



Maximum Difference<sup>SM</sup>  
*Cancer Indemnity Insurance*

Policy A761000R

American Family Life Assurance Company of Columbus (Aflac)





# As long as cancer is in this world, Aflac will innovate to fight it.

*The fight against cancer has evolved. Aflac's coverage has as well.*

In 1958, Aflac introduced its first cancer policy. The goal was to help protect individuals and their families from the damage that cancer can do both physically and financially. By paying cash benefits to its policyholders, unless they designated otherwise, Aflac's coverage provided a level of freedom that many major medical insurance companies simply could not.

Today, millions of individuals and families are still battling cancer, but the fight has changed in many ways. Advances in pharmaceuticals, surgical procedures, and alternative treatments have improved the odds for those diagnosed with the disease. But with improved treatments, increased costs have arrived as well. Aflac's new Maximum Difference<sup>SM</sup> policy addresses these concerns with new benefits that reflect the new directions in which America's battle against this tenacious foe is headed.

The Maximum Difference<sup>SM</sup> policy continues Aflac's goal of providing groundbreaking coverage at affordable rates. One day, cancer will cease to be a threat. Until then, there's Aflac.



# Quick-Reference Chart of Benefits Information

Benefits are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute (NCI) or the Food and Drug Administration for Cancer (unless stated otherwise) or an Associated Cancerous Condition, as applicable. To be payable, the benefits listed below require a charge to be incurred for the applicable treatment or service, except for the Experimental Treatment Benefit (as detailed below), the Hospital Confinement Benefit (when confined in a U.S. government Hospital), and the Hospice Care Benefit.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION										
<b>DIRECT NONSURGICAL TREATMENT BENEFITS</b>													
<p>Benefits are payable the calendar week or calendar month, as applicable, during which a Covered Person receives and incurs a charge for the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.</p>													
<b>Initial Treatment</b>	\$3,000	\$3,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.										
<b>Injected Chemotherapy</b>	\$900 once per calendar week	None	Limited to the calendar week in which the charge for medication(s) or treatment is incurred.										
<b>Oral Chemotherapy</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: right;">Nonhormonal</td> <td>\$400 per medication, per calendar month</td> <td style="width: 15%;">None</td> <td rowspan="3" style="vertical-align: top;">Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.</td> </tr> <tr> <td style="text-align: right;">Hormonal</td> <td>\$400 per medication, per calendar month up to 24 months</td> <td>None</td> </tr> <tr> <td></td> <td>\$100 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy</td> <td></td> </tr> </table>	Nonhormonal	\$400 per medication, per calendar month	None	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.	Hormonal	\$400 per medication, per calendar month up to 24 months	None		\$100 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy			
Nonhormonal	\$400 per medication, per calendar month	None	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen.										
Hormonal	\$400 per medication, per calendar month up to 24 months	None											
	\$100 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy												
<b>Radiation Therapy</b>	\$500 once per calendar week	None	Benefit is limited to the calendar week in which the charge for the therapy is incurred.										
<b>Experimental Treatment</b>	\$500 once per calendar week if charge incurred; \$125 once per calendar week if no charge incurred for inclusion in a clinical trial	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the charge for the treatment is incurred, if there is a charge.										

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

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION
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**INDIRECT/ADDITIONAL THERAPY BENEFITS**

The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives and incurs a charge for the applicable treatment.

<b>Immunotherapy</b>	\$500 once per calendar month	\$2,500	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
<b>Anti-Nausea</b>	\$150 once per calendar month	None	Anti-nausea drugs must be prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
<b>Stem Cell Transplantation</b>	\$10,000	\$10,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
<b>Bone Marrow Transplantation</b> Covered Person Donor	\$10,000 \$ 1,000	\$10,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. Does not include stem cell transplantations.
<b>Blood and Plasma</b> Inpatient  Outpatient	\$150 times the number of days paid under the Hospital Confinement Benefit  \$250 per day	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered Hospital confinement. Outpatient benefit is payable for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.

