# Aflac Group Accident Insurance

Accident protection made for you.



| BENEFITS OVERVIEW | BENEFIT AMOUNT |
|---|---|
| **INITIAL TREATMENT** (once per accident, within 7 days after the accident, not payable for telemedicine services)<br>Treatment must be received under the care of a doctor. | |
| Hospital emergency room with X-ray | $250 |
| Hospital emergency room without X-ray | $200 |
| Urgent care facility with X-ray | $250 |
| Urgent Care Facility without X-ray | $200 |
| Doctor's office facility (other than a hospital emergency room or urgent care) with X-ray | $150 |
| Doctor's office facility (other than a hospital emergency room or urgent care) without X-ray | $100 |
| **AMBULANCE** (within 90 days after the accident) | |
| Ground (No Maximum per accident) | $400 |
| Air (No Maximum per accident) | $1,200 |
| **MAJOR DIAGNOSTIC TESTING** (1 per accident, within 6 months after the accident)<br>CT/CAT scan, MRI or EEG<br>Exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or ambulatory surgical center. | $200 |
| **BLOOD/PLASMA/PLATELETS** (3 per accident, within 6 months after the accident) | $200 |
| **PAIN MANAGEMENT** (1 per accident, within 6 months after the accident)<br>Payable when an insured is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine and the pain management is administered in a hospital or doctors office. This benefit is not payable for an epidural administered during a surgical procedure. | $100 |
| **CONCUSSION** (once per accident, within 6 months after the accident) | $500 |
| **TRAUMATIC BRAIN INJURY** (once per accident, within 6 months after the accident)<br>To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist. | $5,000 |
| **COMA** (once per accident)<br>Payable when an insured is in a coma lasting 30 days or more. | $10,000 |
| **EMERGENCY DENTAL WORK** (once per accident, within 6 months after the accident)<br>Payable for injury to natural teeth. | $50<br>Extraction<br>$200<br>Repair with a crown |
| **BURNS** (once per accident, within 6 months after the accident)<br>Payable according to the percentage of body surface burned. First degree burns are not covered. | |
| **Second Degree** | |
| Less than 10% | $100 |
| At least 10% but less than 25% | $200 |
| At least 25% but less than 35% | $500 |
| 35% or more | $1,000 |
| **Third Degree** | |

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|---|---|
| Less than 10% | $1,000 |
| At least 10% but less than 25% | $5,000 |
| At least 25% but less than 35% | $10,000 |
| 35% or more | $20,000 |
| **EYE INJURIES**<br>Payable for eye injuries if a doctor removes a foreign body from the eye, with or without anesthesia. | $250 |
| **FRACTURES** (once per accident, within 90 days after the accident)<br>This benefit is not payable for stress fractures. | Closed reduction up to: $4,000<br>Open reduction up to: $8,000<br>Chip fracture: 25% of the amount for the affected bone<br>Multiple fractures: max of 200% of the highest amount. |
| **DISLOCATIONS** (once per accident, within 90 days after the accident)<br>We will not pay for recurring dislocations of the same joint. | Closed reduction up to:$3,000<br>Open reduction up to:$6,000<br>Partial dislocation: 25% of the amount for the affected joint<br>Multiple dislocations: max of 200% of the highest amount |
| **LACERATIONS** (once per accident, within 7 days after the accident)<br>For multiple lacerations, we will pay a maximum of 200% of the largest benefit payable. Lacerations requiring stitches (including liquid skin adhesive): | |
| Over 15 centimeters | $800 |
| 5-15 centimeters | $400 |
| Under 5 centimeters | $100 |
| Lacerations not requiring stitches | $50 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in hospital or ambulatory surgical center, within one year after the accident)<br>Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | $400 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of 2 procedures per accident, within one year of the accident)<br>Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount. | $50 |
| **INPATIENT SURGERY AND ANESTHESIA** (per day / within one year after the accident)<br>If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | $1,000 |

