

Peace of Mind *and*
Real Cash Benefits



MAXIMUM DIFFERENCE[®] ESSENTIALS
SPECIFIED-DISEASE INSURANCE

MID^E



We've got you under our wing.®

MAXIMUM DIFFERENCE[®] ESSENTIALS

SPECIFIED-DISEASE INSURANCE

Policy NY761ES or NY761ESF

MD^E

The Need

Despite the best efforts of doctors, researchers, and countless organizations, Cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role Cancer plays in America's overall health. According to the American Cancer Society:*

- 1** In the United States, men have slightly less than a 1-in-2 lifetime risk of developing Cancer; for women, the risk is a little more than 1-in-3.
- 2** About 1,638,910 new Cancer cases are expected to be diagnosed in 2012.

*Cancer Facts & Figures 2012.



ARE YOU PROTECTED IF SOMETHING UNEXPECTED HAPPENS?

HERE'S HOW WE CAN HELP.

Aflac's Maximum Difference Cancer insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

- 1** Your coverage is portable, which means it goes with you if you change jobs.
- 2** Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
- 3** Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of New York.



QUICK-REFERENCE

BENEFITS are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute or the Food and Drug Administration (unless stated otherwise) for Cancer or an Associated Cancerous Condition, as applicable. If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government hospital, the benefits listed below will not require a charge for them to be payable.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
<i>DIRECT NONSURGICAL TREATMENT BENEFITS</i>			
<p>Benefits are payable per day, or the calendar week or the calendar month, as applicable, during which a Covered Person receives the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.</p>			
INITIAL TREATMENT	\$1,000	\$1,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
INJECTED CHEMOTHERAPY	\$450 per day	None	Limited to one payment per calendar week in which the medication(s) or treatment is received.
ORAL CHEMOTHERAPY	\$200 per medication, per day	None	Total benefits are payable for up to 3 different medications per calendar month, up to a maximum of \$600 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the medication(s) or treatment is received. Refills within the same calendar month are not considered a different chemotherapy medicine.
RADIATION THERAPY	\$250 per day	None	Benefit is limited to one payment per calendar week in which the therapy is received.
EXPERIMENTAL TREATMENT	\$250 once per calendar week; \$75 once per calendar week for inclusion in a clinical trial that does not charge for inclusion	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the treatment is received.

The policy has limitations that may affect benefits payable.

This brochure is for illustrative purposes only. See the policy for complete definitions, details, limitations, and exclusions.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
INDIRECT/ADDITIONAL THERAPY BENEFITS			
The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives the applicable treatment.			
IMMUNOTHERAPY	\$250 once per calendar month	\$1,250	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
ANTI-NAUSEA	\$75 once per calendar month	None	Payable for anti-nausea drugs prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
STEM CELL TRANSPLANTATION	\$5,000	\$5,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
BONE MARROW TRANSPLANTATION <i>COVERED PERSON</i> <i>DONOR</i>	\$5,000 \$ 500	\$5,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. Does not include stem cell transplantations.
BLOOD & PLASMA <i>INPATIENT</i>	\$75 times the number of days paid under the Hospital Confinement Benefit	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered hospital confinement. Outpatient benefit is payable for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, hospital, or ambulatory surgical center. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
<i>OUTPATIENT</i>	\$125 per day		
SURGICAL TREATMENT BENEFITS			
SURGICAL/ ANESTHESIA	\$75-\$2,500 (based on the Schedule of Operations listed in the policy) 25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed \$3,125. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
SKIN CANCER SURGERY	\$25-\$300 (based on skin Cancer surgeries listed in the policy)	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: \$300.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
HOSPITALIZATION BENEFITS			
<p>HOSPITAL CONFINEMENT, DAYS 1–30</p> <p>HOSPITAL CONFINEMENT, DAYS 31+</p>	<p>\$200 per day</p> <p>\$300 per day</p>	<p>None</p>	<p>For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a hospital for treatment. During any continuous period of hospital confinement for 31 days or more, Aflac will pay benefits as described for Days 1–30. Beginning with the 31st day of such continuous hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is confined.</p> <p>If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.</p>
<p>OUTPATIENT HOSPITAL SURGICAL ROOM</p>	<p>\$150 per day</p>	<p>None</p>	<p>Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician’s office. Surgery must be performed on an outpatient basis in a hospital or an ambulatory surgical center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: \$150.</p>
CONTINUING CARE BENEFITS			
<p>EXTENDED-CARE FACILITY</p>	<p>\$75 per day</p>	<p>None</p>	<p>Payable when an insured is hospitalized and receiving Hospital Confinement Benefits and is later confined, within 30 days of the covered hospital confinement, to an extended-care facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the hospital used as such (an extended-care facility). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. If more than 30 days separates confinements in an extended-care facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined to the extended-care facility within 30 days of that confinement. Benefits are limited to 30 days per calendar year, per Covered Person.</p>
<p>HOME HEALTH CARE DAYS 1–30</p> <p>DAYS 31+</p>	<p>\$75 per day</p> <p>\$150 per day</p>	<p>100 days</p>	<p>Payable when a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and receives benefits, and later requires home health care within 30 days of hospital confinement. Benefit is not payable the same day the Hospice Care Benefit is payable.</p>

