

This proposal has been prepared for: People Lease

> Presented by: Aflac Group

Proposal State: Mississippi

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Continental American Insurance Company (CAIC) A proud member of the Aflac family of insurers. Policy Form Series C22000

Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions (specific benefit provisions may vary by situs state)			
Benefit Amounts	See Premium Rates and Plan Benefits for available options		
Spouse Coverage	Up to 50% of the face amount elected by the employee		
Child Coverage	Up to 50% of the face amount elected by the employee		
Guaranteed Issue Amounts	Employee: Up to \$30,000 Spouse: Up to \$15,000 Participation Requirement: 0%		
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums		
Payment Method	Payroll Deducted		
Pre-existing Condition Exclusion	None		
Waiting Period	There is no waiting period		
Benefit Reductions	No reduction at any age		
Rate Guarantee	2 Year(s)		
Portability/Continuation	Evergreen		
Rate Type	Issue Age		
Eligibility	Work Week Hours:Employee must work at least 16 hours per weekLength of Employment:No minimum requirement; set by employer		
Waiver of Premium	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate		
Successor Insured Waiver of Premium	Not Included		
Separation Period - Additional Diagnosis/ Reoccurrence	Additional Diagnosis:6 consecutive monthsReoccurrence:6 consecutive months		
Successor Insured	Included		
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26		
Termination Age	None		
Certificate Effective Date	Coverage is effective on the billing effective date		

Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits			
Heart Attack (Myocardial Infarction)	100%		
Sudden Cardiac Arrest	100%		
Coronary Artery Bypass Surgery	100%		
Major Organ Transplant*	100%		
Bone Marrow Transplant (Stem Cell Transplant)	100%		
Kidney Failure (End-Stage Renal Failure)	100%		
Stroke (Ischemic or Hemorrhagic)	100%		
Type I Diabetes	100%		
*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant			

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Health Screening Benefit			
Health Screening (payable for employee and spouse only)	\$75		
Health Screening (payable for dependent children)	100% of the Health Screening Amount		
Payable per calendar year	1		

Please request a sample policy for full benefit provisions and descriptions.

Premium Rates

Employee Non-Tobacco Monthly Premiums			
Age	\$10,000	\$20,000	\$30,000
18-29	\$2.87	\$5.75	\$8.62
30-39	\$4.33	\$8.66	\$13.00
40-49	\$6.67	\$13.33	\$20.00
50-59	\$10.70	\$21.39	\$32.09
60+	\$16.95	\$33.89	\$50.84

Spouse Non-Tobacco Monthly Premiums			
Age	\$5,000	\$10,000	\$15,000
18-29	\$1.44	\$2.87	\$4.31
30-39	\$2.17	\$4.33	\$6.50
40-49	\$3.33	\$6.67	\$10.00
50-59	\$5.35	\$10.70	\$16.04
60+	\$8.47	\$16.95	\$25.42

Employee Tobacco Monthly Premiums

Age	\$10,000	\$20,000	\$30,000
18-29	\$3.95	\$7.91	\$11.86
30-39	\$7.93	\$15.85	\$23.78
40-49	\$12.72	\$25.44	\$38.16
50-59	\$19.61	\$39.23	\$58.84
60+	\$30.69	\$61.37	\$92.06
18-29 30-39 40-49 50-59	\$3.95 \$7.93 \$12.72 \$19.61	\$7.91 \$15.85 \$25.44 \$39.23	\$11.86 \$23.78 \$38.16 \$58.84

Spouse Tobacco Monthly Premiums			
Age	\$5,000	\$10,000	\$15,000
18-29	\$1.98	\$3.95	\$5.93
30-39	\$3.96	\$7.93	\$11.89
40-49	\$6.36	\$12.72	\$19.08
50-59	\$9.81	\$19.61	\$29.42
60+	\$15.34	\$30.69	\$46.03

Benefits Summary

(Benefit provisions vary by situs state)

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Initial Diagnosis

An insured may receive up to 100% of his face amount upon the 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.

Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. See Master Policy for the full list of covered health screening tests.

Limitations & Exclusions

Exclusions

We will not pay for loss due to:

- Self-Inflicted Injuries injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- · Suicide committing or attempting to commit suicide, while sane or insane
- · Illegal Acts participating or attempting to participate in an illegal activity, or working at an illegal job
- Participation in Aggressive Conflict of any kind, including:
- War (declared or undeclared) or military conflicts
- Insurrection or riot
- Civil commotion or civil state of belligerence
- · Illegal substance abuse, which includes the following:
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs

Diagnosis must be made and treatment must be received in the United States or its territories.

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

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

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

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.