
CAIC Group Accident Plan High and Low Option

Plan Description

Group accident insurance pays a benefit for the treatment of injuries suffered as the result of a covered accident. Benefits are paid regardless of any other health insurance benefits the insured may receive.

Why Offer Group Accident Insurance?

Most families don't budget for the costs associated with accidents. When an accident does occur the last thing on your mind are the charges accumulating while at the emergency room:

- The ambulance ride
- Casts
- Use of the emergency room
- Wheelchairs
- Surgery and Anesthesia
- Crutches
- Stitches
- Bandages

These costs add up fast. Most families have Medical Insurance that will cover a majority of the expenses. But, what about the out-of-pocket medical expenses, such as lost wages an employee or spouse loses when out of work or staying home to care for an injured family member? You hope that an accident never happens, but at some point you will probably take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays you a benefit regardless of any other insurance you have? Group accident insurance does just that, providing a cash benefit to cover the costs associated with unexpected trips.

Plan Features

- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Provides 24-hour protection.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed Issue - No underwriting required to qualify for coverage.
- Payroll Deduction - Premiums are paid by convenient payroll deduction.
- Immediate effective date - Coverage will be effective the date the employee signs the application.

Group Eligibility

Product is only available through payroll deduction.

Individual Eligibility

Issue Ages

Employee	18-69
Spouse	18-64
Children	under age 26, dependent

Full-time, benefit eligible employees working at least 30 hours or more per week. Eligible employees must have at least 90 days of continuous employment by the date of the enrollment. Seasonal and temporary employees are not eligible.

Spouse and Dependent Children Coverage Available

If the employee participates in the plan, then the employee's Spouse and Dependent Children are eligible to participate. A Dependent Child is an employee's natural child, step-child, foster child, legally adopted child or child placed for adoption, who is under age 26.

The employee must participate in order to purchase Spouse and/or Dependent Child coverage.

The employee may purchase accident coverage for his/her Spouse and/or Dependent Children. With exception of the specific benefits noted, the benefits for a covered Spouse or Dependent Child are equal to the employee's benefit amounts.

Underwriting Guidelines

No health questions are asked in order to participate.

Portability

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium, or the date the group policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, employee attains age 70, or the group policy terminates.

Accident Benefits

Complete Fractures
(diagnosis and treatment within 90 days)

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip/Thigh	\$1,000	\$1,500	\$1,500	\$2,250
Vertebrae	\$900	\$1,350	\$1,350	\$2,025
Pelvis	\$800	\$1,200	\$1,200	\$1,800
Skull (Depressed)	\$750	\$1,125	\$1,125	\$1,688
Leg	\$600	\$900	\$900	\$1,350
Forearm/Hand	\$500	\$750	\$750	\$1,125
Foot/Ankle/ Knee Cap	\$500	\$750	\$750	\$1,125
Shoulder Blade/Collar Bone	\$400	\$600	\$600	\$900
Lower Jaw (Mandible)	\$400	\$600	\$600	\$900
Skull (Simple)	\$350	\$525	\$525	\$788
Upper Arm/ Upper Jaw	\$350	\$525	\$525	\$788
Facial Bones (Except teeth)	\$300	\$450	\$450	\$675
Vertebral Processes	\$200	\$300	\$300	\$450
Coccyx/Rib/ Finger/Toe	\$80	\$120	\$120	\$180

A fracture is a break in a bone which can be seen by x-ray. If more than one fracture requiring either open or closed reduction occurs in any one covered accident, we will pay the scheduled benefit for each fracture, not to exceed 150 percent of the scheduled benefit amount with for the bone fractured with the highest dollar value. Benefits for chip fractures are payable at 10 percent of the scheduled amount shown for the affected bone. A chip fracture is a piece of bone which is completely broken off near a joint.

Complete Dislocations

(diagnosis and treatment within 90 days)

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$900	\$1,350	\$1,350	\$2,025
Knee (not kneecap)	\$650	\$975	\$975	\$1,462.50
Shoulder	\$500	\$750	\$750	\$1,125
Foot/Ankle	\$400	\$600	\$600	\$900
Hand	\$350	\$525	\$525	\$787.50
Lower Jaw	\$300	\$450	\$450	\$675
Wrist	\$250	\$375	\$375	\$562.50
Elbow	\$200	\$300	\$300	\$450
Finger/Toe	\$80	\$120	\$120	\$180

A dislocation is a completely separated joint. If more than one dislocation requiring either open or closed reduction occurs in any one covered accident, we will pay the scheduled benefit for each dislocation, not to exceed 150 percent of the scheduled benefit amount for the joint dislocated which has the higher dollar value. Benefits for partial dislocations are payable at 25 percent of the scheduled amount shown for the affected joint. A partial dislocation is one in which the joint is not completely separated. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 150 percent of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered should they become dislocated while coverage is in force.

