

Group Accident Insurance

Benefits Proposal

This proposal has been
prepared for:

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Presented by:

Aflac Group

Proposal State:

Texas

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Continental American Insurance Company (CAIC)
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Policy Form Series C70000

Plan Description

The Aflac Group Accident plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Features and Plan Provisions (specific benefit provisions may vary by situs state)

Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	24 Hour
Covered Insureds	Available for all family members Spouse-only and Child-only coverage is not available
Guaranteed-Issue	The base accident product is always offered on a guaranteed-issue basis
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	3 Years
Portability	Process 1
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Successor Insured Waiver of Premium	Not Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date Note: Benefits are not payable for accidents that occurred prior to the effective date of coverage

Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category - High (Custom)				Employee	Spouse	Child
Initial Treatment - once per accident, within 7 days of the accident						
ER/Urgent Care				\$150	\$150	\$150
ER/Urgent Care with X-Ray				\$200	\$200	\$200
Doctor's Office				\$75	\$75	\$75
Doctor's Office with X-Ray				\$100	\$100	\$100
Ambulance - once per day, within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground				\$300	\$300	\$300
Air				\$900	\$900	\$900
Major Diagnostic Testing - within six months of the accident						
Maximum number of diagnostic tests per covered accident: 1				\$200	\$200	\$200
Emergency Room Observation - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)				\$50	\$50	\$50
Long Observation Period (24+ Hours)				\$100	\$100	\$100
Prescriptions - within six months of the accident						
Maximum number of filled prescriptions per covered accident: 2				\$5	\$5	\$5
Pain Management - within six months of the accident						
Maximum number of payments per covered accident: 1				\$100	\$100	\$100
Blood/Plasma/Platelets - within six months of the accident						
Maximum number of days per covered accident: 3				\$400	\$400	\$400
Concussion - once per accident, within six months of the accident						
				\$400	\$400	\$400
Traumatic Brain Injury - once per accident, within six months of the accident						
				\$2,500	\$2,500	\$2,500
Coma - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident				\$10,000	\$10,000	\$10,000
Burns - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%				\$50	\$50	\$50
At least 10%, but less than 25%				\$100	\$100	\$100
At least 25%, but less than 35%				\$250	\$250	\$250
35% or more				\$500	\$500	\$500
<u>Third Degree Burns</u>						
Less than 10%				\$500	\$500	\$500
At least 10%, but less than 25%				\$2,500	\$2,500	\$2,500
At least 25%, but less than 35%				\$5,000	\$5,000	\$5,000
35% or more				\$10,000	\$10,000	\$10,000
Emergency Dental Work - once per accident, within six months of the accident						
Repair with Crown				\$200	\$200	\$200
Extraction				\$50	\$50	\$50
Eye Injury - removal of a foreign body						
				\$300	\$300	\$300
Dislocations - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Hand	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Lower Jaw	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Wrist	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
Elbow	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240
Lacerations - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Under 5 centimeters				\$50	\$50	\$50
5 to 15 centimeters				\$200	\$200	\$200
Over 15 centimeters				\$400	\$400	\$400
<u>Lacerations not requiring stitches</u>						
				\$25	\$25	\$25

Fracture - once per covered accident, within 90 days of the accident

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Vertebrae/Sternum	\$5,400	\$5,400	\$5,400	\$2,700	\$2,700	\$2,700
Pelvis	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Skull (Depressed)	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Leg	\$3,600	\$3,600	\$3,600	\$1,800	\$1,800	\$1,800
Forearm/Hand/Wrist	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle/Kneecap	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Shoulder Blade/Collar Bone	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Lower Jaw	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Skull (Simple)	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Upper Arm/Upper Jaw	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Facial Bones (except teeth)	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Vertebral Processes/Sacrum	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Coccyx/Rib/Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

Outpatient Surgery and Anesthesia (per day) - within one year of the accident Performed in a Hospital or Ambulatory Surgical Center Maximum number of payments per covered accident: No Maximum	\$400	\$400	\$400
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum number of payments per covered accident: 2	\$50	\$50	\$50
Facilities Fee for Outpatient Surgery - within one year of the accident Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$100	\$100
Inpatient Surgery and Anesthesia (per day) - within one year of the accident Maximum number of payments per covered accident: No Maximum	\$750	\$750	\$750
Transportation - within six months of the accident Maximum number of payments per covered accident: 3 Minimum Required Distance (miles): 100 Plane	\$400	\$400	\$400
Any ground transportation (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.)	\$200	\$200	\$200

