

# OPTIONAL CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER SUMMARY PAGE

Policy Rider Series A76000

# MD<sup>R</sup>



## PEACE of MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.



*Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.*

### WHAT WE WILL PAY

#### CANCER VACCINE BENEFIT

Aflac will pay \$40 if a Covered Person receives any Cancer vaccine that is approved by the Food and Drug Administration for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per calendar year.

#### CANCER WELLNESS BENEFIT

\$50  \$75  \$100  \$125

Aflac will pay the amount shown in the Policy Schedule per calendar year when a Covered Person receives one of the following:

- Mammogram
- Breast ultrasound
- Breast MRI

- CA 15-3 (tumor marker for breast Cancer)
- Pap smear
- ThinPrep
- Biopsy
- Chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- Testicular ultrasound
- Thermography
- Flexible sigmoidoscopy
- Colonoscopy
- Virtual colonoscopy
- Hemoccult stool specimen (lab confirmed)

This benefit is limited to one payment per calendar year, per Covered Person. Tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.

**Aflac**<sup>®</sup>

We've got you under our wing.<sup>®</sup>

**BONE MARROW DONOR SCREENING BENEFIT**

*Aflac will pay \$40* when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person, per lifetime.

**ANNUAL CARE BENEFIT**

*Aflac will pay \$500* on the anniversary date of a Covered Person's Internal Cancer diagnosis upon proof that the Covered Person is still under the active care of a Physician. This benefit is not payable for Associated Cancerous Conditions or Nonmelanoma Skin Cancers. Lifetime maximum of five annual payments per Covered Person.

**TERMS YOU NEED TO KNOW**

**EFFECTIVE DATE**

The Effective Date of the rider is the Effective Date listed in the Policy Schedule.

**TERMINATION**

The rider will terminate if the policy to which it is attached terminates or if the premium for the rider is not paid.



Underwritten by:

American Family Life Assurance Company of Columbus

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