# Aflac Group Accident Insurance

Accident protection made for you.

Biweekly Cost Employee $7.53  Employee & Spouse $13.07
Employee & Children $15.09  Family $20.63

**Coverage is underwritten by Continental American Life Insurance Company.**

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| BENEFITS OVERVIEW | BENEFIT AMOUNT |
|---|---|
| **INITIAL TREATMENT** (once per accident, within 7 days after the accident, not payable for telemedicine services)<br>Treatment must be received under the care of a doctor. | |
| Hospital emergency room with X-ray | $250 |
| Hospital emergency room without X-ray | $200 |
| Urgent care facility with X-ray | $250 |
| Urgent Care Facility without X-ray | $200 |
| Doctor's office facility (other than a hospital emergency room or urgent care) with X-ray | $150 |
| Doctor's office facility (other than a hospital emergency room or urgent care) without X-ray | $100 |
| **AMBULANCE** (within 90 days after the accident) | |
| Ground (no max) | $400 |
| Air (no max) | $1,200 |
| **MAJOR DIAGNOSTIC TESTING** (1 per accident, within 6 months after the accident)<br>CT/CAT scan, MRI or EEG<br>Exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or ambulatory surgical center. | $200 |
| **EMERGENCY ROOM OBSERVATION** (within 7 days after the accident)<br>Payable when an insured:<br>• Receives treatment in a hospital emergency room, and<br>• Is held in a hospital for observation without being admitted as an inpatient. | $100<br>Each 24 Hour Period<br>$50<br>Less than 24 hours, but at least 4 hours |
| **PRESCRIPTIONS** (2 times per accident, within 6 months after the accident)<br>This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available). | $5 |
| **BLOOD/PLASMA/PLATELETS** (3 per accident, within 6 months after the accident) | $200 |
| **PAIN MANAGEMENT** (1 per accident, within 6 months after the accident)<br>Payable when an insured is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine and the pain management is administered in a hospital or doctors office. This benefit is not payable for an epidural administered during a surgical procedure. | $100 |
| **CONCUSSION** (once per accident, within 6 months after the accident) | $500 |
| **TRAUMATIC BRAIN INJURY** (once per accident, within 6 months after the accident)<br>To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist. | $5,000 |
| **COMA** (once per accident)<br>Payable when an insured is in a coma lasting 30 days or more. | $10,000 |

| BENEFITS OVERVIEW | BENEFIT AMOUNT |
|---|---|
| **EMERGENCY DENTAL WORK** (once per accident, within 6 months after the accident)<br>Payable for injury to natural teeth. | $50<br>Extraction<br>$200<br>Repair with a crown |
| **BURNS** (once per accident, within 6 months after the accident)<br>Payable according to the percentage of body surface burned. First degree burns are not covered. | |
| **Second Degree** | |
| Less than 10% | $100 |
| At least 10% but less than 25% | $200 |
| At least 25% but less than 35% | $500 |
| 35% or more | $1,000 |
| **Third Degree** | |
| Less than 10% | $1,000 |
| At least 10% but less than 25% | $5,000 |
| At least 25% but less than 35% | $10,000 |
| 35% or more | $20,000 |
| **EYE INJURIES**<br>Payable for eye injuries if a doctor removes a foreign body from the eye, with or without anesthesia. | $250 |
| **FRACTURES** (once per accident, within 90 days after the accident)<br>This benefit is not payable for stress fractures. | Closed reduction up to: $4,000<br>Open reduction up to: $8,000<br>Chip fracture: 25% of the closed reduction amount<br>Multiple fractures: max of 200% of the highest amount. |
| **DISLOCATIONS** (once per accident, within 90 days after the accident)<br>We will not pay for recurring dislocations of the same joint. | Closed reduction up to:$3,000<br>Open reduction up to:$6,000<br>Partial dislocation: 25% of the closed reduction amount<br>Multiple dislocations: max of 200% of the highest amount |
| **LACERATIONS** (once per accident, within 7 days after the accident)<br>For multiple lacerations, we will pay a maximum of 200% of the largest benefit payable. Lacerations requiring stitches (including liquid skin adhesive): | |
| Over 15 centimeters | $800 |
| 5-15 centimeters | $400 |
| Under 5 centimeters | $150 |

