

## ***Aflac Group Accident - High and Low Options***

***Effective Date: July 1, 2017***

### ***Plan Features (7700)***

- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for Spouse and/or Dependent Children.
- Provides 24-hour (on and off-job) protection.
- Benefits for both inpatient and outpatient Treatment of covered accidents.
- Guaranteed-Issue - No underwriting required to qualify for coverage.
- Payroll Deduction - Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application.

### **Eligibility**

#### **Issue Ages**

- Employee 18-69
- Spouse 18-64
- Children under age 26, dependent

### **Portability**

When coverage is effective and would otherwise terminate under the plan because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium, or the date the group policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, employee attains age 70, or the group policy terminates.

## Accident Benefits

### *Complete Fractures (Diagnosis and treatment within 90 days)*

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip/Thigh	\$1,000	\$1,500	\$1,500	\$2,250
Vertebrae	\$900	\$1,350	\$1,350	\$2,025
Pelvis	\$800	\$1,200	\$1,200	\$1,800
Skull (depressed)	\$750	\$1,125	\$1,125	\$1,688
Leg	\$600	\$900	\$900	\$1,350
Forearm/Hand	\$500	\$750	\$750	\$1,125
Foot/Ankle/Kneecap	\$500	\$750	\$750	\$1,125
Shoulder Blade/Collar Bone	\$400	\$600	\$600	\$900
Lower Jaw (Mandible)	\$400	\$600	\$600	\$900
Skull (simple)	\$350	\$525	\$525	\$788
Upper Arm/ Upper Jaw	\$350	\$525	\$525	\$788
Facial Bones (except teeth)	\$300	\$450	\$450	\$675
Vertebral Processes	\$200	\$300	\$300	\$450
Coccyx/Rib/ Finger/Toe	\$80	\$120	\$120	\$180

A fracture is a break in a bone which can be seen by x-ray. If more than one fracture requiring either open or closed reduction occurs in any one covered accident, we will pay the scheduled benefit for each fracture, not to exceed 150 percent of the scheduled benefit amount with for the bone fractured with the highest dollar value. Benefits for chip fractures are payable at 10 percent of the scheduled amount shown for the affected bone. A chip fracture is a piece of bone which is completely broken off near a joint.

### *Complete Dislocations (Diagnosis and Treatment within 90 days)*

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$900	\$1,350	\$1,350	\$2,025
Knee (not kneecap)	\$650	\$975	\$975	\$1,462.50
Shoulder	\$500	\$750	\$750	\$1,125

***Complete Dislocations (Diagnosis and Treatment within 90 days)***

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Foot/Ankle	\$400	\$600	\$600	\$900
Hand	\$350	\$525	\$525	\$787.50
Lower Jaw	\$300	\$450	\$450	\$675
Wrist	\$250	\$375	\$375	\$562.50
Elbow	\$200	\$300	\$300	\$450
Finger/Toe	\$80	\$120	\$120	\$180

A *dislocation* is a completely separated joint. If more than one dislocation requiring either open or closed reduction occurs in any one covered accident, we will pay the scheduled benefit for each dislocation, not to exceed 150 percent of the scheduled benefit amount for the joint dislocated with the higher dollar value. Benefits for partial dislocations are payable at 25 percent of the scheduled amount shown for the affected joint. A *partial dislocation* is one in which the joint is not completely separated. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 150 percent of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered if they become dislocated while coverage is in force.

***Paralysis (lasting more than 90 days and diagnosed by a Physician within 90 days)***

	Low Option		High Option	
	Employee & Spouse	Children	Employee & Spouse	Children
Quadriplegia	\$5,000	\$2,500	\$10,000	\$7,500
Paraplegia	\$5,000	\$2,500	\$10,000	\$7,500

*Paralysis* means the permanent loss of movement of two or more limbs. If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

***Lacerations (treatment and repair with stitches within 72 hours)***

	Low Option	High Option
2" - 5" long	\$100	\$200

For lacerations not requiring stitches and treated by a physician, we pay \$25. For multiple lacerations, we will pay for the largest single laceration requiring stitches.

