

Aflac Product Reference Guide

GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

For broker training purposes only.
Not for public distribution.



Underwritten by Continental American Insurance Company
A proud member of the Aflac family of insurers





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Why do people purchase GROUP ACCIDENT ADVANTAGE PLUS insurance?

REASON NO. 1

27

MILLION

PEOPLE WERE TREATED IN
EMERGENCY DEPARTMENTS FOR
INJURIES IN 2013.*

REASON NO. 2

80.1

MILLION

PEOPLE SOUGHT MEDICAL ATTENTION FOR
AN INJURY.**

*Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) Nonfatal Injury Data. (2015)

**All Injuries, 2014, Centers for Disease Control and Prevention

GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

Policy Series CAI7800



Product Specifications*

COVERAGE OPTIONS

- 24-hour
- Non-occupational (off job accidents only)

ISSUE AGE (may vary by situs state)

- Employee: 18+
- Spouse: 18+
- Dependent Children: Under age 26
- Employee must apply for spouse and children to be eligible for coverage.

EFFECTIVE DATE

- Coverage is effective on the billing effective date.

PORTABILITY

- Coverage is portable without a change in the premium amount charged as long as the group policy remains in force. Coverage can be continued through a monthly bank draft or quarterly, semi-annual or annual direct billing. This portability option may vary in certain states. Employee must contact us within 31 days of leaving employment.

EMPLOYER OPTIONS (GROUP LEVEL DECISION)*

Optional Benefits: Catastrophic Accident Rider & Sickness Rider

- To be eligible for optional benefits, an employee must be covered under the Accident Plan. Employees must elect coverage under the optional benefits in order for spouse and children to be covered.
- Optional benefits do not require any insured to answer health questions.
- Decision to be offered to be made by group.

UNDERWRITING

Guarantee-Issue (for all applicants)

- No health questions asked in order to participate.
- Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

*May vary by situs state.

INSURANCE BENEFITS • Employee / Spouse / Child

HOSPITAL BENEFITS	HIGH OPTION	MID OPTION	LOW OPTION
<p>Hospital Admission</p> <p>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.</p>	\$1,000	\$750	\$500
<p>Hospital Confinement (per day)</p> <p>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.</p> <p>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.</p> <p>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.</p>	\$200	\$150	\$100
<p>Hospital Intensive Care (per day)</p> <p>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.</p> <p>This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.</p>	\$400	\$300	\$200
<p>Medical Fees (for each accident)</p> <p>If an insured is injured in a covered accident and receives treatment within one year after the accident, we will pay up to the applicable amount for doctor services or X-rays.</p> <p>The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 72 hours after the accident.</p>	<p>\$125 Employee/ Spouse</p> <p>\$75 Children</p>	<p>\$75 Employee/ Spouse</p> <p>\$50 Children</p>	<p>\$62.50 Employee/ Spouse</p> <p>\$37.50 Children</p>
<p>Paralysis (Lasting 90 days or more and diagnosed by a physician within 90 days)</p> <p>Quadriplegia</p> <p>Paraplegia</p> <p><i>Paralysis</i> 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.</p> <p>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.</p>	<p>\$10,000</p> <p>\$5,000</p>	<p>\$7,500</p> <p>\$3,750</p>	<p>\$5,000</p> <p>\$2,500</p>

Benefits vary by situs state.

INSURANCE BENEFITS • Employee / Spouse / Child – continued

MAJOR INJURIES (diagnosis and treatment within 90 days)

HIGH OPTION

MID OPTION

LOW OPTION

Fractures (closed reduction)

Hip/Thigh	\$4,000	\$3,000	\$2,000
Vertebrae (except processes)	\$3,600	\$2,700	\$1,800
Pelvis	\$3,200	\$2,400	\$1,600
Skull (depressed)	\$3,000	\$2,250	\$1,500
Leg	\$2,400	\$1,800	\$1,200
Forearm/Hand/Wrist	\$2,000	\$1,500	\$1,000
Foot/Ankle/Knee Cap	\$2,000	\$1,500	\$1,000
Shoulder Blade/Collar Bone	\$1,600	\$1,200	\$800
Lower Jaw (mandible)	\$1,600	\$1,200	\$800
Skull (simple)	\$1,400	\$1,050	\$700
Upper Arm/Upper Jaw	\$1,400	\$1,050	\$700
Facial Bones (except teeth)	\$1,200	\$900	\$600
Vertebral Processes	\$800	\$600	\$400
Coccyx/Rib/Finger/Toe	\$320	\$240	\$160

