



# CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina  
800.433.3036

## **Endorsement to Policy and Certificate of Insurance**

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

**Notice of Claim and Proof of Loss** should be mailed to the Company at:

P.O. Box 84075, Columbus, Georgia, 31993-9103

**Premium Payments** should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary



# CONTINENTAL AMERICAN INSURANCE COMPANY

PO Box 427 • Columbia, South Carolina 29202  
800.433.3036

Please call the toll-free number above with any questions about this coverage.

## **Certificate of Insurance For Group Accidental Injury Insurance Policy**

**This limited Plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**

**This Plan provides the benefits listed in the Benefit Schedule. Please read it carefully.**

**Your Employer** (the “Policyholder”) applied for coverage under this Group Accidental Injury Insurance Policy (the “Plan”). This Plan is issued by Continental American Insurance Company (the “Company,” “CAIC,” “we,” “us,” or “our”). For the purposes of this Plan, “you” (including “your” and “yours”) refers to you. Based on the application process and the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages. (Please note that male pronouns— such as “he,” “him,” and “his”—are used for both males and females, unless the context clearly shows otherwise.)

You will notice that certain words and phrases (including some medical terms and the names of Plan documents) in this document are capitalized. The capitalized words refer to terms with very specific definitions as they apply to this insurance Plan.

We certify that you are insured under the Group Accidental Injury Insurance Policy (the “Plan”). The Plan was issued to the Policyholder. The Certificate is subject to the Definitions, Exclusions, and other provisions of the Plan.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

*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.*

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## **SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION**

### PRIMARY INSURED

#### **Eligibility**

You are eligible to be covered under this Plan if you are Actively at Work for the Policyholder and included in the class that is eligible for coverage, as shown on the Master Application.

**If this coverage is offered to members of a union, references to “Employee” throughout the Plan documents shall be considered to refer to union members who are Actively at Work for their employer.**

*Insureds* are defined as those who might be eligible for coverage under this Plan in the following categories:

- **Employee Coverage** – We insure only the Employee. The Employee is the *Primary Insured* under this Plan.
- **Employee and Spouse or Domestic Partner Coverage** – We insure the Employee and Spouse or Domestic Partner.
- **Employee and Children Coverage** – We insure the Employee and any Dependent Children.
- **Family Coverage** – We insure the Employee, Spouse or Domestic Partner, and any Dependent Children.

You should refer to *Type of Coverage* in your Certificate Schedule to determine who is covered under this Certificate.

Details for adding Insureds to Plan coverage are outlined in the Dependent Coverage – Effective Date provision.

#### **Effective Date**

Your Employee Effective Date is shown on the Certificate Schedule.

Your Employee Effective Date is the date your insurance takes effect. After we receive and approve the Application, that date is either:

- The date shown on the Certificate Schedule if you are Actively at Work on that date, or
- The date you return to an Actively-at-Work status if you were not Actively at Work on the date shown on the Certificate Schedule.

#### **Termination of Your Insurance**

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 60<sup>th</sup> day after the premium due date (the last day of the Grace Period), if the premium has not been paid.
- The date you no longer belong to an eligible class.

If an Insured’s coverage terminates, we will provide benefits for valid claims that arose while his coverage was active.

## DEPENDENT COVERAGE

### Eligibility

Dependents may be eligible for coverage under this Plan. **You should refer to the Type of Coverage on the Certificate Schedule to determine Dependent eligibility.** A **Dependent** is your Spouse or Domestic Partner or Dependent Child. An eligible Spouse or Domestic Partner must be at least age.

**Dependent Child or Dependent Children** means your or your Spouse or Domestic Partner's natural children, step-children, foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. However, we will continue coverage for Dependent Children insured under the Plan after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. You or your Spouse or Domestic Partner must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

**Children Placed for Adoption** are children for whom you have entered a decree of adoption or for whom you have initiated adoption proceedings. A decree of adoption must be entered within one year from the date proceedings were initiated, unless extended by order of the court. You must continue to have custody pursuant to the decree of the court.