**SURGICAL TREATMENT BENEFITS**

<b>Surgical/Anesthesia</b>	\$140-\$5,000 (based on Schedule of Operations listed in the policy)  25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed \$6,250. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
<b>Skin Cancer Surgery</b>	\$50-\$600	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: \$600.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION
<b>HOSPITALIZATION BENEFITS</b>			
<b>Hospital Confinement, Days 1–30</b> Named Insured/Spouse Dependent Child  <b>Hospital Confinement, Days 31+</b> Named Insured/Spouse Dependent Child	\$300 per day \$375 per day  \$600 per day \$750 per day	None	For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a Hospital for treatment and is charged for a room as an inpatient. During any continuous period of Hospital confinement for 31 days or more, Aflac will pay benefits as described for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is charged for a room as an inpatient. No charge is required for confinement in a U.S. government Hospital.
<b>Outpatient Hospital Surgical Room Charge</b>	\$300 per day	None	Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician’s office. Surgery must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: \$300.
<b>CONTINUING CARE BENEFITS</b>			
<b>Extended-Care Facility</b>	\$150 per day	None	Payable when hospitalized and receives Hospital Confinement Benefits and is later confined, within 30 days of the covered Hospital confinement, to an Extended-Care Facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such (an <i>Extended-Care Facility</i> ). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement. Benefits are limited to 30 days per calendar year, per Covered Person.
<b>Home Health Care</b>	\$150 per visit (Limit of 10 visits per hospitalization and 30 visits per calendar year for each Covered Person)	None	Payable when hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided by a licensed, certified, or duly qualified person, other than an immediate family member. Visits must begin within 7 days of release from the Hospital. Benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services. Benefit is not payable the same day the Hospice Care Benefit is payable.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION
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**CONTINUING CARE BENEFITS**

<b>Hospice Care</b> Day 1 Additional Days	\$1,000 (one-time benefit) \$50 per day	\$12,000	Payable when diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
<b>Nursing Services</b>	\$150 per day	None	Payable while confined in a Hospital and requiring full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the Hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
<b>Surgical Prosthesis</b>	\$3,000	\$6,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
<b>Prosthesis Nonsurgical</b>	\$250 per occurrence	\$500	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
<b>Reconstructive Surgery</b>	\$350–\$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: \$3,000.

**AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS**

<b>Ambulance</b> Ground Air	\$ 250 \$2,000	None	Payable for ambulance transportation to or from a Hospital where confined overnight. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company. Payment may be made directly to the provider of the ambulance services or jointly to the named insured and the provider.
<b>Transportation</b>	50 cents per mile, up to \$1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
<b>Lodging</b>	\$80 per day	None	Payable for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.

*Policy benefits continue on back panel.*



# Understanding the Risk

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

- In the United States, men have slightly less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.
- About 1,444,920 new cancer cases are expected to be diagnosed in 2007.
- An estimated 10,400 new cases are expected to occur among children ages 0–14 in 2007.

Advances in treatment also mean that Americans diagnosed with cancer are living longer than ever. The five-year relative survival rate for all cancers combined between 1996 and 2002 is 66%, up from 50% in 1975–77.\*

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 necessitate out-of-pocket expenses that aren't covered by major medical insurance, including travel, food, lodging, long-distance calls, child care, and 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.

By paying cash benefits directly to you, unless you choose otherwise, Aflac's Maximum Difference<sup>SM</sup> policy allows you the freedom to use those funds as you see fit, helping you with the financial consequences of cancer that may not be covered by major medical insurance.

*\*Cancer Facts and Figures 2007*



**Waiver of Premium**

If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [or if not employed: are unable to perform 2 or more activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities and may each month thereafter require a Physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL while this benefit is in force. Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

**Continuation of Coverage**

Aflac will waive all monthly premiums due for the policy and riders for 2 months if you meet all of the following conditions: your policy has been in force for at least 6 months; we have received premiums for at least 6 consecutive months; your premiums have been paid through payroll deduction; you or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and you re-establish premium payments with Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least 6 months, and we receive premiums for at least 6 consecutive months.

**Limitations and Exclusions:** We pay only for treatment of Cancer and Associated Cancerous Conditions diagnosed on or after the Effective Date of coverage, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity. The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 2 years from the Effective Date of such person's coverage or, at your option, you may elect to void the coverage and receive a full refund of premium.

**Guaranteed-Renewable:** The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

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

**Covered Person:** A *Covered Person* is any person covered under individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children) coverage as applied for by you on the application. *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only, and you desire uninterrupted coverage, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 25 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are unmarried, under age 25, and legal dependents. **A Dependent Child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 25 at the time of application to be eligible for coverage.**

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

1. *Internal Cancer* includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

2. *Nonmelanoma Skin Cancer* is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

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

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

**Hospital:** *Hospital* does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an Extended-Care Facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

**Ambulatory Surgical Center:** An *Ambulatory Surgical Center* does not include a doctor's or dentist's office, clinic, or other such location.

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

