

# ***Aflac Group Accident Plan***

***Effective Date: January 1, 2018***

## ***Plan Features***

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application
- 24-Hour Coverage.

## ***Eligibility***

### **Issue Ages**

Employee at least age 18

Spouse at least age 18

Children under age 26

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

## ***Guaranteed-Issue***

Coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

## ***Portability***

Coverage may be continued with certain stipulations. See certificate for details.

## *Accident Benefits*

Complete Fractures	Closed Reduction Benefits	
	Employee	Spouse/Child
Hip/Thigh	\$4,500	\$4,000
Vertebrae	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (Depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$ 2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (Mandible)	\$1,800	\$1,600
Skull (Simple)	\$1,575	\$1,400
Upper Arm/ Upper Jaw	\$1,575	\$1,400
Facial Bones (Except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

If the fracture requires open reduction, we will pay 150% of the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

*Multiple fractures* refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture.

However, we will pay no more than 150% of the benefit amount for the fractured bone which has the highest dollar amount.

*Chip fracture* refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 10% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is 150% of the benefit amount for the fractured bone that has the higher dollar amount.

Complete Dislocations			Closed Reduction Benefits		
	Employee			Spouse/Child	
Hip	\$4,000			\$3,000	
Knee (not kneecap)	\$2,600			\$1,950	
Shoulder	\$2,000			\$1,500	
Foot/Ankle	\$1,600			\$1,200	
Hand	\$1,400			\$1,050	
Lower Jaw	\$1,200			\$900	
Wrist	\$1,000			\$750	
Elbow	\$800			\$600	
Finger/Toe	\$320			\$240	

If the dislocation requires open reduction, we will pay 150% of the amount shown.

*Dislocation* refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan.

*Multiple dislocations* refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

*Partial dislocation* is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than 150% of the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

<b>Paralysis</b>	
<b>Quadriplegia</b>	\$10,000
<b>Paraplegia</b>	\$5,000

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, and
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

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.

<b>Lacerations</b>	
<b>Up to 2" long</b>	\$50
<b>2" - 6" long</b>	\$200
<b>Over 6" long</b>	\$400
<b>Lacerations not requiring stitches</b>	\$25

The laceration must be repaired with stitches by a doctor within 14 days after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 14 days after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

<b>Injuries Requiring Surgery</b>	
<b>Eye Injuries</b> (treatment and surgery within 90 days)	\$250
<b>Removal of foreign body</b> (requiring no surgery)	\$50
<b>Tendons/Ligaments</b> (treatment within 60 days, surgical repair within 90 days) <i>Single</i> <i>Multiple</i>	\$400 \$600
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.	
<b>Ruptured Disc</b> (treatment within 60 days, surgical repair within one year) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$100 \$400
<b>Torn Knee Cartilage</b> (within 60 days) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$100 \$400

<b>Burns (treatment within 14 days, first degree burns not covered)</b>	
<b>Second Degree</b> <i>Less than 10% of body surface covered</i>	\$100
<i>At least 10%, but not more than 25% of body surface covered</i>	\$200
<i>At least 25%, but not more than 35% of body surface covered</i>	\$500
<i>More than 35% of body surface covered</i>	\$1,000
<b>Third Degree</b> <i>Less than 10% of body surface covered</i>	\$1,000
<i>At least 10%, but not more than 25% of body surface covered</i>	\$5,000
<i>At least 25%, but not more than 35% of body surface covered</i>	\$10,000
<i>More than 35% of body surface covered</i>	\$20,000
<b>Other Injuries</b>	
<b>Concussion</b> (A concussion or <i>Mild Traumatic Brain Injury (MTB)</i> is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: <i>Concussion and MTB</i> are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
<b>Coma</b> (state of profound unconsciousness lasting 30 days or more).	\$10,000
<b>Internal Injuries</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>Exploratory Surgery</b> (without repair, i.e. arthroscopy)	\$250
<b>Emergency Dental Work</b> (sound natural teeth) <i>Repaired with crown</i>	\$150
<i>Resulting in extraction</i>	\$50

<b>Medical Fees (for each accident)</b>	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

<b>Emergency Room Treatment</b>	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 14 days after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Emergency Room Observation Benefit	
Employee or Spouse	\$75
Child(ren)	\$45

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 14 days after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

<b>Accident Follow-Up Treatment</b>	\$25
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We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

<b>Physical Therapy</b>	\$25
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We will pay this benefit for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days 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.

<b>Air Ambulance</b>	\$500
<b>Ambulance</b>	\$100

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.

Transportation (within 90 days)	
Train or Plane	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

<b>Blood/Plasma</b>	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

**Prosthesis****\$500**

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

**Appliance****\$100**

We will pay the amount shown 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.

**Family Lodging Benefit (per night)****\$100**

If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, We will pay this benefit for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

**Wellness****\$60**

This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Blood screenings
- Eye Examinations
- Immunizations
- Flexible Sigmoidoscopies
- Ultrasounds
- Mammograms
- Pap smears
- PSA tests

**Hospital Admission****\$1,000**

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

**Hospital Confinement (per day)****\$200**

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.



**Hospital Intensive Care (per day)**

\$400

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same Injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.

**Accidental Death & Dismemberment (within 90 days)**

	<b>Employee</b>	<b>Spouse</b>	<b>Children</b>
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
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:**

- Loss of a hand: the hand is cut off at or above the wrist joint; **or**
- Loss of a foot: the foot is cut off at or above the ankle; **or**
- Loss of sight: at least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable **or**
- 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 the dismemberment benefit but loses at least one joint of a finger or toe, we will pay the partial dismemberment shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate 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/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

**Accidental Common Carrier Death** – If the employee is injured in a covered accident and the injury causes him/her 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 on the next page. This benefit is paid in addition to the Accidental Death Benefit.



**Common carrier means:**

- 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; **or**
- a railroad train which is licensed and operated for passenger service only; **or**
- a boat or ship which is licensed for passenger service and operated on a regular schedule between established ports.

***Limitations And Exclusions***

IWE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- War - Participating in war or any act of war, declared or not, or participating in the armed forces or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service. This does not include terrorism.
- Suicide - Committing or attempting to commit suicide, while sane or insane.
- Sickness - 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. This exclusion does not exclude an accidental death from a bacterial infection resulting from an accidental injury.
- Self-Inflicted Injuries - Injuring or attempting to injure yourself intentionally.
- Racing - Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Intoxication - Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- Illegal Acts - Participating or attempting to participate in an illegal activity or working at an illegal job.
- Sports - Participating in any organized sport, professional or semiprofessional.
- Cosmetic Surgery - Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.

***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.

<i>Aflac Accident Semi-Monthly Rates</i>	
Employee	\$8.10
Employee and Spouse	\$11.58
Employee and Dependent Child(ren)	\$15.45
Employee, Spouse, and Dependent Child(ren)	\$18.93

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***Continental American Insurance Company  
Columbia, South Carolina***

***Customer Service 800.433.3036***