BENEFIT	BENEFIT AMOUNT	LIFETIME MAXIMUM PER INSURED	ADDITIONAL BENEFIT INFORMATION
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CONTINUING CARE BENEFITS

HOSPICE CARE <i>DAY 1</i> <i>ADDITIONAL DAYS</i>	\$1,000 (one-time benefit) \$50 per day	\$12,000	Payable when diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.
NURSING SERVICES	\$75 per day	None	Payable while a Covered Person is confined in a hospital and requires full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.
SURGICAL PROSTHESIS	\$1,500	\$3,000	Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.
PROSTHESIS NONSURGICAL	\$125 per occurrence	\$250	Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.
RECONSTRUCTIVE SURGERY	\$350–\$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.	None	The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: \$3,000.

AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS

AMBULANCE <i>GROUND</i> <i>AIR</i>	\$ 250 \$2,000	None	Payable for ambulance transportation to or from a hospital where treatment is received. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.
TRANSPORTATION	50 cents per mile, up to \$1,500	None	Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a hospital/facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.
LODGING	\$80 per day	None	Payable for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.

POLICY BENEFITS CONTINUE ON NEXT PANEL.

WAIVER OF PREMIUM: If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [or if not employed: are completely unable to perform two or more activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities and may each month thereafter require a Physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL while this benefit is in force. Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

LIMITATIONS AND EXCLUSIONS

We pay only for treatment of Cancer; Associated Cancerous Conditions; or other diseases and conditions caused, complicated, or aggravated by or resulting from Cancer or Associated Cancerous Conditions diagnosed while the policy is in force, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity that is not directly caused or aggravated by Cancer or an Associated Cancerous Condition, or the treatment of Cancer or an Associated Cancerous Condition. The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 12 months from the Effective Date of such person's coverage or, at your option, you may elect to void the coverage and receive a full refund of premium.

A hospital is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts or alcoholics; or a place for the convalescent, custodial, educational, or rehabilitative care.

An ambulatory surgical center does not include a doctor's or dentist's office, a clinic, or other such location.

TERMS YOU NEED TO KNOW

Associated Cancerous Condition: An *Associated Cancerous Condition* is a myelodysplastic blood disorder, myeloproliferative blood disorder, or carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An *Associated Cancerous Condition* must receive a positive medical diagnosis. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered *Associated Cancerous Conditions*.

Cancer: *Cancer* is a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a positive medical diagnosis.

1. *Internal Cancer* includes all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).
2. *Nonmelanoma Skin Cancer* is a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

Covered Person: A *Covered Person* is any person covered under individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children) coverage as applied for by you on the application. *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap, and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26. **A Dependent Child [including persons incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap] must be under age 26 at the time of application to be eligible for coverage.**

Effective Date: The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

Guaranteed-Renewable: The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class.

Physician: A *Physician* is a person legally qualified to practice medicine, other than a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

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