

Group Hospital Indemnity Insurance

Benefits Proposal

This proposal has been
prepared for:

Wylie ISD

Presented by:

Aflac Group

Proposal State:

Texas

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Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.
Policy Form Series C80000

Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	Available for all family members Spouse-only and Child-only coverage is not available
Guaranteed Issue Amounts	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll 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
Pre-existing Condition Exclusion	None
Pregnancy Limitation	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	3 Years
Portability/Continuation	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. 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

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits - Mid (Custom)	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1,000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150

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

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$18.70
Employee and Spouse	\$37.82
Employee and Child(ren)	\$29.92
Family	\$49.04

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

Benefits Summary

(Benefit provisions may vary by state)

Hospitalization Benefits

Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or because of a covered sickness. Not payable for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intensive care unit and an insured becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. 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, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

The insured must be admitted to a hospital within six months of the date of the covered accident for benefits to be payable. Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits only.

Limitations and Exclusions

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 (except in Illinois).
 - 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 Connecticut: a riot is not excluded.
 - 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 felony, riot, or insurrection.
 - 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 Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, 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 does not include acts of terrorism.
- **Suicide** - committing or attempting to commit suicide, while sane or insane.
 - In Colorado, Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Idaho: committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicting injury.
 - In Minnesota and Ohio: this exclusion does not apply.
- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane.
 - In Idaho and Ohio: 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 and New Hampshire: this exclusion is not applicable
- **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, Ohio, 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 Connecticut and New Hampshire: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
 - In Idaho and Maryland: this exclusion does not apply
- **Sports** - participating in any organized sport in a professional or semi-professional capacity.
 - In California: participating in any organized sport in a professional capacity
 - In Idaho: participating in any professional organized sport.
- **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.
 - In New Hampshire: this exclusion is not applicable

- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
 - In Idaho and New Hampshire: this exclusion is not applicable
- **Services performed by a family member.**
 - In Idaho: Services performed by an immediate family member
 - In Arizona, New Hampshire and South Dakota: this exclusion does not apply.
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
 - In California, Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Idaho and New Hampshire: this exclusion is not applicable
- **Elective Abortion - an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.**
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
 - In New Hampshire: this exclusion is not applicable
- **Dental Services or Treatment.**
 - In New Hampshire: this exclusion is not applicable
- **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
 - In California: 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 when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease
 - Reconstructive surgery, when the service is related to or follows mastectomy or lymph node dissection. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.
 - In New Hampshire: this exclusion is not applicable
- In Maryland only: We will not pay benefits for any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in 1-302 of the Health Occupations Article.

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.

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