Dislocations (closed reduction)

Hip	\$3,000	\$2,500	\$1,500
Knee (not knee cap)	\$1,950	\$1,625	\$975
Shoulder	\$1,500	\$1,250	\$750
Foot/Ankle	\$1,200	\$1,000	\$600
Hand	\$1,050	\$875	\$525
Lower Jaw	\$900	\$750	\$450
Wrist	\$750	\$625	\$375
Elbow	\$600	\$500	\$300
Finger/Toe	\$240	\$200	\$120

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

- If a fracture requires open reduction, we will pay double the amount shown.
- If the dislocation requires open reduction, we will pay double of the amount shown.
- Please refer to the Limitations and Exclusions section for more detail on fractures and dislocations.

SPECIFIC INJURIES

Ruptured Disc (treatment within 60 days; surgical repair within one year)

- Injury occurring during the first certificate year
- Injury occurring after the first certificate year

	\$100	\$100	\$50
	\$400	\$400	\$200

Tendons/Ligaments

(treatment within 60 days; surgical repair within one year)

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.

	\$600 (Multiple)	\$450 (Multiple)	\$300 (Multiple)
	\$400 (Single)	\$300 (Single)	\$200 (Single)

SPECIFIC INJURIES – <i>continued</i>	HIGH OPTION	MID OPTION	LOW OPTION
Torn Knee Cartilage (treatment within 60 days; surgical repair within one year)			
Injury occurring during the first certificate year	\$100	\$100	\$50
Injury occurring after the first certificate year	\$400	\$400	\$200
Eye Injuries			
Treatment and surgical repair within 90 days	\$250	\$175	\$125
Removal of foreign body (no surgery required)	\$50	\$35	\$25
Concussion			
A head injury resulting in electroencephalogram abnormality	\$200	\$150	\$100
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000	\$7,500	\$5,000
Emergency Dental Work (per accident; injury to sound, natural teeth)			
Repaired with crown	\$150	\$100	\$75
Resulting in extraction	\$50	\$33	\$25

BURNS (treatment within 72 hours and based on percent of body surface burned)

Second-Degree Burns			
Less than 10%	\$100	\$100	\$50
At least 10 %, but less than 25%	\$200	\$200	\$100
At least 25%, but less than 35%	\$500	\$500	\$250
35% or More	\$1,000	\$1,000	\$500
Third-Degree Burns			
Less than 10%	\$1,000	\$1,000	\$500
At least 10 %, but less than 25%	\$5,000	\$5,000	\$2,500
At least 25%, but less than 35%	\$10,000	\$10,000	\$5,000
35% or More	\$20,000	\$20,000	\$10,000
First-Degree burns are not covered.			
Lacerations (treatment and repair within 72 hours)			
Under 2" long	\$50	\$38	\$25
2" to 6" long	\$200	\$150	\$100
Over 6" long	\$400	\$300	\$200
Lacerations not requiring stitches	\$25	\$18.75	\$12.50
Multiple Lacerations: We will pay for the largest single laceration requiring stitches.			

ADDITIONAL BENEFITS

Emergency Room Treatment	\$200	\$125	\$100
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 72 hours 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.			

Benefits vary by situs state.

ADDITIONAL BENEFITS – continued

	HIGH OPTION	MID OPTION	LOW OPTION
<p>Emergency Room Observation</p> <p>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 72 hours after the accident.</p> <p>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.</p>	\$100	\$75	\$50
<p>Major Diagnostic Testing</p> <p>We will pay the amount shown if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred: computerized tomography (CT scan); computerized axial tomography (CAT); magnetic resonance imaging (MRI); electroencephalography (EEG).</p> <p>These exams must be performed in a hospital or a doctor’s office. This benefit is limited to one payment per Covered Accident.</p>	\$200	\$150	\$100
<p>Post-Traumatic Stress Disorder Diagnosis</p> <p>Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a covered accident.</p> <p>We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.</p> <p>This benefit is payable only once per covered accident.</p>	\$200	\$150	\$100
<p>Ambulance</p> <p>Air Ambulance</p> <p>If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a covered accident, we will pay the amount shown.</p>	\$200 \$1,000	\$150 \$750	\$100 \$500
<p>Blood/Plasma</p> <p>If the insured receives blood or plasma within 90 days following a covered accident, we will pay the amount shown.</p>	\$100	\$75	\$50
<p>Appliances</p> <p>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.</p>	\$100	\$75	\$50
<p>Internal Injuries (resulting in open abdominal or thoracic surgery)</p>	\$1,000	\$750	\$500
<p>Accident Follow-Up Treatment</p> <p>We will pay this benefit for up to six treatments (one per day) per covered accident, per insured 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. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.</p>	\$30	\$20	\$15

Benefits vary by situs state.