Paralysis

(lasting more than 90 days and diagnosed by a Physician within 90 days)

	Low Option		High Option	
	Employee & Spouse	Children	Employee & Spouse	Children
Quadriplegia	\$5,000	\$2,500	\$10,000	\$7,500
Paraplegia	\$5,000	\$2,500	\$10,000	\$7,500

Paralysis means the permanent loss of movement of two or more limbs. If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations (treatment and repaired with stitches within 72 hours)

	Low Option	High Option
2" - 6" long	\$100	\$200

For lacerations not requiring stitches and treated by a physician, we pay \$25. For multiple lacerations, we will pay for the largest single laceration requiring stitches.

Injuries Requiring Surgery

	Low Option	High Option
Eye Injuries (treatment and surgery within 90 days)	\$125	\$250
Removal of foreign body (requiring no surgery)	\$25	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days) <i>Single</i>	\$300	\$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.		
Ruptured Disc (treatment within 60 days, surgical repair within one year) Up to renewal years	\$400	\$600
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year) Up to renewal years	\$400	\$400

Burns (treatment within 72 hours)*

	Low Option	High Option
Second Degree		
<i>Less than 10% of body surface covered</i>	\$30	\$60
<i>At least 10%, but not more than 25% of body surface covered</i>	\$60	\$120
<i>At least 25%, but not more than 35% of body surface covered</i>	\$150	\$300
<i>More than 35% of body surface covered</i>	\$300	\$600

Third Degree		
<i>Less than 10% of body surface covered</i>	\$150	\$300
<i>At least 10%, but not more than 25% of body surface covered</i>	\$450	\$900
<i>At least 25%, but not more than 35% of body surface covered</i>	\$2,100	\$4,200
<i>More than 35% of body surface covered</i>	\$3,000	\$6,000
*First degree burns are not covered.		
Concussion (resulting in electroencephalogram abnormality)	\$100	\$100
Coma (lasting 30 days or more) Coma means a state of profound unconsciousness caused by a covered accident.		
Employee or spouse	\$3,000	\$4,500
Child	\$1,500	\$2,500
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$300	\$450
Exploratory Surgery (without repair)	\$100	\$250
Emergency Dental Work (sound natural teeth) <i>Repaired with crown</i>	\$75	\$150

Medical Fees (for each accident)		
	Low Option	High Option
Employee or Spouse	\$100	\$150
Child(ren)	\$70	\$105

If an insured is injured in a covered accident and receives Treatment within one year, we will pay this benefit for up to six Treatments per covered accident for Physician charges, emergency room services and supplies, and x-rays. The total amount payable will not exceed the maximum shown above per accident. Initial Treatment must be received within 60 days from the date of the accident.

	Low Option	High Option
Accident Follow - Up Treatment	\$25	\$25

We will pay this benefit for up to six Treatments per covered accident, per covered person 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.

	Low Option	High Option
Physical Therapy	\$50	\$75

We will pay this benefit for up to six Treatments (one per day) per covered accident, per covered person for Treatment. The insured must have received initial Treatment within 72 hours of the accident and physical therapy must begin within 30 days of the covered accident or discharge from the Hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the accident follow-up Treatment benefit is paid.

	Low Option	High Option
Air Ambulance	\$250	\$500
Ambulance	\$150	\$150

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown above.

Transportation (within 90 days)		
	Low Option	High Option
Train or Plane	\$300	\$300
Bus	\$150	\$150

If Hospital Treatment or diagnostic study is recommended by the employee's Physician as a result of a covered accident and is not available in his/her city of residence, we will pay the amount shown above. The distance to the location of the Hospital Treatment or diagnostic study must be more than 50 miles from the employee's residence.

	Low Option	High Option
Blood / Plasma	\$100	\$100

If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown above.

	Low Option	High Option
Prosthesis	\$500	\$750

If a covered accident requires the use of a prosthetic device, we will pay the amount shown above. Hearing aids, wigs, or dental aids, including (but not limited to) false teeth are not covered.

	Low Option	High Option
Appliance	\$100	\$150

We will pay this benefit for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces and walkers.

