# Aflac Group Accident Insurance

Accident protection made for you.



# AFLAC GROUP ACCIDENT INSURANCE

Policy Series C70000

AC G

## Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

### Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



**For more information, visit www.aflac.com/firstenergy.**

| ACCIDENT BENEFITS | HIGH | LOW |
|---|---|---|
| **INITIAL TREATMENT** (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following: | | |
| Hospital emergency room with X-Ray / without X-Ray | $200/$150 | $125/$100 |
| Urgent care facility with X-Ray / without X-Ray | $200/$150 | $125/$100 |
| Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray | $100/$75 | $75/$50 |
| **AMBULANCE** (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury. | $300 Ground $900 Air | $200 Ground $600 Air |
| **MAJOR DIAGNOSTIC TESTING** (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center. | $150 | $100 |
| **EMERGENCY ROOM OBSERVATION** (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury. | $70 Each 24 hour period<br>$35 Less than 24 hours, but at least 4 hours | $50 Each 24 hour period<br>$25 Less than 24 hours, but at least 4 hours |
| **PRESCRIPTIONS** (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). 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). | $5 | $5 |
| **BLOOD/PLASMA/PLATELETS** (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury. | $200 | $100 |
| **PAIN MANAGEMENT** (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure. | $75 | $50 |
| **CONCUSSION** (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident. | $350 | $250 |
| **TRAUMATIC BRAIN INJURY** (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered 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. | $3,500 | $2,500 |

| | | |
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| **COMA** (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident. | $7,500 | $5,000 |
| **EMERGENCY DENTAL WORK** (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident. | $30 Extraction<br>$120 Repair with a crown | $25 Extraction<br>$100 Repair with a crown |
| **BURNS** (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered. | | |
| **Second Degree** | | |
| Less than 10% | $75 | $50 |
| At least 10% but less than 25% | $150 | $100 |
| At least 25% but less than 35% | $375 | $250 |
| 35% or more | $750 | $500 |
| **Third Degree** | | |
| Less than 10% | $750 | $500 |
| At least 10% but less than 25% | $3,750 | $2,500 |
| At least 25% but less than 35% | $7,500 | $5,000 |
| 35% or more | $15,000 | $10,000 |
| **EYE INJURIES** Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia. | $175 | $125 |
| **FRACTURES** (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures. | | |
| Hip/Thigh | $3,000 | $2,000 |
| Vertebrae (except processes) | $2,700 | $1,800 |
| Pelvis | $2,400 | $1,600 |
| Skull (depressed) | $2,250 | $1,500 |
| Leg | $1,800 | $1,200 |
| Forearm/Hand/Wrist | $1,500 | $1,000 |
| Foot/Ankle/Kneecap | $1,500 | $1,000 |
| Shoulder Blade/Collar Bone | $1,200 | $800 |
| Lower Jaw (mandible) | $1,200 | $800 |
| Skull (simple) | $1,050 | $700 |
| Upper Arm/Upper Jaw | $1,050 | $700 |
| Facial Bones (except teeth) | $900 | $600 |
| Vertebral Processes | $600 | $400 |
| Coccyx/Rib/Finger/Toe | $240 | $160 |
| Sternum | $2,700 | $1,800 |
| Sacral/Sacrum | $600 | $400 |

**DISLOCATIONS** (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

| | | |
|---|---|---|
| Hip | $2,250 | $1,500 |
| Knee | $1,462.50 | $975 |
| Shoulder | $1,125 | $750 |
| Foot/Ankle | $900 | $600 |
| Hand | $787.50 | $525 |
| Lower Jaw | $675 | $450 |
| Wrist | $562.50 | $375 |
| Elbow | $450 | $300 |
| Finger/Toe | $180 | $120 |

**LACERATIONS** (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):

| | | |
|---|---|---|
| Over 15 centimeters | $600 | $400 |
| 5-15 centimeters | $300 | $200 |
| Under 5 centimeters | $75 | $50 |
| Lacerations not requiring stitches | $37.50 | $25 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. 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. | $300 | $200 |
| **FACILITIES FEE FOR OUTPATIENT SURGERY** (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center). | $75 | $50 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. 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. | $35 | $25 |
| **INPATIENT SURGERY AND ANESTHESIA** (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | $750 | $500 |

| | | |
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| **TRANSPORTATION** (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city. | $350 Plane $150 Any ground transportation | $250 Plane $100 Any ground transportation |
| **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. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time. | | |

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.

| **AFTER CARE BENEFITS** | **HIGH** | **LOW** |
|---|---|---|
| **APPLIANCES** (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. | | |
| Cane, Ankle Brace | $30 | $20 |
| Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar | $75 | $50 |
| Wheelchair, Knee Scooter, Body Jacket, Back Brace | $300 | $200 |
| **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) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment. | $35 | $25 |
| **POST-TRAUMATIC STRESS DISORDER (PTSD)** (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist. | $150 | $100 |
| **REHABILITATION UNIT** (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. 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. | $75 per day | $50 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) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist. | $35 | $25 |
| **CHIROPRACTIC OR ALTERNATIVE THERAPY** (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment. | $25 | $15 |

| HOSPITALIZATION BENEFITS | HIGH | LOW |
|---|---|---|
| **HOSPITAL ADMISSION** (once per accident, within 6 months after the accident)<br>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.<br>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment. | $1,000 per confinement | $625 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.<br>If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.<br>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility. | $300 per day | $150 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.<br>We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.<br>If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.<br>This benefit is payable in addition to the Hospital Confinement Benefit. | $400 per day | $200 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.<br>We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.<br>If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.<br>This benefit is payable in addition to the Hospital Confinement Benefit. | $200 per day | $100 per day |
| **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 | $100 per day |

**WAIVER OF PREMIUM RIDER**

If the employee becomes totally disabled due to a covered sickness* or accidental injury, after 90 days of total disability, we will waive premiums for the employee and any covered dependents. As long as the employee remains totally disabled, premium will be waived up to 24 months, subject to the terms of the plan.