	HIGH OPTION	MID OPTION	LOW OPTION
Exploratory Surgery [without repair (i.e., arthroscopy)]	\$250	\$175	\$125
Wellness Benefit (per 12-month period) After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.	\$50	\$25	\$25
Prosthesis If an insured requires the use of a prosthetic device due to injuries received in a covered accident, we will pay this benefit. Hearing aids, wigs, dental aids, and false teeth are not covered.	\$500	\$350	\$250
Physical Therapy We will pay this benefit for up to six treatments per covered accident, per insured for treatment from a physical therapist. 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.	\$30	\$20	\$15
Transportation If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the covered accident. The distance to the hospital must be greater than 50 miles from your residence.	\$300 (train/ plane) \$150 (bus)	\$200 (train/ plane) \$100 (bus)	\$150 (train/ plane) \$75 (bus)
Family Lodging Benefit (per night) If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a covered accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.	\$100	\$75	\$50
Rehabilitation Unit Benefit (per 12-month period) We will pay the amount shown for injuries received in a covered accident if the insured: is admitted for a hospital confinement, is transferred to a bed in a rehabilitation unit of a hospital for treatment, and incur a charge. This benefit is limited to 30 days per period of hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.	\$75	\$50	\$37.50

Benefits vary by situs state.

INSURANCE BENEFITS – continued

ACCIDENTAL DEATH AND DISMEMBERMENT (within 90 days)	HIGH OPTION Employee/Spouse/Child	MID OPTION Employee/Spouse/Child	LOW OPTION Employee/Spouse/Child
Accidental-Death	\$50,000/\$25,000/\$5,000	\$40,000/\$20,000/\$5,000	\$25,000/\$12,500/\$2,500
Accidental Common-Carrier Death (plane, train, boat, or ship)	\$100,000/\$50,000/\$15,000	\$80,000/\$40,000/\$10,000	\$50,000/\$25,000/\$7,500
Single Dismemberment	\$12,500/\$5,000/\$2,500	\$6,250/\$2,500/\$1,250	\$6,250/\$2,500/\$1,250
Double Dismemberment	\$25,000/\$10,000/\$5,000	\$12,500/\$5,000/\$2,500	\$12,500/\$5,000/\$2,500
Loss of One of More Fingers or Toes	\$1,250/\$500/\$250	\$625/\$250/\$125	\$625/\$250/\$125
Partial Amputation of Fingers or Toes (including at least one joint)	\$100	\$50	\$50

- If the Accidental Common-Carrier Death Benefit is paid, we will pay the Accidental-Death Benefit.
- Accidental Injury means bodily injury caused solely by or as the result of a covered accident.
- Covered accident means an accident that occurs on or after the effective date, while the certificate is in force, and that is not specifically excluded.

OPTIONAL SICKNESS BENEFIT (Group Level Decision)	HIGH OPTION	MID OPTION	LOW OPTION
Sickness Hospital Admission We will pay the amount shown if the insured is admitted to a hospital and confined as a resident bed patient due to a covered sickness. We will pay this benefit once for each covered sickness.	\$250	\$250	\$250
Sickness Hospital Confinement We will pay the amount shown on the first day of hospital confinement for up to 30 days, per hospital confinement	\$100 per day	\$100 per day	\$100 per day

OPTIONAL CATASTROPHIC ACCIDENT BENEFIT (Group Level Decision)

Catastrophic Accident We will pay the amount shown due to a covered accidental injury that results in a catastrophic loss. This benefit reduces by 50% at age 65. This benefit is payable after a 365 day elimination period.	Employee: \$100,000 Spouse/Child: \$50,000	Employee: \$50,000 Spouse/Child: \$25,000	Employee: \$50,000 Spouse/Child: \$25,000
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SAMPLE WEEKLY RATES

Rates vary by situs state.