Hospitalization Category - Mid (Custom)	Employee	Spouse	Child
Hospital Admission (per confinement) - once per accident, within six months of the accident Maximum number of admissions per covered accident: 1	\$1,000	\$1,000	\$1,000
Hospital Confinement (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 365	\$200	\$200	\$200
Hospital Intensive Care (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 30	\$200	\$200	\$200
Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident Maximum days of confinement per covered accident: 30	\$100	\$100	\$100
Family Member Lodging (per day) - within six months of the accident Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$200	\$200	\$200

After Care Category - High (Custom)	Employee	Spouse	Child
Appliances - within six months of the accident			
Cane	\$40	\$40	\$40
Maximum number of appliances per covered accident: No Maximum			
Ankle Brace	\$40	\$40	\$40
Maximum number of appliances per covered accident: No Maximum			
Walking Boot	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Walker	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Crutches	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Leg Brace	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Cervical Collar	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Wheelchair	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Knee Scooter	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Body Jacket	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Back Brace	\$100	\$100	\$100
Maximum number of appliances per covered accident: No Maximum			
Accident Follow-Up Treatment - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Post Traumatic Stress Disorder (PTSD) - once per accident, within 6 months of the accident	\$200	\$200	\$200
Rehabilitation Unit (per day)			
Maximum number of days per confinement: 31	\$100	\$100	\$100
No more than 62 days total per calendar year for each insured			
Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$25	\$25	\$25
Maximum number of visits per covered accident: 10			
Chiropractic or Alternative Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$25	\$25	\$25
Maximum number of visits per covered accident: 6			

Life Changing Events Category - High (Custom)	Employee	Spouse	Child
Dismemberment - once per accident, within six months of the accident			
Single Loss	\$12,500	\$5,000	\$2,500
Double Loss	\$25,000	\$10,000	\$5,000
Loss of one or more fingers or toes	\$1,250	\$500	\$250
Partial Dismemberment (includes at least one joint of a finger or toe)	\$125	\$125	\$125
Paralysis - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000
Prosthesis - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$1,500	\$1,500	\$1,500
Residence/Vehicle Modification - once per accident, within one year of the accident	\$1,000	\$1,000	\$1,000

Accidental Death Rider	Employee	Spouse	Child
Accidental Death - within 90 days of the accident			
Accidental Death	\$50,000	\$25,000	\$10,000
Accidental Common-Carrier Death	\$100,000	\$50,000	\$20,000

Organized Athletic Activity Rider	Employee	Spouse	Child
We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.	20%	20%	20%

Please request a sample policy for full benefit provisions and descriptions.

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$15.25
Employee and Spouse	\$25.39
Employee and Child(ren)	\$33.80
Family	\$43.94

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

Benefits Summary

(Benefit provisions vary by situs state)

Initial Accident Treatment Category – Base Plan

Initial Treatment

Payable for initial treatment received under the care of a doctor. This benefit is not payable for treatment via telemedicine services.

Ambulance

Payable when an insured receives transportation by a professional ambulance service.

Major Diagnostic Testing

Payable when one of the following exams is performed in a hospital, doctor's office, medical diagnostic imaging center, or an ambulatory surgical center:

- Computerized Tomography (CT/CAT scan)
- Magnetic Resonance Imaging (MRI)
- Electroencephalography (EEG)

Emergency Room Observation

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.

Prescriptions

Payable when a prescription is filled that is ordered by a doctor, dispensed by a licensed pharmacist, and medically necessary for the care and treatment of the insured. Certain items are excluded from this benefit. See Master Policy for details.

Pain Management

Payable when an insured is prescribed and receives, in a doctor's office, a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is not payable for an epidural administered during a surgical procedure.

Blood/Plasma/Platelets

Payable when an insured receives blood, plasma, or platelets.

Concussion

Payable when an insured is diagnosed by a doctor with a concussion.

Traumatic Brain Injury (TBI)

Payable when an insured is diagnosed by a neurologist with a TBI. To qualify as a 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.

Burns

Payable when an insured is burned and then treated by a doctor. This benefit is payable according to the percentage of body burned.

Emergency Dental Work

Payable when an insured has an accidental injury to natural teeth.

Eye Injury

Payable for eye injuries requiring the removal of a foreign body by a doctor, with or without anesthesia.

Lacerations

Payable when an insured receives a laceration that is repaired by a doctor. Liquid skin adhesive will be paid as stitches.