### Effective Date

- A Dependent may be added to the Plan after the Employee's Effective Date within 31 days after a Life Event or during an approved enrollment period.
- If Employee and Children **or** Family Coverage is already in force, no additional notice or premium is required to add another Dependent Child.
- If Dependent Spouse or Domestic Partner or Dependent Child coverage is **not** in force, the Employee must complete an Application to add a Dependent to the Plan. The Company will assign a Dependent Effective Date for a Dependent's coverage after approving the Application. For Dependent coverage to become effective, the premium for the Dependent must be included in the premium payment. Spouse or Domestic Partner and Dependent Child coverage will begin on the date of the Life Event if notice was provided within 31 days after the Life Event.
- If Dependent Child coverage is not already in force, newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered from the earlier of a) placement for adoption, b) the date of entry of an order granting custody of the child for the purposes of adoption, or c) the effective date of adoption, for 60 days. To extend coverage beyond 60 days with no gap in coverage, the Employee must apply to the Company within the 60-day time period following the child's birth or adoption. No premium is due for the first 60 days of newborn/newly adopted coverage.

### Termination of Dependent Insurance

Dependent coverage will terminate on the earliest of the following:

- When the Certificate terminates,
- On the premium due date following the date we receive your written request to terminate Dependent coverage,
- When premiums are no longer paid for Dependent coverage (subject to the Grace Period),
- For Spouse or Domestic Partner coverage, when the Insured no longer meets the definition of Spouse or Domestic Partner because of annulment, divorce, or other reason, or
- For Dependent Child coverage, when the Child no longer qualifies as a Dependent because he reaches age 26 or other reason. (Dependent Children who reach age 26 will have coverage continued until the last day of the month in which they turn age 26.)

## **Plan Termination**

The **Company** has the right to cancel the Plan on any premium due date for the following reasons:

- The premium is not paid before the end of the Grace Period,
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder,
- The number of participating Employees changes by 25% or more,
- The Policyholder fails to perform any of the obligations that relate to this Policy or that are required by applicable law,
- The Policyholder no longer offers coverage to a particular class of Employees,
- The Policyholder no longer serves a class of Employees who reside in a particular geographical area, or
- The Policyholder does not provide timely information that is reasonably required.

The **Policyholder** has the right to cancel the Plan on any premium due date.

- To do this, the Policyholder must give the Company at least 60 days' written notice.
- The Plan will end on the date in the written notice or the date the Company receives the notice, whichever is later.

All outstanding premiums are due upon Plan termination. If the Company receives premium payments after the Plan terminates, this will not reinstate the Plan.

**The Policyholder has the sole responsibility of notifying Certificateholders in writing of the Plan's termination as soon as reasonably possible.** If the Plan terminates, it—and all Certificates and Riders issued under the Plan—will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

## **Portability Privilege**

When you are no longer a member of an eligible class and your coverage would otherwise end, you may elect to continue your coverage under this Plan. You may continue the coverage you had on the date your Certificate would otherwise terminate, including any in-force Spouse or Domestic Partner or Dependent Child coverage, without any additional underwriting requirements.

To keep your coverage in force, you must:

- Notify the Company within 31 days after the date your coverage would otherwise terminate. You may notify us by sending written notice to P.O. Box 84079 Columbus, GA 31993 or by calling the Customer Service number at 800.433.3036, and
- Pay the required premium directly to the Company no later than 31 days after the date your coverage would otherwise terminate and on each premium due date thereafter.

Ported coverage will end on the earliest of the following dates:

- 31 days after the premium due date (the last day of the Grace Period), if the premium has not been paid, or
- The date the Group Plan is terminated.

If you qualify for this Portability Privilege, then the Company will apply the same Benefits, Premium Rate, and Plan Provisions as shown in your previously-issued Certificate. Notification of any changes in the Plan will be provided directly by the Company.

## **SECTION II – PREMIUM PROVISIONS**

### **Premium Payments**

**Premiums should be paid to the Company at its Home Office in Columbia, South Carolina.** The first premiums are due on the Plan's Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period provision.

