# **Cancer Protection Assurance**

### There when your employees need us most

One in three men and one in three women will be diagnosed with cancer in their lifetime.¹ Cancer touches almost everyone at some point in their lives, whether themselves or a loved one. But each person has a unique story, especially when it comes to cancer treatment. Aflac offers solutions that can help support your employees' financial, physical and emotional challenges when they are faced with a cancer diagnosis.

#### Help with the high cost of cancer care

Treating cancer can be expensive. From deductibles and copays to treatment, transportation and childcare, there are expenses that health insurance may not cover. Aflac offers financial protection by providing robust benefits that help cover the patient from initial diagnosis, through treatment and beyond. And benefits are paid directly to them to use as they see fit.<sup>2</sup>

#### Physical and emotional solutions to help face the realities of cancer

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower your employees to seek treatment without the financial concerns that often accompany it.

We understand that cancer affects not only the patient but their loved ones as well. We have teamed up with CancerCare® to provide access to counseling, support groups, educational materials and online tools to help support their emotional needs, all at no additional cost to your employees.

Talk to your Aflac benefits advisor to learn about the real financial, physical and emotional support solutions Aflac Cancer Protection Assurance can help provide.



Policy Series B70000 - In Arkansas, Policies B70100AR, B70200AR, B70300AR, B7010EPAR, B7020EPAR. In Delaware, Policies B70100DE, B70200DE & B70300DE. In Idaho, Policies B70100ID, B70200ID, B70300ID, B70300ID, B7030EPID, B7020EPID, In Oklahoma, Policies B701000K, B70200K, B70300K, B7010EPOK, B7020EPOK. In Oregon, Policies B70100OR, B70200DA, B70300DA, B70300DA, B7030DA, B7030DA,

 $\textbf{Coverage is underwritten by American Family Life Assurance Company of Columbus.} A flac \ WWHQ \ | \ 1932 \ Wynnton \ Road \ | \ Columbus.} GA \ 31999$ 

Z2300146R2 EXP 4/26

<sup>&</sup>lt;sup>1</sup> Cancer Facts and Figures, 2025 American Cancer Society, Inc.

<sup>&</sup>lt;sup>2</sup> Benefits are paid directly unless otherwise assigned.

## **Coverage options**

Choose the policy and riders that best fit your employees' needs

Benefit	Description		
INITIAL DIAGNOSIS	Named insured or spouse: \$1,250-\$7,500 Dependent child: \$2,500-\$15,000 Payable once per covered person, per lifetime.		
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-administered: \$150-\$600 per calendar month Physician administered: \$800-\$2,000 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month.		
ANNUAL CARE	\$250-\$750 on the anniversary date of diagnosis; lifetime maximum of five annual payments per covered person.		
CANCER SCREENING	One \$25-\$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.		
SURGERY/ANESTHESIA	\$50-\$5,000 Anesthesia: additional 25% of the surgery benefit Maximum daily benefit will not exceed \$2,125-\$6,250; no lifetime maximum on the number of operations.		
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named insured or spouse: \$100-\$300 Dependent child: \$125-\$375		
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named insured or spouse: \$200-\$600 Dependent child: \$250-\$750		
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$100-\$300 per day, per covered person.		
SKIN CANCER SURGERY	Laser or cryosurgery: \$20-\$50 Excision of lesion of skin without flap or graft: \$85-\$250 Flap or graft without excision: \$125-\$375 Excision of lesion of skin with flap or graft: \$200-\$600 Maximum daily benefit will not exceed \$200-\$600. No lifetime maximum on the number of operations.		
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$125-\$350 per covered person, per lifetime.		
BREAST RECONSTRUCTION	Breast tissue/muscle reconstruction flap procedures: \$1,000-\$3,000  Breast reconstruction (occurring within 5 years of breast cancer diagnosis): \$250-\$700  Breast Symmetry (on the non-diseased breast occurring within 5 years of breast reconstruction): \$110-\$350  Permanent areola repigmentation (on the diseased breast): \$50-\$150  Maximum daily benefit will not exceed \$1,000-\$3,000		
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:		
	Initial diagnosis	Hosp	italization
	\$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.		

This is a brief product overview only. Coverage may not be available in all states, including but not limited to NJ, NY or VA. Benefits and/or premiums may vary based on the state and benefit option selected. Plans and riders may also have a waiting period. Refer to the exact plans and riders for benefit details, definitions, limitations and exclusions. For availability and costs, please contact your local Aflac agent/producer.