



# Supplemental Medical Plans Guide

Medical insurance does not prevent all the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.\*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance.

**Please note: These plans are not replacements for medical insurance.**

**Click on the links below for more details on your available options**

- |                                    |                      |                     |
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| • <b><u>Critical Illness</u></b>   | <b>Plan Overview</b> | <b>Plan Details</b> |
| • <b><u>Hospital Indemnity</u></b> | <b>Plan Overview</b> | <b>Plan Details</b> |
| • <b><u>Accident</u></b>           | <b>Plan Overview</b> | <b>Plan Details</b> |

\* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit

# Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected. Enroll in your supplemental medical plans and be prepared for whatever tomorrow brings.\*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

## Critical Illness Insurance




You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

### Covered Illnesses include (but not limited to):

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure

### Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

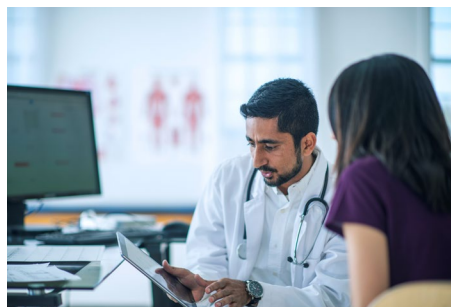


### Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

### How Critical Illness Insurance Works

When Sam had a stroke, he was grateful the doctors were able to stabilize his condition, but he learned there was some permanent damage to his vision. He began to see his out-of-pocket costs adding up quickly. The good news is he received a lump sum payment of \$10,000 from the Critical Illness coverage he elected at Open Enrollment to help cover these expenses.



\* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit





# Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit if you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

## Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



## Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

## How Hospital Indemnity Insurance Works

Taylor is injured in a car accident and is in the hospital for four days. She is then moved to a rehabilitation unit for three additional days. She receives a benefit for being admitted into the hospital and a benefit for each day of her in-patient and rehab stays because she enrolled in Hospital Indemnity Insurance during Open enrollment.



### How Taylor's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$200 per day (3 days)	\$600
<b>TOTAL SAMPLE BENEFIT</b>		<b>\$2,400</b>

*This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

# Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

## Plan Features



**Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.



**Family Coverage:** You can elect to cover your spouse and children.



**Portable Coverage:** You can take your policy with you if you change jobs or



### Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



## How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, she tripped and sprained her ankle and broke her big toe!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has Accident Insurance which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.



### How Pat's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	\$ 300
Fracture Benefit	\$ 500
Physician Follow-Up Visits (2)	\$ 200 (\$100 per visit)
Physical Therapy Visits (6)	\$ 540 (\$90 per visit)
<b>TOTAL SAMPLE BENEFIT</b>	<b>\$1,540</b>

*This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

# Group Critical Illness Insurance

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You can count on Aflac to help ease the financial impact of surviving a critical illness.





<b>COVERED CRITICAL ILLNESS BENEFITS:</b>	Percentage of Face Amount
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
BENIGN BRAIN TUMOR	100%
TYPE I DIABETES	100%
CORONARY ARTERY BYPASS SURGERY	100%
NON-INVASIVE CANCER	50%
METASTATIC CANCER	25%

#### INITIAL DIAGNOSIS BENEFIT

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease.

#### ADDITIONAL DIAGNOSIS BENEFIT

We will pay benefits for each different critical illness after the first.

#### REOCCURRENCE BENEFIT

We will pay benefits for the same critical illness after the first.

#### SKIN CANCER BENEFIT

We will pay \$1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

#### ACCIDENT BENEFIT

Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident:

	Percentage of Face Amount
Coma	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Paralysis	100%

COVERED CRITICAL ILLNESS BENEFITS:

Percentage of Face Amount

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

HEALTH SCREENING BENEFIT (1 PER CALENDAR YEAR)

Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

Employee/Spouse: \$50  
Child: 100% of the Health Screening Amount

PROGRESSIVE DISEASES RIDER

Percentage of Face Amount

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	25%
CROHN'S DISEASE	25%

We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force. The Progressive Disease benefit is payable only once per disease. For any subsequent Progressive Disease to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