### **Premium Changes**

Unless we have agreed in writing not to increase premiums, the premium may change:

- On the Group Policy Anniversary Date based on renewal underwriting. (The Group Policy Anniversary Date is shown on the Policy Schedule and falls on the same date each year thereafter.)
- Whenever the terms or conditions of the Plan are modified. The new premium rates will apply only to premiums due on or after the rate change takes effect.

We will provide the Policyholder a 60-day advance written notice of any change in premiums.

### **Grace Period**

This Plan has a 31-day Grace Period. If a premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Plan. If the Plan is discontinued, the Plan's termination date will be the latest date for which premium has been paid.

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### **SECTION III – DEFINITIONS**

When the terms below are used in this Plan, the following definitions apply:

**Accidental Injury** means accidental bodily damage to an Insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. A **Covered Accidental Injury** is an Accidental Injury that occurs while coverage is in force. A **Covered Accident** is an accident that occurs on or after an Insured's Effective Date while coverage is in force, and that is not specifically excluded by the Plan.

**Actively at Work** refers to an Employee's ability to perform his regular employment duties for a full normal workday. The Employee may perform these activities either at his employer's regular place of business or at a location where he is required to travel to perform the regular duties of his employment.

**Ambulatory Surgical Center** is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

**Calendar Year** means the period beginning on the Policy Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

**Claimant** means a person who is authorized to make a claim under the Certificate.

**Doctor** is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and:

- Is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or
- Is a duly qualified medical practitioner according to the laws and regulations in the state in which Treatment is made.

A Doctor **does not** include the Insured or an Insured's Family Member.

For the purposes of this definition, **Family Member** includes the Employee's Spouse or Domestic Partner as well as the following members of the Employee's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-Family Members and Family-Members-in-law.

**Domestic Partner** is defined as a person who is:

- Party to a valid domestic partnership,
- Has not terminated that domestic partnership, and
- Meets the requisites for a valid domestic partnership.

In order to enter into a valid domestic partnership, it is necessary that the two persons register with the state of Nevada when it is established, by having previously furnished proof to the state of Nevada, that:

- Both persons have a common residence,
- Neither person is married or a member of another domestic partnership,
- The two persons are not related by blood in a way that would prevent them from being married to each other in the state of Nevada,
- Both persons are at least 18 years of age, and
- Both persons are competent to consent to the domestic partnership.

**Employee** is a person who meets Eligibility requirements under **Section I – Eligibility, Effective Date, and Termination** and who is covered under this Plan. The Employee is the Primary Insured under this Plan.



**Hospital** means a place that meets all of the following criteria:

- 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, and
- Has on-site use of X-ray equipment, laboratory, and surgical facilities.

The term *Hospital* specifically excludes any facility not meeting the definition of Hospital as defined in this Plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A Rehabilitation Facility,
- A facility for the Treatment of alcoholism or drug addiction, or
- An assisted living facility.

**Hospital Intensive Care Unit** means a place that meets all of the following criteria:

- Is a specifically designated area of the Hospital called a Hospital Intensive Care Unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit 24 hours a day; and
- Has a Doctor assigned to the Hospital Intensive Care Unit on a full-time basis.

The term *Hospital Intensive Care Unit* specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in this Plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or
- An intermediate care unit.

**Intermediate Intensive Care Step-Down Unit** means any of the following:

- A progressive care unit,
- A sub-acute intensive care unit,
- An intermediate care unit, or
- A pre- or post-intensive care unit.

An Intermediate Intensive Care Step-Down Unit is **not** a Hospital Intensive Care Unit as defined in this Plan.

**Life Event** means an event that qualifies an Employee to make changes to benefits at times other than his enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

**Rehabilitation Facility** is a unit or facility 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 in a unit or facility specifically designated and staffed for this service. This is not a facility for the Treatment of alcoholism or drug addiction.

**Spouse** is an Employee's legal wife or husband, including a legally-recognized same-sex Spouse or Domestic Partner, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with the Employee.