	Low Option	High Option
Family Lodging Benefit (Per night)	\$100	\$100

If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, We will pay this benefit for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the employee's local physician.

	Low Option	High Option
Wellness Benefit	\$60	\$60

You may receive this benefit for one routine examination or other preventive testing once per calendar year (payable for one covered person annually). Benefits are payable for: Annual physical exams, Mammograms, Pap smears, Eye examinations, Immunizations, Flexible sigmoidoscopies, PSAs, Ultrasounds and Blood screenings.

Hospital Admission		
	Low Option	High Option
Employee or Spouse	\$500	\$1,500
Children	\$300	\$1,000

We will pay this benefit when the employee is admitted to a Hospital and confined as a resident bed patient because of injuries received in a covered accident within six months of the accident. We will pay this benefit once per calendar year per insured person. We will not pay this benefit for confinement to an observation unit, or for emergency room Treatment or outpatient Treatment.

Hospital Confinement (per day)		
	Low Option	High Option
Employee or Spouse	\$100	\$200
Children	\$100	\$175

We will provide this benefit on the first day of Hospital confinement for up to 365 days. Hospital confinement must begin within 90 days from the date of the accident. This benefit is payable once per Hospital confinement even if the confinement is caused by more than one accidental injury.

Hospital Intensive Care (per day)		
	Low Option	High Option
Employee or Spouse	\$300	\$600
Children	\$200	\$450

Benefit paid up to 30 days per covered accident. Benefits are paid in addition to the hospital confinement.

Accidental Death & Dismemberment (within 90 days)			
	Low Option		
	Employee	Spouse	Children
Accidental Death	\$25,000	\$12,500	\$2,500
Accidental Common Carrier Death	\$35,000	\$17,500	\$3,500
Single Dismemberment	\$3,125	\$1,250	\$625
Double Dismemberment	\$12,500	\$5,000	\$2,500
Loss of One or More Fingers and Toes	\$625	\$250	\$125
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

Accidental Death & Dismemberment (within 90 days)			
	High Option		
	Employee	Spouse	Children
Accidental Death	\$50,000	\$25,000	\$5,000
Accidental Common Carrier Death	\$70,000	\$35,000	\$7,000
Single Dismemberment	\$6,250	\$2,500	\$1,250
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers and Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

Dismemberment means:

1. Loss of a hand: the hand is cut off at or above the wrist joint; or
2. Loss of a foot: the foot is cut off at or above the ankle; or
3. Loss of sight: at least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable or
4. Loss of a finger/toe: the finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loose at least one joint of a finger or toe, we will pay the Partial Dismemberment shown. If this benefit is paid and the employee later dies as a result of the same covered

accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death -

If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown. If the Accidental Death Benefit is paid, we will not pay the Accidental Common Carrier Death Benefit.

Accidental Common Carrier Death -

If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a farepaying passenger on a common carrier, as defined below.

Common carrier means:

1. an airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;
2. a railroad train which is licensed and operated for passenger service only; or
3. a boat or ship which is licensed for passenger service and operated on a regular schedule between established ports.

If the Accidental Common Carrier Death Benefit is paid, we will not pay the Accidental Death Benefit.

Pre-existing Condition Limitation

Pre-existing Condition means within the 12-month period prior to the Effective Date of the Certificate and attached Riders, as applicable.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Effective Date.

A Certificate may have been issued as a replacement for a Certificate previously issued under the Plan. If so, then the Pre-existing Condition Limitation Provision of the Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of Pre-existing Condition Limitation of the prior Certificate would continue to apply to the prior level of Benefits.

Exceptions and Reductions

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision). We will not pay benefits for loss, injury, or death contributed to, caused by, or resulting from

- 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 when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.

- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- 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.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Participating in any organized sport, professional or semi-professional.
- Being legally intoxicated or under the influence of any narcotic unless taken under the direction of a physician.
- Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
- Mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.
- 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.

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Note: 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.

Continental American Insurance Company • 2801 Devine Street • Columbia, South Carolina 29205 / 1-800-433-3036 toll-free · 1-866-849-2970 fax

Monthly Rates

24 Hour Coverage	Low Option	High Option
Employee	\$10.36	\$18.80
Employee and Spouse	\$14.62	\$25.82
Employee and Dependent Child(ren)	\$17.78	\$31.42
Employee, Spouse, and Dependent Child(ren) - (Family)	\$22.04	\$38.44

Continental American Insurance Company

“A member of the Aflac Family”

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