WITH WELLNESS (no optional benefits)

High Option - 24 Hour Plan	Weekly (52pp/yr)	Low Option - 24 Hour Plan	Weekly (52pp/yr)
Employee	\$4.53	Employee	\$2.27
Family	\$10.20	Family	\$5.11
High Option - Nonoccupational Plan	Weekly (52pp/yr)	Low Option - Nonoccupational Plan	Weekly (52pp/yr)
Employee	\$3.50	Employee	\$1.75
Family	\$9.07	Family	\$4.53
Mid Option - 24 Hour Plan	Weekly (52pp/yr)	Mid Option - Nonoccupational Plan	Weekly (52pp/yr)
Employee	\$3.41	Employee	\$2.56
Family	\$7.62	Family	\$6.62

For state specific rates, a proposal should be requested.

SITUS STATE–SPECIFIC VARIATIONS (variations are subject to change)

District of Columbia

- Includes domestic partners.
- Includes civil unions.

Hawaii

- Includes reciprocal beneficiaries.

Idaho

- Catastrophic Accident Benefit not available.

Illinois

- Includes Continuation of Coverage for dependents upon employee death.
- Includes civil unions

Kansas

- Sickness Benefits not available.
- Wellness Benefit not available.

Massachusetts

- Wellness Benefit only payable as the result of preventive care.

Michigan

- Issue ages 18-64.

New Mexico

- Wellness Benefit not included.

Nevada

- Includes domestic partners.

North Dakota

- Optional Sickness Benefits not included.
- Wellness Benefit not included.

Oregon

- Accidental Death & Accidental Common Carrier Death Benefits are paid if death occurs within 180 days of covered accident
- Includes domestic partners.

Pennsylvania

- Pre-existing condition limitation on Optional Sickness Benefit is 90-days.

South Dakota

- Optional Sickness Benefits have a 6-month waiting period if caused by a pre-existing condition.

Texas

- Optional Sickness Benefits not included.
- Wellness Benefit not included.

Utah

- Accidental Death & Accidental Common Carrier Death Benefits are paid if death occurs within 180 days of covered accident.

Virginia

- Sickness Benefits referred to as Hospital Indemnity Benefits.
- Optional Sickness Benefits have a 12-month waiting period if caused by a pre-existing condition.

Please Note: This is not an exhaustive list. For complete list of benefits, limitation and exclusions available refer to the brochure for the situs state.

LICENSING AND ENROLLMENT METHODS

AFLAC GROUP PRODUCTS (underwritten by Continental American Insurance Company – accounts situated outside of New York)

All enrollers must be properly licensed and appointed with CAIC in the solicitation state (or state of enrollment) of the account prior to the enrollment. All commissioned agents must be properly licensed and appointed in the situs state prior to the effective date of the group.

One-On-One Paper Enrollment*

- Wet signatures are acceptable in all states of enrollment, except New York, Puerto Rico, Guam, and the Virgin Islands.
- Aflac Group will provide state-specific enrollment forms.
- State of enrollment is physical location.

One-On-One Laptop Enrollment*

- PIN code signatures are accepted in all states of enrollment, except New York, Puerto Rico, Guam, and the Virgin Islands.
- State of enrollment is physical location.

Web Enrollment Self-Enrollment

- PIN code signatures are accepted in all states of enrollment.
- State of enrollment is employee's state of residence.

Call Center Enrollment*

- Voice recording signatures are accepted in all states of enrollment, except New York, Puerto Rico, Guam, and the Virgin Islands.
- PIN code signatures are accepted in all states except FL, GA, NJ, VT, WV, New York, Puerto Rico, Guam, and the Virgin Islands.
- State of enrollment is employee's state of residence.

Applications cannot be solicited by an agent in New York, Puerto Rico, Guam or the Virgin Islands. Direct mail or applications taken by the Human Resources department are accepted in these states.

AFLAC NEW YORK GROUP PRODUCTS (accounts situated in state of New York)

All agents must be properly licensed and appointed with Aflac New York, including the amendment, to sell group products in the situs state (NY) and the state of enrollment (based on list below). Agents cannot solicit applications outside of NY, MA, VT, CT, NJ, or ND. Direct mail or applications taken by the Human Resources department are accepted in all other states of enrollment.