**Telemedicine Service** means a medical inquiry with a Doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

**Treatment** is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does **not** include Telemedicine Services.

**Urgent Care** is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

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## SECTION IV – BENEFIT PROVISIONS

### Initial Treatment Category

#### Initial Treatment Benefit

We will pay the amount shown in the Benefit Schedule if an Insured receives Initial Treatment for a Covered Accidental Injury. This benefit is payable for Initial Treatment received under the care of a Doctor when an Insured visits a(n):

- Hospital emergency room with X-Ray
- Hospital emergency room without X-Ray
- Urgent Care facility with X-Ray
- Urgent Care facility without X-Ray
- Doctor's office or facility (other than a Hospital emergency room or Urgent Care) with X-Ray
- Doctor's office or facility (other than a Hospital emergency room or Urgent Care) without X-Ray

**Initial Treatment** means the first Treatment an Insured receives for a Covered Accidental Injury.

The Initial Treatment must be received within 168 hours after the Covered Accident for benefits to be payable. This benefit is not payable for Telemedicine services.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

#### Ambulance Benefit

We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident, the Insured:

- Is injured, and
- Receives transportation by a professional ambulance service. This transportation must occur within 90 days after the accident for a benefit to be payable.

Ambulance service includes air ambulance service.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

#### Major Diagnostic Testing Benefit

We will pay the amount shown in the Benefit Schedule if, because of Injuries sustained in a Covered Accident, the Insured requires one of the following exams:

- Computerized tomography (CT scan)
- Computerized axial tomography (CAT)
- Magnetic resonance imaging (MRI)
- Electroencephalography (EEG)

These exams must be performed in a Hospital, a Doctor's office, a Medical Diagnostic Imaging Center, or an Ambulatory Surgical Center. The exam must be performed within six months after the accident for a benefit to be payable.

For the purposes of this Plan, a **Medical Diagnostic Imaging Center** is defined as a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Emergency Room Observation Benefit**

The daily benefit amount shown in the Benefit Schedule is payable for each 24-hour period of observation that, because of a Covered Accidental Injury, an Insured:

- Receives Treatment in a Hospital emergency room,
- Is held in a Hospital for observation without being admitted as an inpatient, and
- Receives initial Treatment within 168 hours after the accident.

For periods of observation lasting fewer than 24 hours but more than four hours, a limited benefit amount as shown in the Benefit Schedule is payable.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Prescriptions Benefit**

We will pay the amount shown in the Benefit Schedule for a prescription filled. The prescription must meet three criteria: (1) be ordered by a Doctor due to a Covered Accidental Injury; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and Treatment of the Insured due to a Covered Accidental Injury. The prescription must be received within six months after the accident for a benefit to be payable.

This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines or insulin used by or administered to a person while he is confined to a Hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or (d) immunization agents, biological sera, blood or blood plasma.

This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Pain Management Benefit**

We will pay the amount shown in the Benefit Schedule when an Insured is prescribed and receives:

- A nerve ablation and/or block, or
- An epidural injection administered into the spine.

The benefit is only payable for pain management techniques (as shown above) that are administered in a Hospital or Doctor's office, and are due to a Covered Accidental Injury. For a benefit to be payable, the pain management technique must be administered within six months after the Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Blood/Plasma/Platelets Benefit**

We will pay the amount shown in the Benefit Schedule for each day that an Insured receives blood, plasma, or platelets due to a Covered Accidental Injury. The Insured must receive the blood, plasma, or platelets within six months after the accident for a benefit to be payable.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Concussion Benefit**

We will pay the amount shown in the Benefit Schedule if the Insured has a concussion due to a Covered Accident. The concussion must be diagnosed by a Doctor. The diagnosis must be made within six months after the accident for a benefit to be payable.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Traumatic Brain Injury Benefit**

We will pay the amount shown in the Benefit Schedule if the Insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a Covered Accident. *Traumatic Brain Injury (TBI)* is an injury that is caused by a traumatic blow to the head, neck, or shoulders; and that results in neurological deficit. To qualify as TBI, the neurological deficit must require:

- Treatment by a neurologist, and
- Prescribed course of physical, speech, and/or occupational therapy under the direction of a neurologist.