SPECIFIED DISEASE RIDER

Percentage of Face Amount

TIER I SPECIFIED DISEASE BENEFIT

ADRENAL HYPOFUNCTION (ADDISON'S DISEASE), CEREBROSPINAL MENINGITIS, DIPHTHERIA, ENCEPHALITIS, HUNTINGTON'S CHOREA, LEGIONNAIRE'S DISEASE, LYME DISEASE, MALARIA, MUSCULAR DYSTROPHY, MYASTHENIA GRAVIS, NECROTIZING FASCIITIS, OSTEOMYELITIS, POLIOMYELITIS (POLIO), RABIES, SICKLE CELL ANEMIA, SYSTEMIC LUPUS, SYSTEMIC SCLEROSIS (SCLERODERMA), TETANUS, TUBERCULOSIS	25%
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We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed,

and if the date of diagnosis is while the rider is in force. For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

SPECIFIED DISEASE RIDER		Percentage of Face Amount
TIER II SPECIFIED DISEASE BENEFIT		
HUMAN CORONAVIRUS		10% if confined to a hospital for 4-9 days
		25% if confined to a hospital for 10 or more days
		40% if confined to an intensive care unit

We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force. In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided. For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure, if applicable.

CHILDHOOD CONDITIONS RIDER		Percentage of Face Amount
CYSTIC FIBROSIS		50%
CEREBRAL PALSY		50%
CLEFT LIP OR CLEFT PALATE		50%
DOWN SYNDROME		50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)		50%
SPINA BIFIDA		50%
		One-time Benefit Amount
AUTISM SPECTRUM DISORDER		\$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. For any subsequent Childhood Condition to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure.



## LIMITATIONS AND EXCLUSIONS

Benefit percentages will be paid based on the face amount in effect on the critical illness date of diagnosis.

Riders become effective when the rider is issued. If it is issued after the certificate, the rider will have a later effective date.

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.

## ATTAINED AGE PREMIUMS

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

## EXCLUSIONS

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
- Suicide – committing or attempting to commit suicide, while sane or insane;
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job;
- Participation in aggressive conflict of any kind, including:
  - War (declared or undeclared) or military conflicts; War does not include acts of terrorism.
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- Illegal substance abuse which includes the following: – Abuse of legally-obtained prescription medication – Illegal use of non-prescription drugs;
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only

while coverage is in force.

## TERMS YOU NEED TO KNOW

Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging
- Metastatic Cancer

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer.

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or

– Stage 1A melanomas under TNM Staging

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma. To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery

occurs.

- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Hearing: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Sight: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Speech: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Major Organ Transplant: The date the surgery occurs.
- Metastatic Cancer: The date a doctor determines cancer has metastasized to other parts of the body from the original site.
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).
- Type I Diabetes: The date a doctor diagnoses an insured as having type I diabetes based on clinical and/or laboratory findings as supported by medical records.

Spouse is your legal wife or husband, including a legally-recognized same-sex spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your application. Read your certificate carefully for details.

Dependent children are your or your spouse's natural

children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth. Read your certificate carefully for details.

A doctor does not include you or any of your family members. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

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

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

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

Type I Diabetes excludes gestational diabetes and prediabetes.

## **PROGRESSIVE DISEASES RIDER**

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a doctor diagnoses an insured as having ALS and where such diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a doctor diagnoses an Insured as having Multiple Sclerosis and where such diagnosis is supported by medical records.
- Advanced Alzheimer's Disease: The date a doctor

diagnoses the insured as incapacitated due to Alzheimer's disease.

- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Chronic Obstructive Pulmonary Disease (COPD): The date a doctor diagnoses an insured as having COPD based on clinical and/or laboratory findings as supported by medical records.
- Crohn's Disease: The date a doctor diagnoses an insured as having Crohn's Disease based on clinical and/or laboratory findings as supported by medical records.

## **SPECIFIED DISEASES RIDER**

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a doctor diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor diagnoses an insured as having Encephalitis and where such diagnosis is supported by medical records.
- Huntington's Chorea: The date a doctor diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a doctor diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Lyme Disease: The date a doctor diagnoses an insured as having Lyme Disease and where such diagnosis is supported by medical records.

