Benefits Proposal

This proposal has been prepared for:

Attain ABA Therapy

Presented by:
Aflac Group

Proposal State:

Pennsylvania

Presentation Date: 11/18/2024

Expires on 01/01/2025



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

Policy Form Series C21000

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Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illnesss-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 <u>and</u> the living expenses that can accompany a covered critical illnesss. 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 100% 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 \$40,000 Spouse: Up to \$40,000 Participation Requirement: 0% Guaranteed for 3 years							
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	3 Year(s)							
Portability/Continuation	2019 Portability							
Rate Type	Attained Age							
Eligibility	Work Week Hours: Employee must work at least 16 hours per week Length 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 months Reoccurrence: 6 consecutive months (an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)							
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							

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Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits						
Heart Attack (Myocardial Infarction)	100%					
Sudden Cardiac Arrest	100%					
Coronary Artery Bypass Surgery	25%					
Major Organ Transplant*	100%					
Bone Marrow Transplant (Stem Cell Transplant)	100%					
Kidney Failure (End-Stage Renal Failure)	100%					
Stroke (Ischemic or Hemorrhagic)	100%					

^{*25%} of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits								
Cancer (Internal or Invasive)	100%							
Non-Invasive Cancer	25%							
Skin Cancer	\$250 per calendar year							
Health Screening Benefit								
Health Screening (payable for employee and spouse only)	\$50 per calendar year							
Optional Benefits Rider								
Advanced Alzheimer's Disease	25%							
Advanced Parkinson's Disease	25%							
Benign Brain Tumor	100%							
Progressive Diseases Rider								
Amyotraphic Lateral Sclerosis (ALS)	100%							
Multiple Sclerosis (MS)	100%							
Childhood Conditions Rider								
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida , Type I Diabetes	50% of employee benefit							
Autism Spectrum Disorder	\$3000							
TIA Benefit								
Transient Ischemic Attack	\$250 per calendar year							