| BENEFITS OVERVIEW | BENEFIT AMOUNT |
|---|---|
| Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury. | |
| **TRANSPORTATION** (greater than 100 miles from the insured's residence, 3 per accident, within 6 months after the accident)<br>Payable for transportation if an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city. | $500 Plane<br>$200 Any ground transportation |
| **SUCCESSOR INSURED BENEFIT**<br>If spouse coverage is in force at the time of the 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 |
|---|---|
| **APPLIANCES** (within 6 months after the accident) | Cane $40<br>Ankle Brace $40<br>Walking Boot $100<br>Walker $100<br>Crutches $100<br>Leg Brace $100<br>Cervical Collar $100<br>Wheelchair $400<br>Knee Scooter $400<br>Body Jacket $400<br>Back Brace $400 |
| **ACCIDENT FOLLOW-UP TREATMENT** (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)<br>Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment. | $50 |
| **REHABILITATION UNIT** (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)<br>For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit. | $100 per day |
| **THERAPY** (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)<br>Payable when an insured has doctor-prescribed therapy in one of the following categories: physical therapy, occupational therapy and speech therapy by a licensed therapist. | $50 |

## HOSPITALIZATION BENEFITS

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|---|---|
| **HOSPITAL ADMISSION** (once per accident, within 6 months after the accident)<br>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment. | $1,250 per confinement |
| **HOSPITAL CONFINEMENT*** (maximum of 365 days per accident, within 6 months after the accident)<br>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility. | $300 per day |
| **HOSPITAL INTENSIVE CARE*** (maximum of 30 days per accident, within 6 months after the accident)<br>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. This benefit is payable in addition to the Hospital Confinement Benefit. | $400 per day |
| **INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT*** (maximum of 30 days per accident, within 6 months after the accident)<br>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. This benefit is payable in addition to the Hospital Confinement Benefit. | $200 per day |
| *If benefits are paid for confinement to a hospital, intensive care unit and/or intermediate intensive care step-down unit and the insured is confined again within 6 months due to the same accidental injury, it will be treated as the same period of confinement. | |
| **FAMILY MEMBER LODGING** (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)<br>Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:<br>• The insured must be confined to a hospital for treatment of a covered accidental injury;<br>• The hospital and motel/hotel must be more than 100 miles from the insured's residence; and<br>• The treatment must be prescribed by the insured's treating doctor. | $200 per day |

## LIFE CHANGING EVENTS BENEFITS

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

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

| **SINGLE LOSS** (the loss of one hand, one foot, or the sight of one eye) | **BENEFIT AMOUNT** |
|---|---|
| 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** | |

| LIFE CHANGING EVENTS BENEFITS | |
|---|---|
| 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 |
| **PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device)<br>This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.<br>*We will pay this benefit again once to cover the repair or replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment. | $3,000 |

| WELLNESS RIDER | |
|---|---|
| **WELLNESS BENEFIT** (Once per calendar year, per insured)<br>Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.<br>The amount paid will be based on when the health screening test was performed: | |
| First Year of Certificate | $100 |
| Second, third, fourth year of certificate | $100 |
| Fifth year of certificate and thereafter | $100 |

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

## EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

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

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

• 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.

## DEFINITIONS

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

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

• A nursing home,

• An extended-care facility,

• A skilled nursing facility,

• A rest home or home for the aged,

• A rehabilitation facility,

• A facility for the treatment of alcoholism or drug addiction, or

• An assisted living facility.

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

• A progressive care unit;

• A sub-acute intensive care unit; or

• An intermediate care unit.

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

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

## ACCIDENTAL DEATH RIDER

Common Carrier means:

• An airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;

• A railroad train that is licensed and operated for passenger service only; or
• A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

### You May Continue Your Coverage

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

### Termination of Coverage

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

## NOTICES

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

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

If you are a resident of New Mexico, you may not be eligible for this coverage. Please contact your employer for more information.



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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 C70000.

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