

AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – LOW 24-HOUR WITH WELLNESS PLAN
Policy Series CA17800



Benefits Overview

HOSPITAL BENEFITS	EMPLOYEE	SPOUSE	CHILD
<p>HOSPITAL ADMISSION</p> <p>We will pay the amount shown, when because of a covered accident, you are injured, require hospital confinement, and are 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>	\$750	\$750	\$750
<p>HOSPITAL CONFINEMENT (per day)</p> <p>We will pay the amount shown when, because of a covered accident, you are 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>	\$150	\$150	\$150
<p>HOSPITAL INTENSIVE CARE (per day)</p> <p>We will pay the amount shown when, because of a covered accident, you are 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>	\$300	\$300	\$300
<p>MEDICAL FEES (for each accident)</p> <p>We will pay up to the amount shown for X-rays and doctor services when, because of a covered accident, you are injured and those injuries cause you to receive initial treatment from a doctor within 72 hours after the accident.</p> <p>If you do not exhaust the maximum benefit paid during the initial treatment, we will pay the remainder of this benefit for treatment received due to injuries from a covered accident and for each covered accident up to one year after the accident date.</p>	\$75	\$75	\$50
<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, you are 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.</p>	\$7,500 \$3,750	\$7,500 \$3,750	\$7,500 \$3,750

For more information and to enroll, call the Mercer Marketplace call center at 1-844-851-5419.

Benefits Overview

MAJOR INJURIES (diagnosis and treatment within 90 days)	EMPLOYEE/ SPOUSE/CHILDREN	
FRACTURES (closed reduction)		
Hip/Thigh	\$3,000	<p>Fracture* is a break in the bone that can be seen by X-ray. If a bone is fractured in a covered accident, we will pay the appropriate benefit shown.</p> <p>Multiple fractures* means having more than one fracture requiring open or closed reduction. If these fractures occur in any one covered accident, we will pay the appropriate benefits shown for each fracture, but no more than double the amount for the bone fractured that has the highest benefit amount.</p> <p>Chip fracture* means a piece of bone that is completely broken off near a joint. If a doctor diagnoses a chip fracture, we will pay 25% of the appropriate benefit shown.</p> <p><i>*If a fracture requires open reduction, we will pay double the amount shown.</i></p>
Vertebrae (except processes)	\$2,700	
Pelvis	\$2,400	
Skull (depressed)	\$2,250	
Leg	\$1,800	
Forearm/Hand/Wrist	\$1,500	
Foot/Ankle/Kneecap	\$1,500	
Shoulder Blade/Collar Bone	\$1,200	
Lower Jaw (mandible)	\$1,200	
Skull (simple)	\$1,050	
Upper Arm/Upper Jaw	\$1,050	
Facial Bones (except teeth)	\$900	
Vertebral Processes	\$600	
Coccyx/Rib/Finger/Toe	\$240	
DISLOCATIONS (closed reduction)		
Hip	\$2,500	<p>Dislocation* means a completely separated joint. If a doctor diagnoses and treats the dislocation within 90 days after the covered accident, we will pay the amount shown. If the dislocation requires open reduction, we will pay 200% of the appropriate amount shown.</p> <p>Multiple Dislocations* means having more than one dislocation requiring either open or closed reduction. For each dislocation, we will pay the amounts shown. We will not pay more than 200% of the benefit amount for the dislocated joint that has the highest benefit amount.</p> <p>Partial dislocation* means the joint is not completely separated. If a doctor diagnoses and treats the partial dislocation, we will pay 25% of the amount shown for the affected joint.</p> <p><i>* If a dislocation requires open reduction, we will pay double the amount shown.</i></p>
Knee (not kneecap)	\$1,625	
Shoulder	\$1,250	
Foot/Ankle	\$1,000	
Hand	\$875	
Lower Jaw	\$750	
Wrist	\$625	
Elbow	\$500	
Finger/Toe	\$200	

Benefits Overview

SPECIFIC INJURIES	EMPLOYEE/ SPOUSE/CHILDREN
RUPTURED DISC (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
TENDONS/LIGAMENTS (treatment within 60 days; surgical repair within 90 days)	
If you tear, sever, or rupture a tendon or ligament in a covered accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for tendons and ligaments repaired.	\$450 (Multiple) \$300 (Single)
TORN KNEE CARTILAGE (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
EYE INJURIES	
Treatment and surgical repair within 90 days	\$175
Removal of foreign body nonsurgically, with or without anesthesia	\$35
CONCUSSION <i>A concussion or mild traumatic brain injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head.</i>	\$150
COMA <i>Coma means a state of profound unconsciousness caused by a covered accident. If you are in a coma lasting 30 days or more as the result of a covered accident, we will pay the benefit shown.</i>	\$7,500
EMERGENCY DENTAL WORK (per accident; injury to sound, natural teeth)	
Repaired with crown	\$100
Resulting in extraction	\$33
LACERATIONS (treatment and repair within 72 hours)	
Under 2" long	\$38
2" to 6" long	\$150
Over 6" long	\$300
Lacerations not requiring stitches	\$18.75
Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	

SPECIFIC INJURIES**EMPLOYEE/
SPOUSE/CHILDREN****BURNS** (treatment within 72 hours and based on percentage of body surface burned)**Second-Degree Burns**

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 Burns

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

First-degree burns are not covered.