One-On-One Paper Enrollment*

- Wet signatures are acceptable if the state of enrollment is NY, MA, VT, CT, NJ, or ND.
- Aflac Group will provide state-specific enrollment forms.
- State of enrollment is physical location.

One-On-One Laptop Enrollment*

- PIN code signatures are accepted if the state of enrollment is NY, MA, VT, CT, NJ, or ND.
- State of enrollment is physical location.

Web Enrollment Self-Enrollment

- PIN code signatures are accepted in all states of enrollment.
- State of enrollment is employee's state of residence.

Call Center Enrollment*

- Voice recording signatures are accepted if the state of enrollment is NY, MA, VT, CT, NJ, or ND.
- State of enrollment is employee's state of residence.

*All applications must be submitted with a Transmittal or Electronic File in the required file layout.

ENROLLMENT AND SALES

PRODUCT NOTES*

- **Employee Eligibility:** Employees are eligible to apply once they have reached the required length of employment (set by the employer) and work at least 16 hours per week or more, as set by the employer.
- **Actively At Work:** Employees must be actively at work at the time of election, and he/she must answer the “actively at work” question on the enrollment form. If he/she answers “no,” coverage will not be issued.
- **Spouse Eligibility:** If an employee elects spouse coverage, he/she must answer the spouse eligibility question. If the answer to this question is “yes,” spouse coverage will not be issued.
- **Group Eligibility:** A minimum of 25 payors are needed to establish group billing. Product only available through payroll deduction.
- **Enrollment Forms Due:** All paper applications are due 7 days after the enrollment end date. All electronic enrollment files are due 15 days after the enrollment end date.
- **Billing Effective Date:** Billing effective dates are always the first of the month.

REQUESTING A PROPOSAL

When a potential client is interested in this plan, please submit a Prospect Information Form (PIF) to Aflac Group. The PIF will provide the necessary information for Aflac Group to prepare a proposal.

- Name of Group
- Type of Business
- Number of Eligible Employees
- Domicile State
- Employer Contribution
- Other

REQUIRED DOCUMENTS FOR SOLD CASES

The following documents are required at least 30 days prior to the start of the enrollment:

1. Master Application
2. Payroll Account Set up form (G0138)
3. Licensing and contracting paperwork

*May vary by situs state.

LIMITATIONS AND EXCLUSIONS*

We 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; 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 by this certificate when you are in such service.
- **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.
- **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 being under the influence of any narcotic, unless taken under the direction of a Doctor. 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 semi-professional.

- **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.

For nonoccupational coverage, will not pay benefits for injury, total disability, or death contributed to, caused by, or resulting from the following (these exclusions are in addition to the ones outlined above):

- An injury arising from any employment.
- An injury or sickness covered by Worker’s Compensation.

TERMINATIONS

An employee’s coverage will terminate on whichever occurs first:

- The date the master policy is terminated.
- The 31st day after the premium due date, if the premium has not been paid.
- The date an insured no longer meets the definition of an employee, unless the insured takes advantage of the portability privilege.
- The date an insured no longer belongs to an eligible class.

If the master policy and/or certificate terminates, we will provide coverage for claims arising from covered accidents that occurred while the plan was in force.

LIMITATIONS AND EXCLUSIONS*

SICKNESS RIDER EXCLUSIONS

We will not pay benefits for a loss contributed to, caused by or resulting from:

- Mental Disorders – Mental or emotional disorders without demonstrable organic disease.
- Alcoholism – Alcoholism, drug addiction, or chemical dependency.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for loss starting within 12 months of an insured's effective date if that loss is wholly or partly caused by or results from a pre-existing condition.

This rider may have been issued as a replacement for a rider previously issued to an insured under the plan. If so, then the Pre-Existing Condition Limitation provision of this rider applies only to any increase in benefits over the prior rider. Any remaining period of Pre-Existing Condition Limitation of the prior rider would continue to apply to the prior level of benefits.

Pregnancy is considered a pre-existing condition if conception was before an insured's effective date.

CATASTROPHIC ACCIDENT RIDER LIMITATIONS AND EXCLUSIONS

Catastrophic Accident Benefits will be payable once per lifetime for each insured.

In addition to the exclusions listed in the Exclusion Provision of the policy, we will also not pay the Catastrophic Accident Benefits for injuries that are caused by or are the result of any insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Catastrophic Accident benefits are reduced by any benefits paid under the Accidental Death and Dismemberment or Paralysis Benefits of the base plan.

