



USG Critical Illness Plan: New for 2017

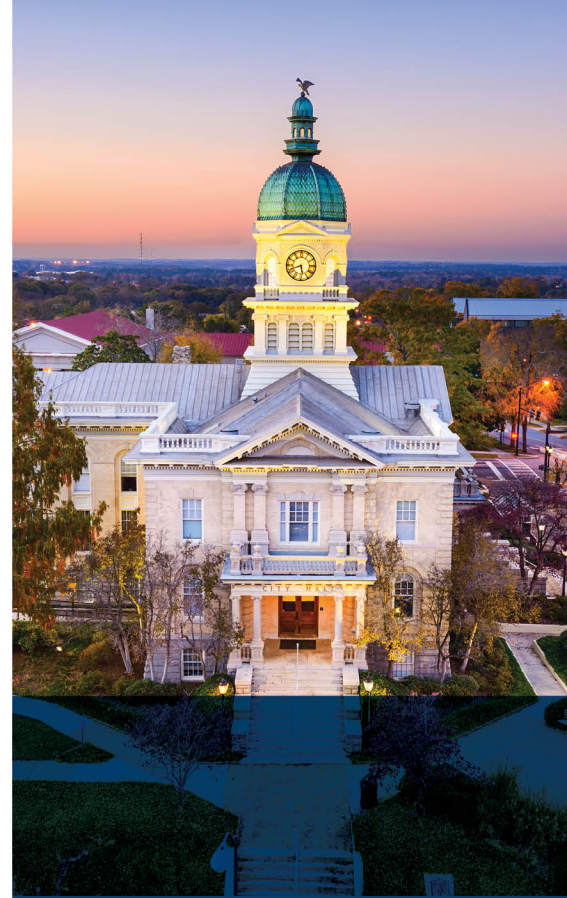
The USG Critical Illness plan, offered by Aflac, provides cash benefits when an insured person is diagnosed with or treated for a covered critical illness. The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and living expenses that can accompany a covered critical illness. The benefit is paid directly to you, unless you choose otherwise.

Plan benefits

You may elect \$10,000 or \$20,000 for your coverage. Your spouse is eligible to be covered for half the amount of the coverage that you elect (\$5,000 or \$10,000).

Plan details

Coverage type	Covered conditions and additional benefits	Benefit amount
Base benefits	Coronary artery bypass surgery, non-invasive cancer	25%
	Heart attack, stroke, kidney failure (end-stage renal failure), major organ transplant, bone marrow transplant (stem cell transplant), sudden cardiac arrest, cancer (internal or invasive)	100%
Skin cancer	Skin cancer	\$250 per calendar year
Health screening benefit	Payable for health screening tests performed as the result of preventive care. Not payable for dependent children	\$50 per calendar year
Additional base benefits	Coma, severe burns, paralysis, loss of sight, loss of speech, loss of hearing	100%
Optional benefits rider	Advanced Alzheimer's disease, advanced Parkinson's disease	25%
	Benign brain tumor	100%



PLAN BENEFITS

Initial Diagnosis: You or your covered spouse may receive up to 100% upon the diagnosis of a covered critical illness.

Additional Diagnosis: Once benefits have been paid for a covered critical illness, benefits will be paid for each different critical illness when the date of diagnosis is separated by at least six consecutive months and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid.

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 six consecutive months and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid.

Note: 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.



Monthly premiums

Age	Employee (Non-tobacco user)		Spouse (Non-tobacco user)	
	\$10,000 benefit	\$20,000 benefit	\$5,000 benefit	\$10,000 benefit
18-25	\$4.28	\$7.06	\$2.88	\$4.28
26-30	\$5.47	\$9.44	\$3.48	\$5.47
31-35	\$6.24	\$10.99	\$3.86	\$6.24
36-40	\$7.94	\$14.39	\$4.72	\$7.94
41-45	\$9.47	\$17.45	\$5.48	\$9.47
46-50	\$11.21	\$20.93	\$6.35	\$11.21
51-55	\$17.03	\$32.58	\$9.26	\$17.03
56-60	\$16.61	\$31.73	\$9.05	\$16.61
61-65	\$33.68	\$65.87	\$17.58	\$33.68
66+	\$59.16	\$116.83	\$30.33	\$59.16

Age	Employee (tobacco user)		Spouse (tobacco user)	
	\$10,000 benefit	\$20,000 benefit	\$5,000 benefit	\$10,000 benefit
18-25	\$5.53	\$9.57	\$3.51	\$5.53
26-30	\$7.16	\$12.84	\$4.33	\$7.16
31-35	\$8.82	\$16.14	\$5.15	\$8.82
36-40	\$11.75	\$22.01	\$6.62	\$11.75
41-45	\$14.05	\$26.61	\$7.77	\$14.05
46-50	\$16.71	\$31.93	\$9.10	\$16.71
51-55	\$26.05	\$50.62	\$13.77	\$26.05
56-60	\$26.32	\$51.15	\$13.91	\$26.32
61-65	\$52.18	\$102.86	\$26.83	\$52.18
66+	\$89.73	\$177.97	\$45.61	\$89.73



FOR MORE INFORMATION

Contact Aflac

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