## Injuries Requiring Surgery

	Low Option	High Option
<b>Eye Injuries</b> (treatment and surgery within 90 days)	\$125	\$250
<b>Removal of foreign body</b> (requiring no surgery)	\$25	\$50
<b>Tendons/Ligaments</b> (treatment within 60 days, surgical repair within 90 days) <i>Single</i> If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	\$300	\$600
<b>Ruptured Disc</b> (treatment within 60 days, surgical repair within one year) Up to renewal years	\$400	\$600
<b>Torn Knee Cartilage</b> (treatment within 60 days, surgical repair within one year) Up to renewal years	\$400	\$400

## Burns (treatment within 72 hours) \*

	Low Option	High Option
<b>Second Degree</b> <i>Less than 10% of body surface covered</i> <i>At least 10%, but not more than 25% of body surface covered</i> <i>At least 25%, but not more than 35% of body surface covered</i> <i>More than 35% of body surface covered</i>	\$30 \$60 \$150 \$300	\$60 \$120 \$300 \$600
<b>Third Degree</b> <i>Less than 10% of body surface covered</i> <i>At least 10%, but not more than 25% of body surface covered</i> <i>At least 25%, but not more than 35% of body surface covered</i> <i>More than 35% of body surface covered</i>	\$150 \$450 \$2,100 \$3,000	\$300 \$900 \$4,200 \$6,000

\*First degree burns are not covered.

	Low Option	High Option
<b>Concussion</b> (a head injury resulting in electroencephalogram abnormality)	\$100	\$100
<b>Coma</b> (lasting 30 days or more) Coma means a state of profound unconsciousness caused by a covered accident Employee or Spouse Child	\$3,000 \$1,500	\$4,500 \$2,500

	Low Option	High Option
<b>Internal Injuries</b> (resulting in open abdominal or thoracic surgery)	\$300	\$450
<b>Exploratory Surgery</b> (without repair)	\$100	\$250
<b>Emergency Dental Work</b> (sound natural teeth) Repaired with crown	\$75	\$150

<i>Medical Fees (for each accident)</i>		
	Low Option	High Option
<b>Employee or Spouse</b>	\$100	\$150
<b>Child(ren)</b>	\$70	\$105

If an insured is injured in a covered accident and receives treatment within one year, we will pay this benefit for up to six treatments per covered accident for physician charges, emergency room services and supplies, and x-rays. The total amount payable will not exceed the maximum shown above per accident. Initial treatment must be received within 60 days from the date of the accident.

	Low Option	High Option
<b>Accident Follow - Up Treatment</b>	\$25	\$25

We will pay this benefit for up to six treatments per covered accident, per covered person for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

	Low Option	High Option
<b>Physical Therapy</b>	\$50	\$75

We will pay this benefit for up to six Treatments (one per day) per covered accident, per covered person, for Treatment. The insured must have received initial Treatment within 72 hours of the accident and physical therapy must begin within 30 days of the covered accident or discharge from the Hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the accident follow-up treatment benefit is paid.

	Low Option	High Option
<b>Air Ambulance</b>	\$250	\$500
<b>Ambulance</b>	\$150	\$150

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown above.

<b>Transportation (within 90 days)</b>		
	<b>Low Option</b>	<b>High Option</b>
<b>Train or Plane</b>	\$300	\$300
<b>Bus</b>	\$150	\$150

If hospital treatment or diagnostic study is recommended by the employee's physician as a result of a covered accident and is not available in his/her city of residence, we will pay the amount shown above. The distance to the location of the hospital treatment or diagnostic study must be more than 50 miles from the employee's residence.

	<b>Low Option</b>	<b>High Option</b>
<b>Blood / Plasma</b>	\$100	\$100

If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown above.

	<b>Low Option</b>	<b>High Option</b>
<b>Prosthesis</b>	\$500	\$750

If a covered accident requires the use of a prosthetic device, we will pay the amount shown above. Hearing aids, wigs, or dental aids, including (but not limited to) false teeth are not covered.

	<b>Low Option</b>	<b>High Option</b>
<b>Appliance</b>	\$100	\$150

If an insured is advised by a Physician to use a medical appliance as an aid in personal locomotion as the result of an injury received in a covered accident, we will pay this benefit for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces and walkers.

