

ADDITIONAL BENEFITS

EMPLOYEE//SPOUSE//CHILD

AMBULANCE	\$100
AIR AMBULANCE If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.	\$500
BLOOD/PLASMA If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	\$100
APPLIANCES We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.	\$100
INTERNAL INJURIES (resulting in open abdominal or thoracic surgery)	\$1,000
ACCIDENT FOLLOW-UP TREATMENT We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.	\$25
EXPLORATORY SURGERY [without repair (i.e., arthroscopy)]	\$250
PROSTHESIS If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.	\$500
PHYSICAL THERAPY We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.	\$25
TRANSPORTATION If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.	\$300 (train/plane) \$150 (bus)
FAMILY LODGING BENEFIT (per night) If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. Your local physician must prescribe the treatment.	\$100
WELLNESS BENEFIT (per 12-month period) We will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.	\$60

LIMITATIONS AND EXCLUSIONS

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.

WE WILL NOT PAY BENEFITS FOR ANY LOSS COVERED UNDER THIS PLAN THAT IS CONTRIBUTED TO, CAUSED BY, OR RESULTS FROM YOU.

- (1) War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- (2) Suicide - committing or attempting to commit suicide, while sane or insane.
- (3) Sickness - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- (4) Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
- (5) Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
- (6) Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- (7) Aviation - operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those that are not motor-driven.
- (8) Sports - participating in any organized sport: professional or semi-professional.
- (9) Driving - driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
- (10) Avocations - mountaineering using ropes and/or other equipment, parachuting or hand-gliding.

The following exclusions are only applicable to the Accidental Dismemberment and Accidental Death Benefits.

Felony, Illegal Job - We will not pay benefits for a loss for which the contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation.

Intoxication - We will not pay benefits for a loss sustained or contracted as the result of your being intoxicated or under the influence of any narcotic.

A doctor or physician does not include you or a member of your immediate family.

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

You and **Your** refer to an employee as defined in the plan.

Spouse means the person married to you on the Effective Date of the rider. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

Dependent Children means your natural children, step-children, foster children, legally adopted children or children placed for adoption, grandchildren, or minor for whom guardianship is granted by court or testamentary, who are under age 26.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on a Dependent Child(ren) will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental or physical incapacity and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION

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.

EFFECTIVE DATE

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

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.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CA7700MD.

Peace of Mind *and* Real Cash Benefits



GROUP ACCIDENT INSURANCE

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