*May vary by situs state.

DEFINITIONS*

Accidental Injury or Injuries means bodily injury or injuries resulting from an unforeseen and unexpected traumatic event and meets the definition of covered accident.

Actively at Work is defined as your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Calendar Year is defined as January 1 through December 31 of the same year.

Covered Accident means an unforeseen and unexpected traumatic event resulting in bodily Injury. An event meets the qualifications of covered accident if it:

- Occurs on or after the plan's effective date,
- Occurs while coverage is in force, and
- Is not specifically excluded.

Dependent child means dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. You or your spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the child's 26th birthday.

Doctor is defined as a person who is:

- Legally qualified to practice medicine,
- Licensed as a physician by the state where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.

A doctor does not include you or your family member.

Employee is a person who meets eligibility requirements in the master policy, and who is covered under this plan. The employee is the primary insured under this plan.

Family member includes the employee's spouse (who is defined as an employee's legal wife or husband) as well as the following members of the insured's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Hospital refers to a place that:

- Is legally licensed and operated as a hospital;
- Provides overnight care of injured and sick people;
- Is supervised by a doctor;
- Has full-time nurses supervised by a registered nurse;
- Has on-site or pre-arranged use of x-ray equipment, laboratory, and surgical facilities; and
- Maintains permanent medical history records.

A hospital is not:

- A nursing home;
- An extended-care facility;
- A convalescent home;

- A rest home or a home for the aged;
- A place for alcoholics or drug addicts; or
- A mental institution.

Hospital Intensive Care Unit refers to a specifically designed hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured. Hospital intensive care units must be:

- Separate and apart from the surgical recovery room;
- Separate and apart from rooms, beds, and wards customarily used for patient confinement;
- Permanently equipped with special life-saving equipment to care for the critically ill or injured; and
- Under constant and continuous observation by nursing staffs assigned to the intensive care units on an exclusive, full-time basis.

Psychiatrist is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.

Psychologist is a clinical mental health professional who works with patients. Is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Rehabilitation Unit is a unit of a hospital providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

Spouse is the legal wife or husband who is between ages 18 and 64 and who is named on the enrollment application. Coverage on your spouse terminates when he or she attains age 70.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Your Occupation means the occupation in which you are regularly engaged at the time you become disabled.

CATASTROPHIC ACCIDENT DEFINITIONS

Catastrophic Accident

We will pay the applicable amount listed above at the end of the catastrophic accident elimination period if any insured:

- Sustains a catastrophic loss as the result of a covered accident;
- Is under the appropriate care of a physician during the catastrophic accident elimination period; and
- Remains alive at the end of the catastrophic accident elimination period.

Catastrophic Accident Elimination Period is the period of 365 days after the date of a covered accident during which time no benefits are payable.

Catastrophic Loss refers to an injury resulting from a covered accident that causes total and irrecoverable: (1) loss of both hands or both feet; or (2) loss or loss of use of both arms or both legs; or (3) loss of one hand and one foot; or (4) loss or loss of use of one arm and one leg; or (5) loss of sight of both eyes; or (6) loss of the hearing of both ears; or (7) loss of the

ability to speak.

- The loss of use of an arm – the loss of function of the entire arm from the shoulder to the hand.
- The loss of use of a leg – the loss of function of the entire leg from the hip to the foot.
- The loss of sight – both eyes are totally blind and that no sight can be restored.
- 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.

SICKNESS RIDER DEFINITIONS

Pre-Existing Condition means a condition for which medical advice or treatment was recommended or received within the 12-month period before an insured's effective date.

Sickness means an illness, infection, disease, or any other abnormal condition, which is not:

- Caused solely by an injury, or
- The result of an injury.

Covered Sickness includes the definition of sickness above. Further, a covered sickness:

- Occurs while this rider is in force; and
- Is not a pre-existing condition; and
- Is not excluded by name or specific description in this rider.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

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Continental American Insurance Company (CAIC) is not aware of whether any employees receive benefits from Medicare, Medicaid, or a state variation. If any employees or dependents are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that any such employees may not receive any of the benefits in the plan. As a result, employees should please check the coverage in all health insurance policies those employees already have or may have before such employees buy this insurance to verify the absence of any assignments or liens.

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*May vary by situs state.

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