The diagnosis must be made within six months after the accident for a benefit to be payable.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Burns Benefit**

We will pay the amount shown in the Benefit Schedule if the Insured has burns in a Covered Accident. We will pay the Burns Benefit according to the percentage of body surface burned. The Insured must be treated for burns by a Doctor within six months after the accident for a benefit to be payable. First-degree burns are not covered.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Emergency Dental Work Benefit**

We will pay the amount shown in the Benefit Schedule if the Insured has an Accidental Injury to natural teeth as the result of a Covered Accident. We will pay for extraction or repair with a crown as shown in the Benefit Schedule. The dental work must be performed within six months of the accident for a benefit to be payable.

**Eye Injuries Benefit**

We will pay the amount shown in the Benefit Schedule for eye injuries requiring removal of a foreign body if, because of a Covered Accident, a Doctor removes a foreign body from the eye, with or without anesthesia.

**Dislocation Benefit**

*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 in the Benefit Schedule.

If the dislocation requires open reduction, we will pay 200% of the amount shown in the Benefit Schedule.

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

*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 in the Benefit Schedule. However, we will pay no more than 200% of 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. (*Partial dislocation* includes subluxation.)

### **Laceration Benefit**

We will pay the amount shown in the Benefit Schedule if an Insured receives a laceration in a Covered Accident. The laceration must be repaired with stitches by a Doctor within 168 hours after the accident for a benefit to be payable. (*Stitches* can also include liquid skin adhesive.) The amount paid will be based on the length of the laceration. (Receiving stitches to repair a laceration is not payable under the Outpatient Surgery and Anesthesia Benefit or Inpatient Surgery and Anesthesia Benefit, if any.)

The Insured may receive Treatment for a laceration that does not require stitches. However, if that laceration is treated by a Doctor within 168 hours after the Covered Accident, we will pay the amount shown in the Benefit Schedule.

If the Insured suffers multiple lacerations in a Covered Accident, and the lacerations are repaired with stitches by a Doctor within 168 hours after the accident, we will pay this benefit based on the largest single laceration that requires stitches, as shown in the Benefit Schedule. However, we will pay no more than 200% of the benefit amount for the laceration that has the higher dollar amount.

### **Fracture Benefit**

*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 in the Benefit Schedule.

If the fracture requires open reduction, we will pay 200% of the amount shown in the Benefit Schedule.

*Multiple fractures* refers to more than one fracture requiring either open or closed reduction. If these fractures occur in any one Covered Accident, we will pay the appropriate amounts shown in the Benefit Schedule for each fracture. However, we will pay no more than 200% of the benefit amount for the bone fractured that 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 in the Benefit Schedule for the affected bone.

*Fracture* does not include stress fractures, which are tiny cracks in a bone that can arise by the repetitive application of force, or from normal use of a weakened bone. Benefits are not payable for stress fractures.

### **Outpatient Surgery and Anesthesia Benefit**

We will pay the daily benefit amount shown in the Benefit Schedule when, due to a Covered Accidental Injury, an Insured has an outpatient surgical procedure performed by a Doctor. "Surgical procedure" does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this Plan, we will pay the **higher** of that benefit amount **or** the Outpatient Surgery and Anesthesia Benefit. For a benefit to be payable, the surgery must be performed within one year after the Covered Accident.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

The surgery can be performed:

- In a Hospital on an outpatient basis,
- In an Ambulatory Surgical Center,
- In a Doctor's office, including Urgent Care facilities, or
- In an emergency room.

**Facilities Fee for Outpatient Surgery Benefit**

We will pay the benefit amount shown in the Benefit Schedule if, due to a Covered Accidental Injury:

- An Insured has an outpatient surgical procedure performed in an Ambulatory Surgical Center or in a Hospital on an outpatient basis, and
- The Insured receives an Outpatient Surgery and Anesthesia Benefit under this Plan.

This benefit is payable in addition to any surgery benefits payable.