*In New Hampshire, Tennessee, and Texas, not applicable.

## 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.
Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

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) | **HIGH** | **LOW** |
|---|---|---|
| Employee | $8,750 | $6,250 |
| Spouse | $3,750 | $2,500 |
| Child(ren) | $1,750 | $1,250 |
| **DOUBLE LOSS** (the loss of both hands, both feet, the sight of both eyes, or a combination of any two) | | |
| Employee | $17,500 | $12,500 |
| Spouse | $7,500 | $5,000 |
| Child(ren) | $3,500 | $2,500 |
| **LOSS OF ONE OR MORE FINGERS OR TOES** | | |
| Employee | $875 | $625 |
| Spouse | $375 | $250 |
| Child(ren) | $175 | $125 |
| **PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)** | | |
| Employee / Spouse / Children | $87.50 | $62.50 |

**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 (in Utah, 30 days) as the result of a covered accidental injury.

| | | |
|---|---|---|
| Paraplegia | $3,500 | $2,500 |
| Quadriplegia | $7,500 | $5,000 |

**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.

| | | |
|---|---|---|
| | $1,500 | $1,000 |

**PROSTHESIS** (once per accident, one replacement per device per insured)*
Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury.
Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. 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.

| | | |
|---|---|---|
| | $2,000 | $1,500 |

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

## INITIAL ACCIDENT EXCLUSIONS

State references within this brochure refer to the state of your group and not your resident state.

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.
  - In California: 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 or riot.
  - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
  - In Illinois: the statement "war does not include acts of terrorism" is deleted.
  - In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
  - In North Carolina: 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 civil participation in an active riot. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Montana: committing or attempting to commit suicide, while sane
  - In Illinois, Michigan and Minnesota: this exclusion does not apply
- Sickness – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
  - Allergic reactions
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any viral or microorganism 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.
  - In Idaho: intentionally self-inflicting injury.
  - In Montana: injuring or attempting to injure oneself intentionally, while sane
  - In Michigan: this exclusion does not apply
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
  - In Idaho: this exclusion does not apply
- 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.
  - In California, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony; or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
  - In Michigan: voluntarily participating in, committing or attempting to commit a felony, or being engaged in an illegal occupation
  - In Idaho and South Dakota: this exclusion does not apply
- Sports – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
  - In California and Idaho: participating in any organized sport in a professional 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.
  - In Alaska, Massachusetts and Montana: having cosmetic surgery, other elective procedures or dental treatment except as a result of a covered accident.
  - In California: having cosmetic surgery or other elective procedures that are not medically necessary ("cosmetic surgery" does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.
  - In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered dependent child.
- Felony (In Idaho only) – participation in a felony

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.

In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers' compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

*"Contributed to" language doesn't apply in Illinois

## DEFINITIONS

**Accidental Injury** means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. **A Covered Accidental Injury** is an accidental injury that occurs while coverage is in force. 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.

**Ambulatory Surgical Center** is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

**Dependent Child or Dependent Children** means 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 (and in Louisiana, unmarried). Newborn children may be automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina and Florida) may also be automatically covered for 60 days. See certificate for details.

**Doctor** is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana, for purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, speech-language pathologist, audiologist, licensed addiction counselor, or advanced practice registered nurse.

**A Doctor** does not include the insured or an insured's family member. In South Dakota however, a doctor who is an employee's family member may treat the insured if that doctor is the only doctor in the area and acts within the scope of his practice. For the purposes of this definition, family member includes the employee's spouse as well as the following members of the employee's immediate family son, daughter, mother, father, sister, and brother. This includes step-family members and family-members-in-law.

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.

**Spouse** is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.
**Treatment** is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services.
Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

## HOSPITALIZATION BENEFITS

Hospital Intensive Care Unit means a place that meets all of the following criteria:

- Is a specifically designated area of the hospital called a hospital intensive care unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day; and
- Has a doctor assigned to the hospital intensive care unit on a full-time basis.

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.

Intermediate Intensive Care Step-Down Unit means any of the following:

- A progressive care unit;
- A sub-acute intensive care unit;
- An intermediate care unit; or
- A pre- or post-intensive care unit.

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

## AFTER CARE BENEFITS

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

Psychologist is a clinical, mental health professional who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.
Rehabilitation Facility is a unit or facility 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 in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

## WAIVER OF PREMIUM RIDER

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered accidental injury (or a covered sickness if applicable), and
- Unable to work.

Unable to Work means either:

- You are unable to work at the occupation you were performing when your total disability began, which was during the first 365 days of total disability; or
- You are unable to work at any gainful occupation for which you are suited by education, training, or experience after the first 365 days of total disability.

Definitions in Maine:
Total Disability or Totally Disabled means you are:

- Unable to engage in any employment or occupation for which you are or become qualified by reason of education, training, or experience, and are not, in fact, engaged in any employment or occupation for wage or profit.
- Under the care of a doctor for the treatment of a covered accidental injury (or a covered sickness if applicable).

## 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.

**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.**

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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. In Arkansas, C70100AR. In Idaho, C70100ID. In Oklahoma, C70100OK. In Oregon, C70100OR. In Pennsylvania, C70100PA. In Texas, C70100TX. In Virginia, C70100VA.