- **Malaria:** The date a doctor diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- **Muscular Dystrophy:** The date a doctor diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- **Myasthenia Gravis:** The date a doctor diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- **Necrotizing Fasciitis:** The date a doctor diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- **Osteomyelitis:** The date a doctor diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- **Poliomyelitis:** The date a doctor diagnoses an insured as having Poliomyelitis and where such diagnosis is supported by medical records.
- **Rabies:** The date a doctor diagnoses an insured as having Rabies and where such diagnosis is supported by medical records.
- **Sickle Cell Anemia:** The date a doctor diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- **Systemic Lupus:** The date a doctor diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- **Systemic Sclerosis (Scleroderma):** The date a doctor diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- **Tetanus:** The date a doctor diagnoses an insured as having Tetanus by finding *Clostridium tetani* bacteria in a clinical specimen taken from the insured.
- **Tuberculosis:** The date a doctor diagnoses an insured as having Tuberculosis by finding *Mycobacterium tuberculosis* bacteria in a clinical specimen taken from the insured.
- **Human Coronavirus:** The date a doctor diagnoses an insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in the plan, including 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.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in the plan:

- 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.

Human Coronavirus does not include the following Human Coronaviruses: 229E, NL63, OC43, and HKU1.

## **CHILDHOOD CONDITIONS RIDER**

Date of diagnosis is defined as follows:

- **Cystic Fibrosis:** The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- **Cerebral Palsy:** The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- **Cleft Lip or Cleft Palate:** The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- **Down Syndrome:** The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- **Phenylalanine Hydroxylase Deficiency Disease (PKU):** The



date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.

- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Autism Spectrum Disorder based on the diagnostic criteria stipulated in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs. The diagnosis must include the DSM severity level specifier for both major domains listed above.

An Autism Spectrum Disorder diagnosis must include more than one DSM severity level specifiers. No benefit is payable if the DSM severity level specifier is less than Level 1.

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.

## **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**



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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

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series C22000.

# Group Hospital Indemnity Insurance

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Even a small trip to the hospital can have a major impact on your finances.  
Here's a way to help make your visit a little more affordable.

**Aflac** | **tapestry**



# CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina

800.433.3036

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## BENEFITS OVERVIEW

## Benefit amount

**HOSPITAL ADMISSION BENEFIT** per confinement (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an inpatient. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

\$1,100

**HOSPITAL CONFINEMENT** per day (maximum of 180 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an inpatient.

\$200

**HOSPITAL INTENSIVE CARE BENEFIT** per day (maximum of 30 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit. This benefit is payable in addition to the Hospital Confinement Benefit.

Day 1 \$1,300

Day 2 to 30 \$200

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 within 6 months due to the same or related condition, it will be treated as the same period of confinement.

**HEALTH SCREENING BENEFIT** (once per calendar year, per insured)

Payable for health screening tests performed as the result of preventative care, including those ordered in connection with routine examinations.

Residents of Massachusetts are not eligible for this benefit.

\$50

## SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage, including any dependent child coverage in force at the time.

## TREATMENT BENEFITS

(residents of Massachusetts are not eligible for these benefits.)

## Benefit amount

**EMERGENCY ROOM OBSERVATION** (1 visit for each covered sickness or accident per calendar year, maximum of 4 total visits per calendar year for each insured)

Payable if an insured:

- Receives treatment in a hospital emergency room, and
- Is held in a hospital for observation without being admitted as an inpatient.

\$100 Each 24 hour period  
\$50 Less than 24 hours, but at least 4 hours

**REHABILITATION FACILITY** per day (maximum of 30 days per confinement, no more than 30 days total per calendar year, per covered sickness or accident, for each insured)

Payable if the insured is transferred to a rehabilitation facility following an inpatient hospital confinement.

\$100



## **LIMITATIONS AND EXCLUSIONS**

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

We will not pay 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.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.

- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental injury or a covered sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

## **TERMS YOU NEED TO KNOW**

A hospital is not 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; an assisted living facility; or any facility not meeting the definition of a hospital as defined in the certificate. A hospital intensive care unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the certificate.

## **TREATMENT BENEFITS**

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

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## **NOTICES**

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# Aflac Group Accident Insurance

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Accident protection made for you.

