

AFLAC GROUP ACCIDENT INSURANCE

Policy Number 24781



What is Accident Insurance?

Accident insurance helps cover out-of-pocket costs related to unexpected injuries like a broken arm or a severe burn. This type of insurance provides benefits for initial care, hospitalization, and follow-up care due to covered accidents. Benefits are paid directly to the employee (unless otherwise assigned), regardless of any other coverage employees have.

Aflac Accident Insurance

Aflac Accident Insurance pays you cash benefits for injuries relating to covered accidents for hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment, dislocation, fracture, ambulance services, physical therapy, and more. The lump-sum cash benefits can be used to help pay for deductibles, treatment, rent, and other needs as they are used at your discretion. By using Aflac Accident Insurance you can:

- Continue to help protect your savings, retirement plans, and 401(k) from depletion
- Help protect your home by paying for the mortgage, continue rental payments, or perform needed home repairs for your after care
- Keep up with your family's living expenses such as bills, electricity, and gas

For more information on the limitations and exclusions of this plan, please see plan certificate.

Plan Features

- Coverage for injuries on or off the job
- Guaranteed issue – No medical questions
- Level premiums – Rates do not increase with age
- No limitations for preexisting conditions
- \$50 annual wellness benefit (available for all insured twice per calendar year)
- Benefits are paid regardless of any other medical insurance
- You may continue your coverage – Employees can continue coverage if they terminate or retire, provided the master group contract is in effect (see certificate for complete details)

Premium Rates (pre-tax)

COVERAGE	BI-WEEKLY PREMIUM
Employee	\$8.01
Employee & Spouse	\$13.38
Employee & Child(ren)	\$16.88
Family	\$22.25

Wellness Benefit

A \$50 benefit is payable for the following wellness tests performed as a result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable twice per calendar year per insured. Covered tests include, but are not limited to:

- Annual physical exams
- Flexible Sigmoidoscopy
- Mammograms
- PSA Tests
- Pap Smears
- Ultrasounds
- Eye Examinations
- Blood Screening
- Immunizations

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Plan Benefits

INITIAL ACCIDENT TREATMENT CATEGORY	EMPLOYEE	SPOUSE	CHILD
Initial Treatment - within 7 days of the accident, once per accident			
ER/Urgent Care	\$200	\$200	\$200
ER/Urgent Care with X-Ray	\$250	\$250	\$250
Doctor's Office	\$100	\$100	\$100
Doctor's Office with X-Ray	\$150	\$150	\$150
Ambulance - within 90 days of the accident, once per day, no maximum number of payments per accident			
Ground	\$400	\$400	\$400
Air	\$1,200	\$1,200	\$1,200
Major Diagnostic Testing - within six months of the accident Maximum of 1 diagnostic test per accident	\$200	\$200	\$200
Emergency Room Observation - within 7 days of the accident, no maximum number of 24-hour observation periods per accident			
Short Observation Period (4-24 Hours)	\$50	\$50	\$50
Long Observation Period (24+ Hours)	\$100	\$100	\$100
Prescriptions - within six months of the accident Maximum of 2 filled prescriptions per accident	\$5	\$5	\$5
Pain Management - within six months of the accident, 1 payment	\$100	\$100	\$100
Blood/Plasma/Platelets - within six months of the accident Maximum of 3 days per accident	\$200	\$200	\$200
Concussion - within six months of the accident, 1 payment	\$500	\$500	\$500
Traumatic Brain Injury - within six months of the accident, 1 payment	\$5,000	\$5,000	\$5,000
Coma - once per accident We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident	\$10,000	\$10,000	\$10,000
Burns - within 6 months of the accident, 1 payment			
Second Degree Burns			
Less than 10%	\$100	\$100	\$100
At least 10%, but less than 25%	\$200	\$200	\$200
At least 25%, but less than 35%	\$500	\$500	\$500
35% or more	\$1,000	\$1,000	\$1,000
Third Degree Burns			
Less than 10%	\$1,000	\$1,000	\$1,000
At least 10%, but less than 25%	\$5,000	\$5,000	\$5,000
At least 25%, but less than 35%	\$10,000	\$10,000	\$10,000
35% or more	\$20,000	\$20,000	\$20,000

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INITIAL ACCIDENT TREATMENT CATEGORY	EMPLOYEE	SPOUSE	CHILD
Emergency Dental Work - once per accident, within 6 months of the accident			
Repair with Crown	\$200	\$200	\$200
Extraction	\$50	\$50	\$50
Eye Injury - Removal of a foreign body	\$250	\$250	\$250

Dislocations - once per accident, within 90 days of the accident						
Dislocation	Open Reduction			Closed Reduction		
	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Hand	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Lower Jaw	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Wrist	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
Elbow	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

Fracture - once per covered accident, within 90 days of the accident						
Fracture	Open Reduction			Closed Reduction		
	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
Hip/Thigh	\$8,000	\$8,000	\$8,000	\$4,000	\$4,000	\$4,000
Pelvis	\$7,200	\$7,200	\$7,200	\$3,600	\$3,600	\$3,600
Vertebrae/Sternum	\$6,400	\$6,400	\$6,400	\$3,200	\$3,200	\$3,200
Skull (Depressed)	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Leg	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Forearm/Hand/Wrist	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Foot/Ankle/Kneecap	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Shoulder Blade/Collar Bone	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Lower Jaw	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Skull (Simple)	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Upper Arm/Upper Jaw	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Facial Bones (except teeth)	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Vertebral Processes/Sacrum	\$1,600	\$1,600	\$1,600	\$800	\$800	\$800
Coccyx/Rib/Finger/Toe	\$640	\$640	\$640	\$320	\$320	\$320

