Aflac

Group Accident Advantage Plus

INSURANCE – HIGH 24-HOUR ACCIDENT-ONLY PLAN

WITH A WELLNESS BENEFIT

Home or on the road — accidents can happen.

We're here to help.

This is an accident-only plan and it does not pay benefits for loss from sickness or the medical or surgical treatment of sickness. The plan includes a wellness benefit that pays benefits for routine examinations or other preventative testing.

Aflac®

AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – HIGH 24-HOUR ACCIDENT-ONLY PLAN WITH A WELLNESS BENEFIT Policy Series CAI7800

AC^G

Introducing added protection for life's unexpected moments.

According to the National Safety Council, 43% of all medically consulted injuries occur at home. In fact, 1 in every 14 people in the United States experience an unintentional injury at home serious enough to consult with a medical professional.[1] If you're like most people, you don't budget for life's unexpected moments.

But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix.

That's the benefit of the Aflac group Accident Advantage Plus plan.

In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance rides.
- Wheelchairs, crutches, and other medical appliances.
- Emergency room visits.
- Surgery and anesthesia.
- Bandages, stitches, and casts.

Understanding the facts can help you decide if the Aflac group Accident Advantage Plus plan makes sense for you.

FACT NO. 1

39.4 MILLION

OF VISITS TO HOSPITAL EMERGENCY DEPARTMENTS IN 2007 WERE DUE TO INJURIES.[1]

FACT NO. 2

63.1%

OF ALL INJURY EPISODES AMONG CHILDREN UNDER THE AGE OF 12 WERE DUE TO SPORTS AND LEISURE.[1]

[1] National Safety Council, Injury Facts, 2011 Edition

Underwritten by Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers

Here's why the Aflac group Accident Advantage Plus plan may be right for you.

For almost 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our group Accident Advantage Plus plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. The group Accident Advantage Plus plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

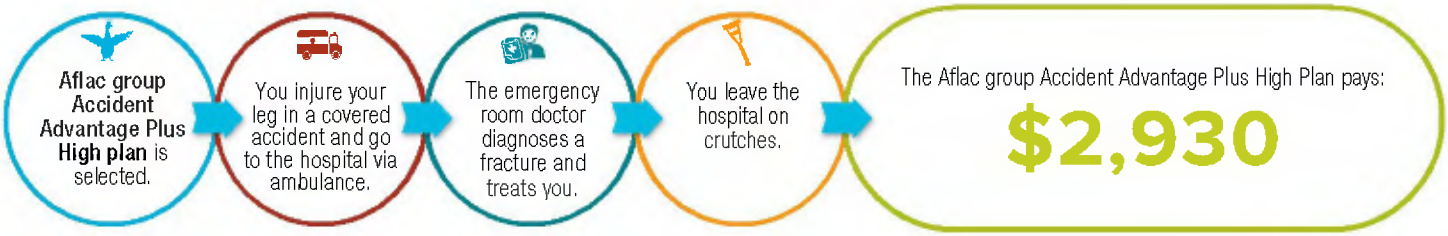
The Aflac group Accident Advantage Plus plan benefits:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four business days.

How it works



Amount payable was generated based on benefit amounts for: Closed-Reduction Leg Fracture ($2,400), Emergency Room Treatment ($200), one Follow-Up Treatment ($30), Ambulance ($200) and Appliance ($100)

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

HOSPITAL BENEFITS	EMPLOYEE	SPOUSE	CHILD
HOSPITAL ADMISSION We will pay the amount shown, when because of a covered accident, you are injured, require hospital confinement, and are confined to a hospital for at least 24 hours within 6 months after the accident date. We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.	$1,000	$1,000	$1,000
HOSPITAL CONFINEMENT (per day) We will pay the amount shown when, because of a covered accident, you are injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date. The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.	$200	$200	$200
HOSPITAL INTENSIVE CARE (per day) We will pay the amount shown when, because of a covered accident, you are injured, and those injuries cause confinement to a hospital intensive care unit. This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.	$400	$400	$400
MEDICAL FEES (for each accident) We will pay up to the amount shown for X-rays and doctor services when, because of a covered accident, you are injured and those injuries cause you to receive initial treatment from a doctor within 72 hours after the accident. If you do not exhaust the maximum benefit paid during the initial treatment, we will pay the remainder of this benefit for treatment received due to injuries from a covered accident and for each covered accident up to one year after the accident date.	$125	$125	$75
PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days) Quadriplegia Paraplegia *Paralysis* means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident, you are injured, the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the accident. The amount paid will be based on the number of limbs paralyzed. If this benefit is paid and you later die as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.	 $10,000 $5,000	 $10,000 $5,000	 $10,000 $5,000

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL-DEATH	$50,000	$25,000	$5,000
ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)	$100,000	$50,000	$15,000
SINGLE DISMEMBERMENT	$12,500	$5,000	$2,500
DOUBLE DISMEMBERMENT	$25,000	$10,000	$5,000
LOSS OF ONE OR MORE FINGERS OR TOES	$1,250	$500	$250
PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)	$100	$100	$100

If the Accidental Common-Carrier Death Benefit is paid, we will pay the Accidental-Death Benefit.

Accidental-Death Benefit

We will pay the amount shown if, because of a covered accident, you are injured, and the injury causes you to die within 90 days after the accident.

Accidental Common-Carrier Death Benefit

We will pay the amount shown if you are a fare-paying passenger on a common carrier, as defined below, are injured in a covered accident, and die within 90 days after the covered accident.

We will pay the Accidental-Death Benefit in addition to the Accidental Common-Carrier Death Benefit.

Dismemberment Benefit

We will pay the appropriate amount shown if, because of a covered accident, you are injured and lose a hand, a foot, or sight within 90 days after the accident as a result of the injury. If you lose one hand, one foot, or the sight of one eye in a covered accident, we will pay the single dismemberment benefit shown. If you lose both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double dismemberment benefit shown. If you lose one or more fingers or toes in a covered accident, we will pay the finger/toe benefit shown.

If the Dismemberment Benefit is paid and you later die as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

MAJOR INJURIES (diagnosis and treatment within 90 days)	EMPLOYEE/ SPOUSE/CHILDREN
FRACTURES (closed reduction)	
Hip/Thigh	$4,000
Vertebrae (except processes)	$3,600
Pelvis	$3,200
Skull (depressed)	$3,000
Leg	$2,400
Forearm/Hand/Wrist	$2,000
Foot/Ankle/Kneecap	$2,000
Shoulder Blade/Collar Bone	$1,600
Lower Jaw (mandible)	$1,600
Skull (simple)	$1,400
Upper Arm/Upper Jaw	$1,400
Facial Bones (except teeth)	$1,200
Vertebral Processes	$800
Coccyx/Rib/Finger/Toe	$320

Fracture* is a break in the bone that can be seen by X-ray. If a bone is fractured in a covered accident, we will pay the appropriate benefit shown.

Multiple fractures* means having more than one fracture requiring open or closed reduction. If these fractures occur in any one covered accident, we will pay the appropriate benefits shown for each fracture, but no more than double the amount for the bone fractured that has the highest benefit amount.

Chip fracture* means a piece of bone that is completely broken off near a joint. If a doctor diagnoses a chip fracture, we will pay 25% of the appropriate benefit shown.

**If a fracture requires open reduction, we will pay double the amount shown.*

MAJOR INJURIES – *continued*	EMPLOYEE/ SPOUSE/CHILDREN
DISLOCATIONS (closed reduction)	
Hip	$3,000
Knee (not kneecap)	$1,950
Shoulder	$1,500
Foot/Ankle	$1,200
Hand	$1,050
Lower Jaw	$900
Wrist	$750
Elbow	$600
Finger/Toe	$240

Dislocation* means a completely separated joint. If a doctor diagnoses and treats the dislocation within 90 days after the covered accident, we will pay the amount shown. If the dislocation requires open reduction, we will pay 200% of the appropriate amount shown.

Multiple Dislocations* means having more than one dislocation requiring either open or closed reduction. For each dislocation, we will pay the amounts shown. We will not pay more than 200% of the benefit amount for the dislocated joint that has the highest benefit amount.

Partial dislocation* means the joint is not completely separated. If a doctor diagnoses and treats the partial dislocation, we will pay 25% of the amount shown for the affected joint.

** If a dislocation requires open reduction, we will pay double the amount shown.*

SPECIFIC INJURIES	EMPLOYEE/ SPOUSE/CHILDREN
RUPTURED DISC (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	$100
Injury occurring after first certificate year	$400
TENDONS/LIGAMENTS (treatment within 60 days; surgical repair within 90 days)	
If you tear, sever, or rupture a tendon or ligament in a covered accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for tendons and ligaments repaired.	$600 (Multiple) $400 (Single)
TORN KNEE CARTILAGE (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	$100
Injury occurring after first certificate year	$400
EYE INJURIES	
Treatment and surgical repair within 90 days	$250
Removal of foreign body nonsurgically, with or without anesthesia	$50

SPECIFIC INJURIES	EMPLOYEE/ SPOUSE/CHILDREN
CONCUSSION A *concussion or mild traumatic brain injury (MTBI)* is defined as a disruption of brain function resulting from a traumatic blow to the head.	$200
COMA *Coma* means a state of profound unconsciousness caused by a covered accident. If you are in a coma lasting 30 days or more as the result of a covered accident, we will pay the benefit shown.	$10,000
EMERGENCY DENTAL WORK (per accident; injury to sound, natural teeth)	
Repaired with crown	$150
Resulting in extraction	$50
BURNS (treatment within 72 hours and based on percentage of body surface burned)	
Second-Degree Burns	
Less than 10%	$100
At least 10%, but less than 25%	$200
At least 25%, but less than 35%	$500
35% or more	$1,000
Third-Degree Burns	
Less than 10%	$1,000
At least 10%, but less than 25%	$5,000
At least 25%, but less than 35%	$10,000
35% or more	$20,000
First-degree burns are not covered.	
LACERATIONS (treatment and repair within 72 hours)	
Under 2" long	$50
2" to 6" long	$200
Over 6" long	$400
Lacerations not requiring stitches	$25
Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	

ADDITIONAL BENEFITS	EMPLOYEE/ SPOUSE/CHILDREN
EMERGENCY ROOM TREATMENT We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room and receive initial treatment within 72 hours after the covered accident. This benefit is payable only once per 24-hour period and only once per covered accident. We will not pay the Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.	$200
EMERGENCY ROOM OBSERVATION We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room, are held in a hospital for observation for at least 24 hours, and receive initial treatment within 72 hours after the accident. This benefit is payable only once per 24-hour period and only once per covered accident. This benefit is payable in addition to Emergency Room Treatment Benefit.	$100
MAJOR DIAGNOSTIC TESTING We will pay the amount shown if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred: computerized tomography (CT scan); computerized axial tomography (CAT); magnetic resonance imaging (MRI); electroencephalography (EEG). These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.	$200
POST TRAUMATIC STRESS DISORDER DIAGNOSIS *Post-traumatic Stress Disorder (PTSD)* is a mental health condition triggered by a covered accident. We will pay the amount shown if you are diagnosed with post-traumatic stress disorder. You 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. This benefit is payable only once per covered accident.	$200
AMBULANCE/ AIR AMBULANCE If you require 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.	$200 ambulance $1,000 air ambulance
BLOOD/PLASMA If you are injured, and receive blood or plasma within 90 days after the covered accident, we will pay the benefit shown.	$100
APPLIANCES If a doctor advises you to use a medical appliance, we will pay the benefit shown. *Medical appliance* means crutches, wheelchairs, leg braces, back braces, and walkers.	$100

ADDITIONAL BENEFITS	EMPLOYEE/ SPOUSE/CHILDREN
INTERNAL INJURIES (resulting in open abdominal or thoracic surgery) We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.	$1,000
ACCIDENT FOLLOW-UP TREATMENT We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for follow-up treatment. You 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.	$30
EXPLORATORY SURGERY WITHOUT REPAIR (i.e., arthroscopy) We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.	$250
WELLNESS BENEFIT (per 12-month period) After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.	$50
PROSTHESIS We will pay this benefit if you require the use of a prosthetic device due to injuries received in a covered accident. We will pay this benefit for **each** prosthetic device you use. Hearing aids, wigs, dental aids, and false teeth are not covered.	$500
PHYSICAL THERAPY We will pay this benefit for up to six doctor-prescribed physical therapy treatments per covered accident. You must have received initial treatment within 72 hours of the covered accident. The physical therapy treatment must begin within 30 days after the covered accident or discharge from the hospital and must take place within six months of the covered accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.	$30
TRANSPORTATION We will pay this benefit if a doctor-recommended hospital treatment or diagnostic study is not available in your resident city. 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) We will pay this benefit for each night's lodging, up to 30 days, for an adult immediate family member's lodging if you are required to travel more than 100 miles from your resident home due to confinement in a hospital for treatment of an injury from a covered accident. This benefit is only payable while you remain confined to the hospital, and treatment must be prescribed by your local doctor.	$100
REHABILITATION UNIT BENEFIT (per 12-month period) We will pay the amount shown for injuries received in a covered accident if you are admitted for a hospital confinement, are transferred to a bed in a rehabilitation unit of a hospital, and incur a charge. This benefit is limited to 30 days per period of hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.	$75

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ACCIDENT ADVANTAGE PLUS INSURANCE

LIMITATIONS AND EXCLUSIONS
WHAT IS NOT COVERED, AND TERMS YOU NEED TO KNOW

LIMITATIONS AND EXCLUSIONS

If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- War – participating in war or any act of war, declared or not; 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.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- 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.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. *Legally intoxicated* means that condition as defined by the law of the jurisdiction in which the accident occurred.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – participating in any organized sport—professional or semi-professional.
- 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.

TERMS YOU NEED TO KNOW

Accidental injury or injuries means bodily injury or injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of *covered accident*.

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

Covered accident means an unforeseen and unexpected traumatic event resulting in bodily injury. An event meets the qualifications of covered accident if it occurs on or after the plan's effective date, occurs while coverage is in force, and is not specifically excluded.

Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. You or your spouse must furnish proof of this incapacity and dependency to the company within 31 days following the child's 26th birthday.

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; or loss of sight – At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable); or 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.

Doctor is defined as a person who is a legally qualified to practice medicine, licensed as a physician by the state where treatment is received, and licensed to treat the type of condition for which a claim is made. A doctor does not include you or your family member.

Employee means a person who is actively at work with the master policyholder, engaged in full-time work, and is included in the class of employees eligible for coverage.

Family member includes your spouse (who is defined as your legal wife, husband, or partner to a civil union) as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother.

This includes step-family members and family-members-in-law.

Hospital refers to a place that is legally licensed and operated as a hospital; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; has on-site or pre-arranged use of X-ray equipment, laboratory, and surgical facilities; and maintains permanent medical history records.

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.

Hospital Intensive Care Unit refers to a specifically designed hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured. Hospital Intensive Care Units must be separate and apart from the surgical recovery room; separate and apart from rooms, beds, and wards customarily used for patient confinement; permanently equipped with special life-saving equipment to care for the critically ill or injured; and under constant and continuous observation by nursing staffs assigned to the Intensive Care Unit on an exclusive, full-time basis.

Rehabilitation Unit is a unit of a hospital 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 and staffed in a unit specifically designated for this service.

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

We refers to Continental American Insurance Company.

Spouse means your legal wife, husband, or partner to a civil union. Coverage may only be issued to your spouse if your spouse is over 18.

PORTABLE COVERAGE

When coverage is effective and would otherwise terminate because you end employment with the employer, coverage may be continued. You may continue the coverage that is in force on the date employment ends, including dependent coverage that is in effect. You must apply to us in writing within 31 days after the date that the insurance would terminate.

You may be allowed to continue the coverage until the earlier of the date you fail to pay the required premium, or the date the group master policy is terminated. Coverage may not be continued if you fail to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by you.

TERMINATION

Your insurance will terminate on the date we terminate the plan, the 31st day after the premium due date, if the premium has not been paid, the date you no longer meet the plan's definition of an employee, or the date you no longer belong to an eligible class.

If the master policy and/or certificate terminates, we will provide coverage for claims arising from covered accidents that occurred while the plan was in force.

EFFECTIVE DATE

The effective date for you, the employee, is as follows: (1) Your insurance will be effective on the date shown on the certificate schedule, provided you are then actively at work. (2) If you are not actively at work on the date coverage would otherwise become effective, the effective date of your coverage will be the date on which you are 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.

We've got you under our wing.®

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The certificate to which this sales material pertains is 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.

This brochure is subject to the terms, conditions, and limitations of Policy Series CAI7800.

GROUP ACCIDENT+ INSURANCE
Policy Series CA7800

AC G

Colorado

HIGH OPTION - 24 HOUR PLAN	Monthly (12pp/yr)
Employee	$16.77
Employee and Spouse	$25.23
Employee and Dependent Children	$29.36
Family	$37.82

Wellness Benefit included in Rates

Please Note: *Premiums and benefits shawn are accurate as af publicatian. They are subject ta change.*

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