| BENEFITS OVERVIEW | BENEFIT AMOUNT |
|---|---|
| Lacerations not requiring stitches | $50 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in hospital or ambulatory surgical center, within one year after the accident)<br>Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | $400 |
| **FACILITIES FEE FOR OUTPATIENT SURGERY** (payable once per each eligible surgery, performed in hospital or ambulatory surgical center, within one year after the accident) | $100 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of 2 procedures per accident, within one year of the accident)<br>Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount. | $50 |
| **INPATIENT SURGERY AND ANESTHESIA** (per day / within one year after the accident)<br>If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | $1,000 |
| Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury. | |
| **TRANSPORTATION** (greater than 100 miles from the insured's residence, 3 per accident, within 6 months after the accident)<br>Payable for transportation if an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city. | $500 Plane<br>$200 Any ground transportation |
| **SUCCESSOR INSURED BENEFIT**<br>If spouse coverage is in force at the time of the member's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time. | |

| AFTER CARE BENEFITS | BENEFIT AMOUNT |
|---|---|
| **APPLIANCES** (within 6 months after the accident) | Cane $40<br>Ankle Brace $40<br>Walking Boot $100<br>Walker $100<br>Crutches $100<br>Leg Brace $100<br>Cervical Collar $100<br>Wheelchair $400<br>Knee Scooter $400<br>Body Jacket $400<br>Back Brace $400 |
| **ACCIDENT FOLLOW-UP TREATMENT** (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)<br>Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment. | $50 |

| AFTER CARE BENEFITS | BENEFIT AMOUNT |
|---|---|
| **POST-TRAUMATIC STRESS DISORDER (PTSD)** (once per accident, within 6 months after the accident) | $200 |
| **REHABILITATION UNIT** (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)<br>For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit. | $100 per day |
| **THERAPY** (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)<br>Payable when an insured has doctor-prescribed therapy in one of the following categories: physical therapy, occupational therapy and speech therapy by a licensed therapist. | $50 |
| **CHIROPRACTIC OR ALTERNATIVE THERAPY** (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)<br>Payable if an insured receives acupuncture or chiropractic treatment. | $30 |

| HOSPITALIZATION BENEFITS | |
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| **HOSPITAL ADMISSION** (once per accident, within 6 months after the accident)<br>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment. | $1,250 per confinement |
| **HOSPITAL CONFINEMENT*** (maximum of 365 days per accident, within 6 months after the accident)<br>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility. | $300 per day |
| **HOSPITAL INTENSIVE CARE*** (maximum of 30 days per accident, within 6 months after the accident)<br>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. This benefit is payable in addition to the Hospital Confinement Benefit. | $400 per day |
| **INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT*** (maximum of 30 days per accident, within 6 months after the accident)<br>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. This benefit is payable in addition to the Hospital Confinement Benefit. | $200 per day |
| *If benefits are paid for confinement to a hospital, intensive care unit and/or intermediate intensive care step-down unit and the insured is confined again with 6 months due to the same accidental injury, it will be treated as the same period of confinement. | |

**HOSPITALIZATION BENEFITS**

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| **FAMILY MEMBER LODGING** (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)<br>Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:<br>• The insured must be confined to a hospital for treatment of a covered accidental injury;<br>• The hospital and motel/hotel must be more than 100 miles from the insured's residence; and<br>• The treatment must be prescribed by the insured's treating doctor. | $200 per day |