**Aflac** | **tapestry**



BENEFITS OVERVIEW	BENEFIT AMOUNT
<b>INITIAL TREATMENT</b> (once per accident, within 7 days after the accident, not payable for telemedicine services) Treatment must be received under the care of a doctor.	
Hospital emergency room with X-ray	\$600
Hospital emergency room without X-ray	\$400
Urgent care facility with X-ray	\$600
Urgent Care Facility without X-ray	\$400
Doctor's office facility (other than a hospital emergency room or urgent care) with X-ray	\$600
Doctor's office facility (other than a hospital emergency room or urgent care) without X-ray	\$400
<b>AMBULANCE</b> (within 90 days after the accident)	
Ground (1 per accident)	\$800
Air (1 per accident)	\$2,400
<b>MAJOR DIAGNOSTIC TESTING</b> (1 per accident, within 6 months after the accident) CT/CAT scan, MRI or EEG Exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or ambulatory surgical center.	\$100
<b>PRESCRIPTIONS</b> (1 times per accident, within 6 months after the accident) 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).	\$20
<b>BLOOD/PLASMA/PLATELETS</b> (1 per accident, within 6 months after the accident)	\$500
<b>PAIN MANAGEMENT</b> (1 per accident, within 6 months after the accident) 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
<b>CONCUSSION</b> (once per accident, within 6 months after the accident)	\$600
<b>TRAUMATIC BRAIN INJURY</b> (once per accident, within 6 months after the accident) 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.	\$3,000
<b>COMA</b> (once per accident) Payable when an insured is in a coma lasting 30 days or more.	\$20,000
<b>EMERGENCY DENTAL WORK</b> (once per accident, within 6 months after the accident) Payable for injury to natural teeth.	\$100 Extraction \$300 Repair with a crown



**BENEFITS OVERVIEW**

**BENEFIT AMOUNT**

<b>BURNS</b> (once per accident, within 6 months after the accident) Payable according to the percentage of body surface burned. First degree burns are not covered.	
<b>Second Degree</b>	
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
<b>Third Degree</b>	
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
<b>EYE INJURIES</b> Payable for eye injuries if a doctor removes a foreign body from the eye, with or without anesthesia.	\$300
<b>FRACTURES</b> (once per accident, within 90 days after the accident) This benefit is not payable for stress fractures.	Closed reduction up to: \$6,000 Open reduction up to: \$12,000 Chip fracture: 25% of the closed reduction amount Multiple fractures: max of 200% of the highest amount.
<b>DISLOCATIONS</b> (once per accident, within 90 days after the accident) We will not pay for recurring dislocations of the same joint.	Closed reduction up to:\$6,000 Open reduction up to:\$12,000 Partial dislocation: 25% of the closed reduction amount Multiple dislocations: max of 200% of the highest amount
<b>LACERATIONS</b> (once per accident, within 7 days after the accident) 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	\$100
Lacerations not requiring stitches	\$50

BENEFITS OVERVIEW		BENEFIT AMOUNT
<b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day, maximum of 2 procedures per accident / performed in hospital or ambulatory surgical center, within one year after the accident) 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.		\$750
<b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (payable once per each eligible surgery, performed in hospital or ambulatory surgical center, within one year after the accident)		\$100
<b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of 3 procedures per accident, within one year of the accident) 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.		\$75
<b>INPATIENT SURGERY AND ANESTHESIA</b> (per day, maximum of 2 procedures per accident / within one year after the accident) If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.		\$2,500
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.		
<b>TRANSPORTATION</b> (greater than 100 miles from the insured's residence, 3 per accident, within 6 months after the accident) 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 \$500 Any ground transportation
<b>SUCCESSOR INSURED BENEFIT</b> If spouse coverage is in force at the time of the employee'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
<b>APPLIANCES</b> (1 per accident within 6 months after the accident)		Cane \$250 Ankle Brace \$250 Walking Boot \$250 Walker \$250 Crutches \$250 Leg Brace \$250 Cervical Collar \$250 Wheelchair \$250 Knee Scooter \$250 Body Jacket \$250 Back Brace \$250
<b>ACCIDENT FOLLOW-UP TREATMENT</b> (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.		\$200