ADDITIONAL BENEFITS**EMERGENCY ROOM TREATMENT**

We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room and receive 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.

\$125

We will not pay the 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

We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room, are held in a hospital for observation for at least 24 hours, and receive initial treatment within 72 hours after the accident.

\$75

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

MAJOR DIAGNOSTIC TESTING

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).

\$150

These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.

Benefits Overview

ADDITIONAL BENEFITS	EMPLOYEE/ SPOUSE/CHILDREN
<p>POST TRAUMATIC STRESS DISORDER DIAGNOSIS <i>Post-traumatic Stress Disorder (PTSD)</i> is a mental health condition triggered by a covered accident.</p> <p>We will pay the amount shown if you are diagnosed with post-traumatic stress disorder. You 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>	\$150
<p>AMBULANCE/ AIR AMBULANCE</p> <p>If you require 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>	\$150 ambulance \$750 air ambulance
<p>BLOOD/PLASMA</p> <p>If you are injured, and receive blood or plasma within 90 days after the covered accident, we will pay the benefit shown.</p>	\$75
<p>APPLIANCES</p> <p>If a doctor advises you to use a medical appliance, we will pay the benefit shown. <i>Medical appliance</i> means crutches, wheelchairs, leg braces, back braces, and walkers.</p>	\$75
<p>INTERNAL INJURIES (resulting in open abdominal or thoracic surgery)</p> <p>We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.</p>	\$750
<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. You 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>	\$20
<p>EXPLORATORY SURGERY WITHOUT REPAIR (i.e., arthroscopy)</p> <p>We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.</p>	\$175
<p>WELLNESS BENEFIT (per 12-month period)</p> <p>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.</p>	\$25
<p>PROSTHESIS</p> <p>We will pay this benefit if you require the use of a prosthetic device due to injuries received in a covered accident. We will pay this benefit for each prosthetic device you use. Hearing aids, wigs, dental aids, and false teeth are not covered.</p>	\$350

ADDITIONAL BENEFITS

EMPLOYEE/ SPOUSE/CHILDREN

PHYSICAL THERAPY

We will pay this benefit for up to six doctor-prescribed physical therapy treatments per covered accident. You must have received initial treatment within 72 hours of the covered accident. The physical therapy treatment must begin within 30 days after the covered accident or discharge from the hospital and must take place within six months of the covered accident.

This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

\$20

TRANSPORTATION

We will pay this benefit if a doctor-recommended hospital treatment or diagnostic study is not available in your resident city. 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.

\$200
(train/plane)

\$100
(bus)

FAMILY LODGING BENEFIT (per night)

We will pay this benefit for each night's lodging, up to 30 days, for an adult immediate family member's lodging if you are required to travel more than 100 miles from your resident home due to confinement in a hospital for treatment of an injury from a covered accident. This benefit is only payable while you remain confined to the hospital, and treatment must be prescribed by your local doctor.

\$75

REHABILITATION UNIT BENEFIT (per 12-month period)

We will pay the amount shown for injuries received in a covered accident if you are admitted for a hospital confinement, are transferred to a bed in a rehabilitation unit of a hospital, 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 Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

\$50

LIMITATIONS AND EXCLUSIONS

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

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.

TERMS YOU NEED TO KNOW

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

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 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.

If dependent child coverage is not already in force, newborn children are automatically covered from the moment of birth for 30 days. Newly adopted children are also automatically covered from the date of placement for adoption or final

decree of adoption, whichever occurs first, for 30 days. To extend coverage beyond 30 days, the insured must contact us within the 30-day time period following the child's birth or adoption. If dependent child coverage is already in-force, no notice is required.

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 a 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 means a person who is actively at work with the master policyholder, engaged in full-time work, and is included in the class of employees eligible for coverage.

All full-time and part-time benefit-eligible employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; and
- Is no longer employed by the policyholder.

The employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate.

Only dependents covered under Class I coverage are eligible for continued coverage under Class II.

Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.

Family member includes your spouse (who is defined as your legal wife or husband) as well as the following members of your immediate family: son, daughter, mother, father, sister, or 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 Unit on an exclusive, full-time basis.

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.

You and **Your** refer to an employee as defined in the plan.

We refers to Continental American Insurance Company.

Spouse means your legal wife or husband. Coverage may only be issued to your spouse if your spouse is over 18.

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION

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.

PREMIUM REFUND

If coverage is terminated for any reason, we will return any unearned premium to you on a pro-rata basis on or before the premium cancellation date.

EFFECTIVE DATE

The effective date for you, the employee, is as follows: (1) Your insurance will be effective on the date shown on the certificate schedule, provided you are then actively at work. (2) If you are not actively at work on the date coverage would otherwise become effective, the effective date of your coverage will be the date on which you are first thereafter actively at work.

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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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Series CAI7800.