**Inpatient Surgery and Anesthesia Benefit**

We will pay the daily benefit amount shown in the Benefit Schedule when, due to a Covered Accidental Injury, an Insured has an inpatient surgical procedure performed by a Doctor. The surgery must be performed while the Insured is confined to a Hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in this Plan, we will pay the *higher* of that benefit amount **or** the Inpatient Surgery and Anesthesia Benefit. For a benefit to be payable, the surgery must be performed within one year after the Covered Accident.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

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## **Hospitalization Category**

### **Hospital Admission Benefit**

We will pay this benefit when an Insured is admitted to a Hospital and confined as an inpatient because of a Covered Accidental Injury. To be eligible to receive this benefit, an Insured must be admitted to a Hospital within six months of the date of the Covered Accident.

We will pay the Hospital Admission Benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room Treatment or outpatient Treatment. We will pay this benefit once per period of Hospital Confinement.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

### **Hospital Confinement Benefit**

We will pay the amount shown in the Benefit Schedule for each day that an Insured is confined to a Hospital as an inpatient as the result of a Covered Accidental Injury. To be eligible to receive this benefit, the Insured must be confined to a Hospital within six months of the date of the Covered Accident.

The length of time shown for Hospital Confinement in the Benefit Schedule is the maximum period for which an Insured can collect benefits for Hospital Confinements from Covered Accidental Injuries received in the same Covered Accident. This benefit is not payable for confinement to an observation unit or a Rehabilitation Facility.

If we pay benefits for confinement and the Insured becomes confined again within six months because of the same Accidental Injury, 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 it is caused by more than one Covered Accidental Injury.

### **Hospital Intensive Care Benefit**

If an Insured is confined in a Hospital Intensive Care Unit because of a Covered Accidental Injury, we will pay the daily benefit amount shown in the Benefit Schedule. To be eligible to receive this benefit an Insured must be admitted to a Hospital Intensive Care Unit within six months of the date of the Covered Accident.

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown on the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit at a time, even if it is caused by more than one Covered Accidental Injury.

If we pay benefits for confinement in a Hospital Intensive Care Unit and an Insured becomes confined to a Hospital Intensive Care Unit again within six months because of the same Accidental Injury, 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 Benefit**

If an Insured is confined in an Intermediate Intensive Care Step-Down Unit because of a Covered Accidental Injury, we will pay the daily benefit amount shown on the Benefit Schedule. The Insured must be admitted to an Intermediate Intensive Care Step-Down Unit within six months of the date of the Covered Accident.

We will pay this amount for each day of such confinement, not to exceed the maximum benefit period shown in the Benefit Schedule during any one period of confinement.

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.

If we pay benefits for confinement in a Hospital's Intermediate Intensive Care Step-Down Unit and the Insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same condition, we will treat this confinement as the same period of confinement.

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

**Family Member Lodging Benefit**

We will pay this benefit in the amount and up to the maximum number of days shown in the Benefit Schedule. We will pay this benefit for each night's lodging in a motel/hotel/rental property for an adult member of the Insured's immediate family. For this benefit to be payable, because of a Covered Accident:

- The Insured must be confined to a Hospital for Treatment of an Accidental Injury,
- The Hospital and motel/hotel must be more than 100 miles from the Insured's residence, and
- The Treatment must be prescribed by the Insured's treating Doctor.

The Treatment must take place within six months after the Covered Accident for a benefit to be payable.

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## After Care Category

### Appliances Benefit

We will pay the amount shown in the Benefit Schedule if a Doctor advises the Insured to use a medical appliance.

*Medical appliance* means a cane, ankle brace, walking boot, walker, crutches, leg brace, wheelchair, knee scooter, body jacket, back brace, or cervical collar. (Refer to the Benefit Schedule for the amount payable for each type of appliance.) The medical appliance must be used as the result of an Injury received in a Covered Accident. It must be used as an aid in personal locomotion. Proof of Loss for this benefit must include discharge instructions.

For a benefit to be payable, the Doctor's advice to use a medical appliance must be within six months after the Covered Accident.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

### Accident Follow-Up Treatment Benefit

For injuries received in a Covered Accident, we will pay this benefit under the following conditions:

- The Insured receives initial Treatment within 168 hours after the Covered Accident.
- The Insured receives Doctor-prescribed follow-up Treatment.
- The follow-up Treatment begins within six months after the Covered Accident or discharge from the Hospital.