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

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Premium Rates

66+

\$47.01

\$92.44

\$137.88

Employee Non-Tobacco Monthly Premiums												
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000				
18-25	\$3.28	\$4.98	\$6.69	\$8.39	\$10.10	\$11.80	\$13.51	\$15.21				
26-30	\$3.90	\$6.23	\$8.56	\$10.89	\$13.22	\$15.55	\$17.88	\$20.21				
31-35	\$4.29	\$7.01	\$9.73	\$12.46	\$15.18	\$17.90	\$20.62	\$23.34				
36-40	\$5.16	\$8.75	\$12.33	\$15.92	\$19.51	\$23.10	\$26.68	\$30.27				
41-45	\$5.94	\$10.30	\$14.67	\$19.03	\$23.40	\$27.76	\$32.13	\$36.49				
46-50	\$6.82	\$12.06	\$17.31	\$22.56	\$27.80	\$33.05	\$38.30	\$43.55				
51-55	\$9.82	\$18.07	\$26.32	\$34.58	\$42.83	\$51.08	\$59.33	\$67.58				
56-60	\$9.59	\$17.62	\$25.64	\$33.66	\$41.68	\$49.71	\$57.73	\$65.75				
61-65 66+	\$18.40 \$31.56	\$35.24 \$61.55	\$52.07 \$91.54	\$68.90 \$121.53	\$85.74 \$151.52	\$102.57 \$181.51	\$119.40 \$211.50	\$136.24 \$241.49				
					Ψ101.02	ψ101.01	Ψ211.00	ΨΣ-1110				
Spouse Non-Tobacco Monthly Premiums												
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000				
18-25	\$2.97	\$4.37	\$5.76	\$7.16	\$8.56	\$9.96	\$11.35	\$12.75				
26-30	\$3.59	\$5.61	\$7.64	\$9.66	\$11.68	\$13.70	\$15.73	\$17.75				
31-35	\$3.98	\$6.40	\$8.81	\$11.23	\$13.64	\$16.05	\$18.47	\$20.88				
36-40	\$4.85	\$8.13	\$11.41	\$14.69	\$17.97	\$21.25	\$24.53	\$27.81				
41-45	\$5.63	\$9.68	\$13.74	\$17.80	\$21.86	\$25.91	\$29.97	\$34.03				
46-50	\$6.51	\$11.45	\$16.39	\$21.33	\$26.27	\$31.21	\$36.15	\$41.09				
51-55	\$9.51	\$17.46	\$25.40	\$33.35	\$41.29	\$49.23	\$57.18	\$65.12				
56-60	\$9.29	\$17.00	\$24.72	\$32.43	\$40.15	\$47.86	\$55.58	\$63.29				
61-65 66+	\$18.10 \$31.25	\$34.62 \$60.93	\$51.15 \$90.62	\$67.67 \$120.30	\$84.20 \$149.98	\$100.72 \$179.66	\$117.25 \$209.35	\$133.77 \$239.03				
001	ψ51.25	ψ00.55	ψ30.02	Ψ120.00	Ψ1+3.50	ψ173.00	Ψ203.00	Ψ200.00				
Employee Tobacco Monthly Premiums												
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000				
18-25	\$3.92	\$6.27	\$8.62	\$10.98	\$13.33	\$15.68	\$18.03	\$20.38				
26-30	\$4.78	\$7.98	\$11.19	\$10.30	\$17.60	\$20.80	\$24.01	\$27.21				
31-35	\$5.62	\$9.67	\$13.72	\$17.77	\$21.82	\$25.87	\$29.92	\$33.97				
36-40	\$7.12	\$12.67	\$18.22	\$23.77	\$29.32	\$34.88	\$40.43	\$45.98				
41-45	\$8.29	\$15.02	\$21.74	\$28.47	\$35.19	\$41.92	\$48.64	\$55.36				
46-50	\$9.65	\$17.73	\$25.81	\$33.90	\$41.98	\$50.06	\$58.14	\$66.22				
51-55	\$14.47	\$27.37	\$40.27	\$53.17	\$66.07	\$78.97	\$91.87	\$104.77				
56-60	\$14.60	\$27.63	\$40.65	\$53.68	\$66.71	\$79.74	\$92.76	\$105.79				
61-65	\$27.94	\$54.30	\$80.67	\$107.04	\$133.40	\$159.77	\$186.14	\$212.50				
66+	\$47.31	\$93.06	\$138.80	\$184.54	\$230.29	\$276.03	\$321.77	\$367.52				
Spouse T	obacco I	Monthly P	remiums									
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000				
18-25	\$3.61	\$5.66	\$7.70	\$9.75	\$11.79	\$13.83	\$15.88	\$17.92				
26-30	\$4.47	\$7.37	\$10.26	\$13.16	\$16.06	\$18.96	\$21.85	\$24.75				
31-35	\$5.31	\$9.05	\$12.80	\$16.54	\$20.28	\$24.02	\$27.76	\$31.51				
36-40	\$6.81	\$12.06	\$17.30	\$22.54	\$27.79	\$33.03	\$38.27	\$43.52				
41-45	\$7.99	\$14.40	\$20.82	\$27.24	\$33.65	\$40.07	\$46.49	\$52.90				
46-50	\$9.34	\$17.12	\$24.89	\$32.67	\$40.44	\$48.21	\$55.99	\$63.76				
51-55	\$14.16	\$26.75	\$39.35	\$51.94	\$64.53	\$77.12	\$89.71	\$102.31				
56-60	\$14.29	\$27.01	\$39.73	\$52.45	\$65.17	\$77.89	\$90.61	\$103.33				
61-65	\$27.63	\$53.69	\$79.75	\$105.81	\$131.87	\$157.92	\$183.98	\$210.04				

This proposal has been generated based on the enrollment technology intended to be used. If there is a change to the enrollment technology the proposal may need to be modified based on the capabilities of the new platform.

\$183.31

The rates shown are for proposal purposes only and should not be used to fulfill enrollment. Upon won notification, Aflac will provide Build Requirements with the final rates to the Policy Administrator and their enrollment technology vendor. Rates enrolled other than the final provided will not be honored.

\$228.75

\$274.18

\$319.62

\$365.06

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

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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 not payable for that same critical illness. 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.

+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.

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. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. See Master Policy for the full list of covered health screening tests.

Progressive Diseases Rider

Benefits are payable if an insured is diagnosed with one of the diseases listed.

Childhood Conditions Rider

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

Genetic Screening Test Rider

This benefit is payable for genetic screening tests for the purpose of determining an insured's risk of a covered critical illness. For the benefit to be payable, the test must be recommended by and performed by a doctor. The genetic screening test benefit is payable once per calendar year. This benefit is not payable for dependent children.

This benefit is payable for genetic screening tests for the purpose of determining an insured's risk of a covered specified disease. For the benefit to be payable, the test must be recommended by and performed by a doctor. The genetic screening test benefit is payable once per calendar year. This benefit is not payable for dependent children.

TIA Benefit

The TIA must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

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Limitations & Exclusions

Cancer Diagnosis Limitation

Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

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 Occupation committing or attempting to commit a felony, or being engaged in an illegal occupation
- 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, treatment, testing, and confinement must be 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.

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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.

For residents of New Mexico, we are required to administer some coverages in accordance with the minimum applicable standards of New Mexico law.

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.

In Nevada: This limited plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

In New Mexico: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.

In Washington DC: NOTICE TO CONSUMER: THIS IS A SUPPLEMENTAL TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

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