independent consultant to determine whether you can perform an ADL without assistance.

Aflac New York will also waive, from month to month, any premiums falling due while you are receiving hospice benefits under the Hospice Benefit.

### **Guaranteed-Renewable**

The policy is guaranteed-renewable for your lifetime, subject to Aflac New York's right to change premiums by class.

### **Effective Date**

The effective date of the policy is the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 70 on payroll deduction and through age 64 on direct billing. The payroll rate may be retained after one month's premium payment on payroll deduction.

### **Family Coverage**

Family coverage includes the insured; spouse; and dependent, unmarried children to age 25. Newborn children are automatically covered under the terms of the policy from the moment of birth. One-parent family coverage includes the insured and all dependent, unmarried children to age 25.

### **Limitations and Exclusions**

Aflac New York pays only for treatment of cancer, including direct extension, metastatic spread, or recurrence and other diseases and conditions caused, complicated, or aggravated by or resulting from cancer or cancer treatment. Benefits are not provided for premalignant conditions; conditions with malignant potential; or any other disease, sickness, or incapacity that is not directly caused or aggravated by cancer or the treatment of cancer. Pathological proof of diagnosis must be submitted. A clinical or other medically appropriate diagnosis will be accepted when a pathological diagnosis cannot be made, provided medical evidence sustains the diagnosis and the covered person receives treatment for cancer.

The policy contains a 30-day waiting period. If a covered person has cancer diagnosed before coverage has been in force 30 days from the effective date of coverage shown in the Policy Schedule, benefits for treatment of that cancer will apply only to treatment occurring after one year from the effective date of the policy. Or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. If cancer is diagnosed before coverage has been in force 30 days from the effective date of coverage and you elect to maintain your coverage, the First-Occurrence Benefit payable at the end of the first year will be \$500. The pathological diagnosis date is the day the tissue specimen, culture, and/or titer is taken, upon which the diagnosis of cancer is based.

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.

A physician does not include a member of your immediate family.

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

# Understanding the Risk\*

## According to the American Cancer Society:

- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.
- About 1,437,180 new cancer cases are expected to be diagnosed in 2008.
- Cancer is the second most common cause of death in the United States, exceeded only by heart disease.

## As advances in cancer treatment continue, more and more people will survive:

- Approximately 10.8 million Americans with a history of cancer were alive in January 2004.
- The five-year relative survival rate for all cancers diagnosed between 1996 and 2003 is 66 percent.

## The National Institutes of Health estimated the overall costs for cancer in the year 2007 at \$219.2 billion.

Although major medical insurance can help with the costs of cancer treatment, you still may have to cover deductibles and copayments on your own.

Additionally, cancer treatment can cause out-of-pocket expenses that aren't covered by major medical health insurance:

- Travel
- Food
- Lodging
- Long-distance calls
- Child care
- Household help

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue, whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled. Aflac New York helps provide an important safety net in fighting the financial consequences of cancer that result beyond major medical coverage.

***Aflac New York's Personal Cancer Indemnity Plan pays benefits directly to you, unless assigned. You use the cash however you decide.***



# Aflac New York is ...

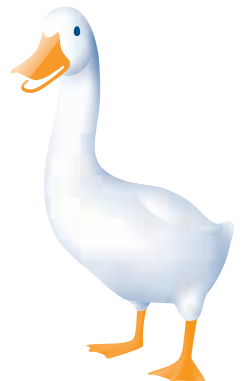
- Rated AA in insurer financial strength by Standard & Poor's (June 2006).
- Rated AA in insurer financial strength by Fitch, Inc. (June 2006).
- Rated A+ (Superior) by the June 2007 A.M. Best Company Report.

Service is a tradition at Aflac New York ... backed by fast, efficient claims service. Providing our best in customer service is the cornerstone of our success. We are as close as your telephone. Our toll-free line puts you in touch with us immediately.



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