Fractures

Payable when an insured fractures a bone and is treated by a doctor. For multiple fractures (more than one bone fractured 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.

Dislocations

Payable when an insured dislocates a joint and is treated by a doctor. 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.

Outpatient Surgery and Anesthesia

Payable for each day that an insured has an outpatient surgical procedure performed by a doctor in one of the facilities listed.

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.

Facilities Fee for Outpatient Surgery

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

Inpatient Surgery and Anesthesia

Payable for each day that 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 of that benefit amount.

Transportation

Payable for transportation when an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

Hospitalization Category

Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient. This benefit is not payable for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

Hospital Confinement

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

Hospital Intensive Care

Payable for each day an insured is confined in a hospital intensive care unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

Intermediate Intensive Care Step-Down Unit

Payable for each day an insured is confined in an intermediate intensive care step-down unit. 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. This benefit is payable in addition to the Hospital Confinement Benefit.

Family Member Lodging

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family when the insured is confined to a hospital under the insured's treating doctor.

If confinement benefits are paid, and the insured becomes confined again within six months because of the same or a related condition, it will be treated as the same period of confinement.

After Care Category

Appliances

Payable when a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

Accident Follow-Up Treatment

Payable for doctor-prescribed follow up treatment for injuries received in a covered accident. Follow-up treatments may not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures. See Master Policy for details.

Post-Traumatic Stress Disorder (PTSD)

Payable when an insured is diagnosed with PTSD. 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.

Rehabilitation Unit

Payable when an insured receives treatment as an inpatient at a rehabilitation facility following an inpatient hospital confinement. This is not payable for the same days that the hospital confinement benefit is paid. The highest eligible benefit will be paid.

Therapy

Payable when an insured has a covered doctor-prescribed therapy treatment.

Chiropractic or Alternative Therapy

Payable when an insured has a covered therapy treatment due to injuries received in a covered accident.

Life Changing Events Category

Dismemberment

Payable when an insured loses a hand, foot or sight as the result of a covered accident. For Dismemberment definitions, see Master Policy. 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.

Paralysis

Payable when an insured has permanent loss of movement of two or more limbs for more than 90 days (30 days in Utah) as the result of a covered accidental injury.

Prosthesis

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.

Prosthesis Repair/Replacement

* 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.

Residence/Vehicle Modification

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 the sight of one eye, the use of one hand/arm, or the use of one foot/leg.

Organized Athletic Activity Rider

With this rider, an additional percentage of the benefit amount is payable for covered accidental injuries sustained while participating in an organized athletic event. See Master Policy for Organized Athletic Activity definition.

Limitations and Exclusions

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 not applicable
 - 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 New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (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. 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 (in New Hampshire, medical/surgical care) 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 New Hampshire: voluntarily participating in, committing, or attempting to commit a felony
 - In Idaho and South Dakota: this exclusion does not apply
 - In Ohio: 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 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.
 - In New Hampshire: Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary except that “cosmetic surgery” shall not include reconstructive surgery, when such service is incidental to or follows surgery resulting from injury; or having dental care except as a result of a covered accident
- **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

Catastrophic Accident Rider Limitations and Exclusions

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

Outpatient Doctor Treatment Benefit Rider

The sickness exclusion above does not apply to this benefit.

Sickness Rider Limitations and Exclusions

Pre-existing Condition Limitation

We will not pay benefits for any loss resulting from or affected by a pre-existing condition if the loss occurs within the 12-month period after the rider effective date.

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under this rider. Refer to your certificate for other exclusions applicable to this coverage.

Pregnancy is a "Pre-existing Condition" if conception was before an insured's effective date (except in Florida, North Carolina, Montana, and Wyoming)

Pre-existing Condition Limitation in North Carolina

We will not reduce or deny a claim for benefits for any loss that occurred more than twelve months after the effective date of coverage.

Coverage for these pre-existing conditions will only be excluded for a maximum period of twelve months from the effective date.

Exclusions

We will not pay benefits for a loss that is wholly or partly caused by or results from:

- Mental or emotional disorders without demonstrable organic disease.
 - In Montana, mental or emotional disorders, except for mental illness, without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.

Organized Athletic Activity Rider Limitation

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 or coaching; or racing any type vehicle in an organized event (in Idaho, in a professional capacity). This benefit is also not payable for accidental injuries which occur during or are due to physical education classes (except in Idaho).

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their 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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

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. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina