

Peace of Mind *and*  
Real Cash Benefits



GROUP ACCIDENT ADVANTAGE PLUS

AP1<sup>G</sup>



## Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last things on your mind are the charges that may be accumulating while you're at the emergency room, including:

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

You get the picture. These costs add up—fast. You hope they never happen, but at some point, you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.



### FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see the back of this brochure for guidelines.)

# 39.4

**MILLION**

About 39.4 million visits to hospital emergency departments in 2007 were due to injuries.\*

## HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
<p><b>HOSPITAL ADMISSION</b></p> <p>We will pay the amount shown, when because of a Covered Accident, the insured is injured, requires hospital confinement, and is 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.</p>	\$1,000	\$1,000	\$1,000
<p><b>HOSPITAL CONFINEMENT (per day)</b></p> <p>We will pay the amount shown when, because of a Covered Accident, the insured is injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.</p> <p>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.</p> <p>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.</p>	\$200	\$200	\$200
<p><b>HOSPITAL INTENSIVE CARE (per day)</b></p> <p>We will pay the amount shown when, because of a Covered Accident, the insured is injured, and those injuries cause confinement to a hospital intensive care unit.</p> <p>This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.</p>	\$400	\$400	\$400
<p><b>MEDICAL FEES (for each accident)</b></p> <p>If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for doctor services or X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 72 hours after the accident.</p>	\$125	\$125	\$75
<p><b>PARALYSIS</b></p> <p>Quadriplegia Paraplegia</p> <p><b>Paralysis</b> means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a Covered Accident, the insured is 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.</p> <p>The amount paid will be based on the number of limbs paralyzed. 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.</p>	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

## ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

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

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

**Accidental Injury** means bodily injury caused solely by or as the result of a Covered Accident.

**Covered Accident** means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.

## 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 INJURY, TOTAL DISABILITY, OR DEATH, 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 Occupation – committing or attempting to commit a felony or being engaged in an illegal occupation
- 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.

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

**Spouse** is your legal wife, husband, or party to a civil union.

**Civil Union** means a legal relationship between 2 persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

**Party to a Civil Union** means a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

The Rider will be issued to your spouse only if he or she is between ages 18 and 64. Coverage on your Spouse terminates when he or she attains age 70.

**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.

A child who is in the custody of you or your Spouse, pursuant to an interim court order of adoption or placement of adoption, whichever comes first, vesting temporary care of the child in you or your Spouse, is an adopted child, regardless of whether a final order granting adoption is ultimately issued.

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.

Coverage of an unmarried Dependent Child who is under age 30 and who served in the military will not terminate if he/she meets the following three requirements: 1. He or she is an Illinois resident, 2. He or she served as a member of the active or reserve components of any United States Armed Forces branch, and 3. He or she has received a release or discharge (other than a dishonorable discharge).

To be eligible for coverage, the eligible dependent must submit to us a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.

### PORTABLE COVERAGE

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. An Employee may continue the coverage that is in-force on the date employment ends, including dependent coverage that is 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 master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by the insured.

### CONTINUATION OF COVERAGE UPON EMPLOYEE DEATH

Upon the death of the insured employee the dependents' coverage, if any, continues for a period of at least 90 days subject to any other certificate provisions relating to termination of dependents' coverage.

### TERMINATION

An employee's insurance will terminate on whichever occurs first: The date the company terminates the plan; The 31st day after the premium due date, if the premium has not been paid; The date an insured no longer meets the definition of an employee, unless the insured takes advantage of the portability privilege; The date an insured no longer belongs 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 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.

### FRACTURES

A **Fracture** is a break in a bone that can be seen by X-ray. If a bone is fractured in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the appropriate amount shown.

**Multiple fractures** refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one Covered Accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than double the benefit amount for the fractured bone which has the highest dollar amount.

**Chip fracture** refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture benefit per Covered Accident is double the benefit amount for the fractured bone that has the higher dollar amount.

### DISLOCATIONS

**Dislocation** refers to a completely separated joint. If a joint is dislocated in a Covered Accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

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 the certificate and then dislocates the same joint again, it will not be covered by this certificate.

**Multiple dislocations** refers to more than one dislocation requiring either open or closed reduction in any one Covered Accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than double the benefit amount for the dislocated joint that has the higher dollar amount.

**Partial dislocation** is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per Covered Accident is double the benefit amount for the dislocated joint that has the higher dollar amount.

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The certificate to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

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This brochure is a brief description of coverage, 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 CAI7800IL.

## MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE//SPOUSE//CHILD	
<b>FRACTURES (closed reduction):</b>		
Hip/Thigh	\$4,000	<ul style="list-style-type: none"> <li>If you have <b>both a fracture and dislocation</b> in the same Covered Accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.</li> <li>If a <b>fracture</b> requires open reduction, we will pay double the amount shown.</li> <li>If the dislocation requires open reduction, we will pay double of the amount shown.</li> <li>Please refer to the Limitations and Exclusions section for more detail on fractures and dislocations.</li> </ul>
Vertebrae (except processes)	\$3,600	
Pelvis	\$3,200	
Skull (depressed)	\$3,000	
Leg	\$2,400	
Forearm/Hand/Wrist	\$2,000	
Foot/Ankle/Knee Cap	\$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	
<b>DISLOCATIONS (closed reduction):</b>		
Hip	\$3,000	
Knee (not knee cap)	\$1,950	
Shoulder	\$1,500	
Foot/Ankle	\$1,200	
Hand	\$1,050	
Lower Jaw	\$900	
Wrist	\$750	
Elbow	\$600	
Finger/Toe	\$240	

## SPECIFIC INJURIES

	EMPLOYEE//SPOUSE//CHILD		EMPLOYEE//SPOUSE//CHILD
<b>RUPTURED DISC</b>			
(treatment within 60 days; surgical repair within one year)			
Injury occurring during first certificate year	\$100	<b>EMERGENCY DENTAL WORK</b>	
Injury occurring after first certificate year	\$400	(per accident; injury to sound, natural teeth)	
		Repaired with crown	\$150
		Resulting in extraction	\$50
<b>TENDONS/LIGAMENTS</b>		<b>BURNS (treatment within 72 hours and based on percent of body surface burned):</b>	
(treatment within 60 days; surgical repair within 90 days) 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.	\$400 (Single) \$600 (Multiple)	<b>Second-Degree Burns</b>	
		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
		<b>Third-Degree Burns</b>	
		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
<b>TORN KNEE CARTILAGE</b>		<b>First-degree burns are not covered.</b>	
(treatment within 60 days; surgical repair within one year)			
Injury occurring during first certificate year	\$100	<b>LACERATIONS (treatment and repair within 72 hours):</b>	
Injury occurring after first certificate year	\$400	Under 2" long	\$50
		2" to 6" long	\$200
		Over 6" long	\$400
		Lacerations not requiring stitches	\$25
<b>EYE INJURIES</b>		Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	
Treatment and surgical repair within 90 days	\$250		
Removal of foreign body (requiring no surgery)	\$50		
<b>CONCUSSION</b>		<b>This brochure is a brief description of coverage, not a contract. Read your certificate carefully for exact terms and conditions.</b>	
(a head injury resulting in electroencephalogram abnormality)	\$200		
<b>COMA</b>	\$10,000		
(state of profound unconsciousness lasting 30 days or more)			

## ADDITIONAL BENEFITS

### EMPLOYEE//SPOUSE//CHILD

#### EMERGENCY ROOM TREATMENT \$200

We will pay the amount shown for injuries received in a Covered Accident if the insured receives treatment in a hospital emergency room and receives 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 Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same Covered Accident. We will pay the highest eligible benefit amount.

#### EMERGENCY ROOM OBSERVATION \$100

We will pay the amount shown for injuries received in a Covered Accident if the insured receives treatment in a hospital emergency room, and is held in a hospital for observation for at least 24 hours, and receives 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 would be paid in addition to Accident Emergency Room Treatment Benefit.

#### MAJOR DIAGNOSTIC TESTING \$200

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.

#### POST TRAUMATIC STRESS DISORDER DIAGNOSIS \$200

Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a Covered Accident.

We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The 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.

This benefit is payable only once per Covered Accident.

#### AMBULANCE \$200

#### AIR AMBULANCE \$1,000

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.

#### BLOOD/PLASMA \$100

If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.

#### APPLIANCES \$100

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.

#### INTERNAL INJURIES \$1,000

(resulting in open abdominal or thoracic surgery)

### EMPLOYEE//SPOUSE//CHILD

#### ACCIDENT FOLLOW-UP TREATMENT \$30

We will pay this benefit for up to six treatments (one per day) 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.

#### EXPLORATORY SURGERY \$250

[without repair (i.e., arthroscopy)]

#### PROSTHESIS \$500

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, dental aids, and false teeth are not covered.

#### PHYSICAL THERAPY \$30

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, 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.

#### TRANSPORTATION \$300 (train/plane) \$150 (bus)

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.

#### FAMILY LODGING BENEFIT (per night) \$100

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. The treatment must be prescribed by the insured's local physician.

#### WELLNESS BENEFIT (per 12-month period) \$50

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.

#### REHABILITATION UNIT BENEFIT (per day) \$75

We will pay the amount shown for injuries received in a Covered Accident if the insured: is admitted for a hospital confinement, is transferred to a bed in a rehabilitation unit of a hospital for treatment, 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 Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.