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INITIAL ACCIDENT TREATMENT CATEGORY	EMPLOYEE	SPOUSE	CHILD
Lacerations - once per accident, within 7 days of the accident			
Lacerations requiring stitches			
Under 5 centimeters	\$100	\$100	\$100
5 to 15 centimeters	\$400	\$400	\$400
Over 15 centimeters	\$800	\$800	\$800
Lacerations not requiring stitches	\$50	\$50	\$50
Outpatient Surgery and Anesthesia (per day) - within 1 year of the accident			
Performed in a Hospital or Ambulatory Surgical Center No maximum number of payments per covered accident	\$400	\$400	\$400
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum of 2 payments per covered accident	\$50	\$50	\$50
Facilities Fee for Outpatient Surgery - within one year of the accident Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center). Maximum of 5 payments per covered accident			
	\$100	\$100	\$100
Inpatient Surgery and Anesthesia (per day) - within one year of the accident No maximum number of payments per covered accident			
	\$1,000	\$1,000	\$1,000
Transportation - within 6 months of the accident Maximum of 3 payments per covered accident, Minimum of 100 Miles Distance Required			
Plane	\$500	\$500	\$500
Any ground transportation	\$200	\$200	\$200
(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.)			
HOSPITAL CATEGORY - HIGH	EMPLOYEE	SPOUSE	CHILD
Hospital Admission (per confinement) - once per accident, within six months of the accident Maximum number of admissions per covered accident: 1			
	\$1,250	\$1,250	\$1,250
Hospital Confinement (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 365			
	\$300	\$300	\$300
Hospital Intensive Care (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 30			
	\$400	\$400	\$400
Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident Maximum days of confinement per covered accident: 30			
	\$200	\$200	\$200
Family Member Lodging (per day) - within six months of the accident Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100			
	\$200	\$200	\$200

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, the Virgin Islands, Columbia or South Carolina.

This is a brief product overview only. The plans have limitations and exclusions that may affect benefits payable. Refer to the plans for complete details, limitations, and exclusions.

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Plan Benefits

AFTER CARE CATEGORY	EMPLOYEE	SPOUSE	CHILD
Appliances - within 6 months of the accident <i>No Maximum number of appliances per covered accident</i>			
Cane	\$40	\$40	\$40
Ankle Brace	\$40	\$40	\$40
Walking Boot	\$100	\$100	\$100
Walker	\$100	\$100	\$100
Crutches	\$100	\$100	\$100
Leg Brace	\$100	\$100	\$100
Cervical Collar	\$100	\$100	\$100
Wheelchair	\$400	\$400	\$400
Knee Scooter	\$400	\$400	\$400
Body Jacket	\$400	\$400	\$400
Back Brace	\$400	\$400	\$400
Accident Follow-Up Treatment - within 6 months of the accident			
Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6	\$50	\$50	\$50
Post Traumatic Stress Disorder (PTSD) - once per accident, within 6 months of the accident	\$200	\$200	\$200
Rehabilitation Unit (per day) Maximum number of days per confinement: 31 No more than 62 days total per calendar year for each insured			
	\$100	\$100	\$100
Therapy - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 10			
	\$50	\$50	\$50
Chiropractic or Alternative Therapy - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6			
	\$30	\$30	\$30
LIFE-CHANGING EVENTS CATEGORY - HIGH	EMPLOYEE	SPOUSE	CHILD
Dismemberment - once per accident, within 6 months of the accident			
Single Loss	\$12,500	\$5,000	\$2,500
Double Loss	\$25,000	\$10,000	\$5,000
Loss of one or more fingers or toes	\$1,250	\$500	\$250
Partial Dismemberment (includes at least one joint of a finger or toe)	\$125	\$125	\$125
Paralysis - once per accident, diagnosed by a doctor within 6 months of the accident			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000
Prosthesis - once per accident Maximum number of prosthetic devices per covered accident: 2			
	\$3,000	\$3,000	\$3,000
Prosthesis Repair/Replacement - once per prosthetic device, within three years of initial Prosthesis payment			
	\$3,000	\$3,000	\$3,000
Residence/Vehicle Modification - once per accident, within one year of the accident			
	\$2,000	\$2,000	\$2,000

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Limitations and Exclusions

Benefits will not be paid for loss due to:

- 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, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- Suicide - committing or attempting to commit suicide, while sane or insane.
- 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 illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Sports – participating in any organized sport in a professional or semiprofessional capacity for pay or profit.
- 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.
- In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any 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.
- 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.

Portability

When you end employment with the employer and your coverage would otherwise terminate, you may elect to continue your coverage under the plan. You may continue the coverage that you had on the date your employment ended, including any in-force Spouse or Dependent Child coverage. The following conditions must be met for you to keep your certificate in force:

- Within 31 days after the date your insurance would otherwise terminate, you must notify the Company. Notification may be via written notice sent to P.O. Box 427, Columbia, South Carolina, 29202; or by calling the Customer Service number at **800.433.3036**.

- You must pay the required premium directly to the Company no later than 31 days after the date your coverage would otherwise terminate and on each premium due date thereafter. Insurance will end on the earlier of these dates:

- 31 days after the date you fail to pay any required premium.

- The date the group policy is terminated.

However, coverage may not be continued if:

- You fail to pay any required premium, or
- The Group Policy terminates.

Notification of any changes in the plan will be provided directly to you.

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.

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. Continental American Insurance Company • Columbia, South Carolina. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.