AFTER CARE BENEFITS		BENEFIT AMOUNT
<b>POST-TRAUMATIC STRESS DISORDER (PTSD)</b> (once per accident, within 6 months after the accident)		\$200
<b>REHABILITATION UNIT</b> (maximum of 30 days per confinement, no more than 60 days total per calendar year for each insured)  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.		\$400 per day
<b>THERAPY</b> (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)  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.		\$120
HOSPITALIZATION BENEFITS		
<b>HOSPITAL ADMISSION</b> (once per accident, within 6 months after the accident)  This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.		\$2,250 per confinement
<b>HOSPITAL CONFINEMENT*</b> (maximum of 90 days per accident, within 6 months after the accident)  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.		\$800 per day
<b>HOSPITAL INTENSIVE CARE*</b> (maximum of 30 days per accident, within 6 months after the accident)  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.		\$800 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.		
<b>FAMILY MEMBER LODGING</b> (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)  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: <ul style="list-style-type: none"> <li>• The insured must be confined to a hospital for treatment of a covered accidental injury;</li> <li>• The hospital and motel/hotel must be more than 100 miles from the insured's residence; and</li> <li>• The treatment must be prescribed by the insured's treating doctor.</li> </ul>		\$250 per day
LIFE CHANGING EVENTS BENEFITS		
<b>DISMEMBERMENT</b> (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.		
<b>SINGLE LOSS</b> (the loss of one hand, one foot, or the sight of one eye)	BENEFIT AMOUNT	

**LIFE CHANGING EVENTS BENEFITS**

Employee	\$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)

Employee	\$25,000
Spouse	\$10,000
Child(ren)	\$5,000

**LOSS OF ONE OR MORE FINGERS OR TOES**

Employee	\$1,250
Spouse	\$500
Child(ren)	\$250

**PARTIAL DISMEMBERMENT** (Includes at least one joint of a finger or a toe)

Employee	\$125
Spouse	\$125
Child(ren)	\$125

**PARALYSIS** (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days.

Paraplegia \$15,000  
Quadriplegia  
\$30,000

**PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device)

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.

\*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.

\$2,000

**RESIDENCE/VEHICLE MODIFICATION** (once per accident, within one year after the accident)

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:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

\$2,000

**WELLNESS RIDER****WELLNESS BENEFIT** (Once per calendar year)

Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

The amount paid will be based on when the health screening test was performed:

First Year of Certificate	\$50
Second, third, fourth year of certificate	\$50
Fifth year of certificate and thereafter	\$50

**ACCIDENTAL DEATH RIDER**

<b>ACCIDENTAL DEATH BENEFIT</b> (within 90 days after the accident) Payable if a covered accidental injury causes the insured to die.	Employee \$100,000 Spouse \$50,000 Child(ren) \$20,000
<b>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT</b> Payable if the insured: <ul style="list-style-type: none"><li>• Is a fare-paying passenger on a common carrier;</li><li>• Is injured in a covered accident; and</li><li>• Dies within 90 days after the covered accident.</li></ul>	Employee \$100,000 Spouse \$50,000 Child(ren) \$20,000

**ORGANIZED ATHLETIC ACTIVITY RIDER**

An additional percentage of the benefit amount payable under the accident plan when injuries are sustained while participating in an organized athletic event.	25%
<b>OUTPATIENT DOCTOR TREATMENT BENEFIT RIDER</b> (once per day – two visits per person, per calendar year, maximum of four visits per calendar year if dependent coverage is included)  We will pay the amount shown for each day an insured is treated by a doctor outside a hospital for: <ul style="list-style-type: none"><li>• A covered accidental injury</li><li>• Preventive care</li></ul> The Sickness exclusion in the plan does not apply to this benefit. Visits to a chiropractor’s office are not payable under the Outpatient Doctor’s Office Visit Benefit. We will not pay the Outpatient Doctor’s Office Visit Benefit for the same day that a Wellness Benefit (if applicable to this Plan) is paid. We will pay the highest eligible benefit.	25%



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

- An injury arising from any employment.
- An injury or sickness covered by worker's compensation.

## ORGANIZED ATHLETIC ACTIVITY RIDER EXCLUSIONS

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating, coaching, or racing any type vehicle in an organized event. This benefit is also not payable for accidental injuries that occur during or are due to physical education classes.

## 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 the definition 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.

### **ORGANIZED ATHLETIC ACTIVITY RIDER**

Organized Athletic Activity means an athletic competition or supervised organized practice for an athletic competition. Organized Athletic Activities take place on a regularly occurring and scheduled basis, often during a pre-determined season. The competition must be governed by a set of written rules and officiated by someone certified to act in that capacity. The competition must also be overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must take place on a regulation playing surface. Participation must be on an amateur basis.

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