Follow-up Treatments do not include physical, occupational, or speech therapy. Chiropractic or acupuncture procedures are not considered Follow-up Treatment.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

### Post-Traumatic Stress Disorder Benefit

*Post-Traumatic Stress Disorder (PTSD)* is a mental health condition triggered by a Covered Accident. We will pay the amount shown in the Benefit Schedule if the Insured is diagnosed with Post-traumatic Stress Disorder. An 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. The diagnosis must take place within six months after the Covered Accident for a benefit to be payable.

For the purposes of this benefit:

- **Psychiatrist** is a Doctor of medicine who specializes in the diagnosis and Treatment of mental disorders.
- **Psychologist** is a clinical, mental health professional who works with patients. A Psychologist is not a Doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Rehabilitation Unit Benefit**

We will pay the daily benefit amount shown in the Benefit Schedule for each day that, due to a Covered Accidental Injury, an Insured receives Treatment as an inpatient at a Rehabilitation Facility. For this benefit to be payable, the Insured must be transferred to the Rehabilitation Facility for Treatment following an inpatient Hospital Confinement.

This benefit is limited to the Calendar Year Maximum and maximum days per Hospital Confinement shown in the Benefit Schedule. We will not pay the Rehabilitation Facility Benefit for the same days that the Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

**Therapy Benefit**

For injuries received in a Covered Accident, we will pay this benefit under the following conditions:

- The Insured receives initial Treatment within 168 hours after the Covered Accident.
- The Insured receives Doctor-prescribed therapy Treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.
- The therapy Treatment begins within 90 days after the Covered Accident or discharge from the Hospital.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

**Chiropractic or Alternative Therapy Benefit**

For injuries received in a Covered Accident, we will pay this benefit under the following conditions:

- The Insured receives initial Treatment within 168 hours after the Covered Accident.
- The Insured receives acupuncture or chiropractic Treatment for the Covered Accident.
- The Treatment begins within 90 days after the Covered Accident or discharge from the Hospital.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

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## Life Change Events Category

### Paralysis Benefit

*Paralysis* means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident:

- The Insured is injured,
- The Accidental Injury causes paralysis which lasts more than 90 days, and
- The paralysis is diagnosed by a Doctor within six months after the accident.

The amount paid will be based on the number of limbs paralyzed.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

### Prosthesis Benefit

We will pay the amount shown in the Benefit Schedule when an Insured receives a Prosthetic Device, prescribed by a Doctor, as a result of a Covered Accidental Injury.

For the purposes of this benefit, *Prosthetic Device/Prosthesis* means an artificial device designed to replace a missing part of the body.

This benefit is not payable for:

- Hearing aids, wigs, or dental aids (to include false teeth).
- Repair or replacement of Prosthetic Devices.\*
- Joint replacements.

The amount paid will be based on the number (single or multiple) of Prosthetics received.

\* We will pay this benefit again **once** to cover the replacement of a Prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

### Residence/Vehicle Modification Benefit

We will pay the amount shown on the Benefit Schedule for a permanent structural modification to an Insured's primary residence or vehicle when the Insured suffers total and permanent or irrevocable loss of one of the following, due to a Covered Accidental Injury:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

The modification must occur within one year after the accident.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

## **SECTION V – EXCLUSIONS**

We will not pay benefits for Accidental Injury, disability, or death contributed to, caused by, or resulting from:

- **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.
- **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:
  - Allergic reactions
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings
  - An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
  - Any related medical/surgical Treatment or diagnostic procedures for such illness
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test in a professional or semi-professional capacity.
- **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.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- **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.

For **24-Hour Coverage**, the following exclusions will not apply:

- An Injury arising from any employment.
- An Injury or sickness covered by Worker's Compensation.