	<b>Low Option</b>	<b>High Option</b>
<b>Family Lodging Benefit (Per night)</b>	\$100	\$100

We will pay this benefit, for each night's lodging in a motel/hotel room for an adult member of the employee's immediate family when an employee is confined to a Hospital for Treatment of an injury due to a covered accident, for up to 30 days. The Hospital and motel/hotel must be more than 100 miles from the employee's residence. The Treatment must be prescribed by the employee's local Physician.

	Low Option	High Option
<b>Wellness</b>	\$60	\$60

After 12 months of paid premium and while coverage is in force, we will pay this benefit for each covered person to undergo routine examinations or other preventative testing once each 12 month period. Benefits include, and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, PSA, ultrasounds and blood screenings.

<b><i>Hospital Admission</i></b>		
	Low Option	High Option
<b>Employee or Spouse</b>	\$500	\$1,500
<b>Children</b>	\$300	\$1,000

We will pay this benefit when the employee is admitted to a Hospital and confined as a resident bed patient because of injuries received in a covered accident within six months of the accident. We will pay this benefit once per calendar year per insured person. We will not pay this benefit for confinement to an observation unit, or for emergency room Treatment or outpatient Treatment.

<b><i>Hospital Confinement (per day)</i></b>		
	Low Option	High Option
<b>Employee or Spouse</b>	\$100	\$200
<b>Children</b>	\$100	\$175

We will provide this benefit on the first day of Hospital confinement for up to 365 days. Hospital confinement must begin within 90 days from the date of the accident. This benefit is payable once per Hospital confinement even if the confinement is caused by more than one accidental injury.

<b><i>Hospital Intensive Care (per day)</i></b>		
	Low Option	High Option
<b>Employee or Spouse</b>	\$300	\$600
<b>Children</b>	\$200	\$450

Benefit paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.

<i>Accidental Death &amp; Dismemberment (within 90 days)</i>			
	Low Option		
	Employee	Spouse	Children
Accidental Death	\$25,000	\$12,500	\$2,500
Accidental Common Carrier Death	\$35,000	\$17,500	\$3,500
Single Dismemberment	\$3,125	\$1,250	\$625
Double Dismemberment	\$12,500	\$5,000	\$2,500
Loss of One or More Fingers and Toes	\$625	\$250	\$125
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

<i>Accidental Death &amp; Dismemberment (within 90 days)</i>			
	High Option		
	Employee	Spouse	Children
Accidental Death	\$50,000	\$25,000	\$5,000
Accidental Common Carrier Death	\$70,000	\$35,000	\$7,000
Single Dismemberment	\$6,250	\$2,500	\$1,250
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers and Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

**Dismemberment** means:

1. Loss of a hand: The hand is cut off at or above the wrist joint; or
2. Loss of a foot: The foot is cut off at or above the ankle; or
3. Loss of sight: At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable or
4. Loss of a finger/toe: The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for a dismemberment benefit but loses at least one joint of a finger or toe, we will pay the partial amputation amount shown.

If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate Accidental Death Benefit, less any amounts paid under this benefit.



**Accidental Death** – If the employee is injured in a covered accident and the injury causes him to die within 90 days after the accident, we will pay the Accidental Death Benefit shown. If the Accidental Death Benefit is paid, we will not pay the Accidental Common Carrier Death Benefit.

**Accidental Common Carrier Death** – If the employee is injured in a covered accident and the injury causes him to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare paying passenger on a common carrier, as defined below.

Common carrier means:

1. An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;
2. A railroad train which is licensed and operated for passenger service only; or
3. A boat or ship which is licensed for passenger service and operated on a regular schedule between established ports.

If the Accidental Common Carrier Death Benefit is paid, we will not pay the Accidental Death Benefit.

### **Pre-Existing Condition Limitation**

Pre-existing condition means within the 12-month period prior to the effective date of the certificate and attached riders, as applicable.

We will not pay benefits for any loss or injury that is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the effective date.