**LIFE CHANGING EVENTS BENEFITS**

**DISMEMBERMENT** (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

| **SINGLE LOSS** (the loss of one hand, one foot, or the sight of one eye) | **BENEFIT AMOUNT** |
|---|---|
| Member | $12,500 |
| Spouse | $5,000 |
| Child(ren) | $2,500 |
| **DOUBLE LOSS** (the loss of both hands, both feet, the sight of both eyes, or a combination of any two) | |
| Member | $25,000 |
| Spouse | $10,000 |
| Child(ren) | $5,000 |
| **LOSS OF ONE OR MORE FINGERS OR TOES** | |
| Member | $1,250 |
| Spouse | $500 |
| Child(ren) | $250 |
| **PARTIAL DISMEMBERMENT** (Includes at least one joint of a finger or a toe) | |
| Member | $125 |
| Spouse | $125 |
| Child(ren) | $125 |
| **PARALYSIS** (once per accident, diagnosed by a doctor within six months after the accident)<br>Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days. | Paraplegia $5,000<br>Quadriplegia $10,000 |
| **PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device)<br>This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.<br>*We will pay this benefit again once to cover the repair or replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment. | $3,000 |

**LIFE CHANGING EVENTS BENEFITS**

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| **RESIDENCE/VEHICLE MODIFICATION** (once per accident, within one year after the accident)<br>Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:<br>• The sight of one eye;<br>• The use of one hand/arm; or<br>• The use of one foot/leg. | $2,000 |

**WELLNESS RIDER**

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| **WELLNESS BENEFIT** (Once per calendar year)<br>Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.<br>The amount paid will be based on when the health screening test was performed: | |
| First Year of Certificate | $25 |
| Second, third, fourth year of certificate | $50 |
| Fifth year of certificate and thereafter | $75 |

**ACCIDENTAL DEATH RIDER**

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| **ACCIDENTAL DEATH BENEFIT** (within 90 days after the accident)<br>Payable if a covered accidental injury causes the insured to die. | Member $50,000<br>Spouse $25,000<br>Child(ren) $10,000 |
| **ACCIDENTAL COMMON-CARRIER DEATH BENEFIT**<br>Payable if the insured:<br>• Is a fare-paying passenger on a common carrier;<br>• Is injured in a covered accident; and<br>• Dies within 90 days after the covered accident. | Member $100,000<br>Spouse $50,000<br>Child(ren) $20,000 |

**TERM LIFE RIDER**

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| If the insured dies while covered under this plan, we will pay the amount shown as a lump sum benefit to the insured's designated beneficiary. Benefit is paid once per insured. | Member: $5,000<br>Spouse: $5,000<br>Child: $5,000 |

## EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from:

• War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.

• 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:

- Allergic reactions
- Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings.
- An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
- Any related medical/surgical treatment or diagnostic procedures for such illness

• Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.

• Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.

• Illegal Occupation - voluntarily participating in, committing, or attempting to commit a felony; or voluntarily working at, or being engaged in, an illegal occupation or job.

• Sports - participating in any organized sport in a professional capacity for pay or profit.

• Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary (“cosmetic surgery” does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.

For 24-Hour Coverage, the following exclusions will not apply:

• An injury arising from any employment.

• An injury or sickness covered by worker’s compensation.

## TERM LIFE RIDER SUICIDE LIMITATION

If the insured takes his own life within two years from the effective date of the rider, the liability of the company under the rider will be limited to the premiums paid for the rider, without interest.

## DEFINITIONS

A Covered Accident is an accident that occurs on or after an insured’s effective date while coverage is in force, and that is not specifically excluded by the plan.

The term Hospital specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

• A nursing home,
• An extended-care facility,
• A skilled nursing facility,
• A rest home or home for the aged,
• A rehabilitation facility,
• A facility for the treatment of alcoholism or drug addiction, or
• An assisted living facility.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting thedefinition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:

• A progressive care unit;
• A sub-acute intensive care unit; or
• An intermediate care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in the plan.

Rehabilitation Facility is not a facility for the treatment of alcoholism or drug addiction.

### ACCIDENTAL DEATH RIDER

Common Carrier means:

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

### TERM LIFE RIDER

Beneficiary means the person (or entity) named in the application, or later changed in writing by the primary insured, who will receive proceeds upon the death of the insured.

### You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

### Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

### NOTICES

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.

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