A claim for benefits for loss starting after 12 months from the Effective Date, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the pre-existing condition limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

### **Exceptions and Reductions**

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision). We will not pay benefits for loss, injury, or death contributed to, caused by, or resulting from:

1. Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when the employee is in such service.
2. Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
3. Participating or attempting to participate in an illegal activity or working at an illegal job.
4. Committing or attempting to commit suicide, while sane or insane.
5. Injuring or attempting to injure himself/herself intentionally.
6. Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical Treatment or diagnostic procedures for such illness.
7. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, The Bahamas, Virgin Islands, Bermuda and Jamaica except under the Accidental Common Carrier Death Benefit.
8. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

9. Participating in any organized sport, professional or semi-professional.
10. Being legally intoxicated or under the influence of any narcotic unless taken under the direction of a physician.
11. Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
12. Mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
13. Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.

## **Definitions**

**Accidental Injury** - Bodily injuries caused solely by, or as a result of, a covered accident

**Active** - A dependent who is not confined in a Hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

**Actively at Work** - To be considered "actively at work", the insured must perform the regular duties of his/her employment for a full normal workday at the regular place of business of the group policyholder or at a location to which one may be required to travel to perform the regular duties of employment.

**Dependent Children** means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

a. Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday, and not more frequently than annually from then forward.

b. Newborn Children of an Employee and/or his/her insured spouse and newborn Adopted Children shall automatically be covered from the moment of birth, under the same terms and conditions that apply to the natural, dependent children of covered persons.

c. Other foster children and adopted children shall be treated the same as newborn infants and are eligible for coverage on the same basis upon placement in the Employee's home, under the same terms and conditions that apply to the natural, dependent children of covered persons.

d. If a parent is required by a court or administrative order to provide health benefit plan coverage for a child, and the parent is eligible for family health benefit plan coverage through a health insurer, the health insurer:

i. Must allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.

ii. Must enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.

iii. May not dis-enroll or eliminate coverage of the child unless the health insurer is provided satisfactory written evidence that the court or administrative order is no longer in effect or the child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect not later than the effective date of dis-enrollment.

iv. Will not impose pre-ex limitations or waiting periods.

e. If Dependent Children are covered under the plan, Dependent Children born or placed in the Employee's home after the Effective Date of this Rider will also be covered from the moment of birth. No notice or additional premium is required and the enrollment period will be waived. The company will not impose pre-ex limitations or waiting periods for newborn children, foster and adopted children if they are enrolled upon placement or children covered by the court or administrative order.

**Dependent** - Spouse, child or children, named in the application for this coverage and for whom a premium is paid.

**Doctor or Physician** – means a person, other than the insured, or a member of the insured's immediate family, who:

1. Is licensed by the state to practice a healing art;
2. Performs services for the employee which are allowed by his/her license; or
3. Performs services for which benefits are provided by the plan

Under the Fractures and Dislocations Benefit, a Doctor means a person, other than the employee or a member of the employee's immediate family, who is licensed by the state to practice medicine or osteopathy.

**Hospital** - A place which:

1. Is legally licensed and operated as a Hospital;
2. Provides overnight care of injured and sick people;
3. Is supervised by a Doctor;
4. Has full-time nurses supervised by a registered nurse;
5. Has on-site or pre-arranged use of x-ray equipment, laboratory and surgical facilities; and
6. Maintains permanent medical history records.
7. A state supported institution even though it may not have an operating room and related equipment for the surgery.

A Hospital is not:

1. A nursing home;
2. An extended care facility;
3. A convalescent home;
4. A rest home or a home for the aged;
5. A place for alcoholics or drug addicts; or
6. A mental institution;

**Hospital Intensive Care Unit** - means a specifically designed facility of the Hospital that provides the highest level of medical care which is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. They must be under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

**Spouse** - The person married to the insured on the effective date of this coverage. Spouse coverage is available for Spouses between the ages of 18-64, inclusive. Coverage on a Spouse terminates when he/she attains age 70.

**Treatment or Medical Treatment** - Consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

**The loss of hearing** - deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.

**Treatment or Medical Treatment** - Consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

**The loss of hearing** - deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.

**The loss of the ability to speak** - loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate 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 best interest to maintain your individual guaranteed-renewable policy.

**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.

**Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.**

### Monthly Premium

24 Hour Coverage	Low Option	High Option
Employee	\$10.36	\$18.80
Employee and Spouse	\$14.62	\$25.82
Employee and Dependent Child(ren)	\$17.77	\$31.41
Employee, Spouse, and Dependent Child(ren) - (Family)	\$22.03	\$38.43

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