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## **SECTION VI – CLAIM PROVISIONS**

### **Notice of Claim**

The Insured must give written notice of claim:

- Within 60 days after a Covered Accidental Injury, or
- As soon as reasonably possible.

When we receive written Notice of Claim, we will send a claim form. If the Claimant does not receive the claim form within 15 days after the notice is sent, written Proof of Loss can be sent to us without waiting for the form. Notice must include the Employee's name and the Certificate number. Notice can be mailed to the Company at the following address:

**P.O. Box 84079 Columbus, GA 31993**

### **Proof of Loss**

*Proof of Loss* refers to documentation that supports a claim. (This information is often found in standardized medical documents, such as Hospital bills and operative reports. It can include a statement by the treating Doctor.) Proof of Loss establishes the nature and extent of the loss, the Company's obligation to pay the claim, and the Claimant's right to receive payment.

The Claimant must provide Proof of Loss to the Company at the following address:

**P.O. Box 84079 Columbus, GA 31993**

Proof of Loss must be given to us within 90 days of the Covered Accidental Injury. Failure to give Proof of Loss within such time shall not invalidate or reduce any claim if such Proof of Loss is given as soon as reasonably possible. The Company will not accept Proof of Loss any later than one year and three months after the Covered Accidental Injury, except in the absence of the Claimant's legal mental capacity.

The Claimant will be responsible for the cost of obtaining a completed claim form. We may request additional Proof of Loss, such as records from Hospitals or Doctors. The Claimant will be responsible for the cost of obtaining these records.

We may require authorizations to obtain medical and psychiatric information as well as non-medical information, including personal financial information.

When we receive the claim and due Proof of Loss, we will review the Proof of Loss. If we approve the claim, we will pay the benefits subject to the terms of the Certificate.

### **Physical Examination and Autopsy**

The Company may have an Insured examined as often as reasonably necessary while a claim is pending. In the case of death, the Company may also require an autopsy, unless prohibited by law. The Company will cover all costs for exams and/or autopsy.

### **Time of Payment of Claims**

Benefits payable under the Certificate will be paid after we receive due Proof of Loss acceptable to us. We will pay, deny, or settle all clean claims\* within 30 calendar days after receiving the appropriate information.

\*Clean claims contain all information and/or documentation needed for processing. These claims do not require further information from the provider, the Employee, or the employer.

### **Payment of Claims**

We will pay all benefits to the Employee unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

- To any approved assignee,
- To the Employee's beneficiary,
- To the Employee's surviving Spouse or Domestic Partner,
- To the Employee's estate.

### **Unpaid Premium**

When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

### **Changing of Beneficiary**

A change in beneficiary must be submitted in writing to our Home Office in a form acceptable to us and signed by the Employee. Unless otherwise specified by the Employee, a change in beneficiary will take effect on the date the notice of change is signed. We will not be liable for any action taken before notice is received and recorded at the Home Office.

### **Claim Review**

If a claim is denied, the Employee will be given written notice of:

- The reason for the denial,
- The Plan provision that supports the denial, and
- His right to ask for a review of the claim.

### **Appeals Procedure**

Before filing any lawsuit—and no later than 60 days after notice of denial of a claim—the Employee, the Claimant, or an authorized representative of either must appeal any denial of benefits under the Plan by sending a written request for review of the denial to our Home Office.

### **Legal Action**

The Employee may not take Legal Action against us for benefits under this Plan:

- Within 60 days after he has sent us written Proof of Loss, or
- More than three years from the time written proof is required to be given.

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## **SECTION VII – GENERAL PROVISIONS**

### **Entire Contract Changes**

This insurance is provided under a contract of Group Accidental Injury Insurance with the Policyholder. The Entire Contract of Insurance is made up of:

- The Policy;
- The Certificates of Insurance;
- The Application of the Policyholder, a copy of which is attached to and made part of the Policy when issued; and
- Any Riders, Endorsements, or Amendments to the Policy or Certificate.

All statements (excluding fraudulent ones) that the Policyholder or an Insured has made in the Application will be considered representations, not warranties. The Company will not void insurance or reduce benefits as a result of statements made on the Application without sending Application copies.

Changes to the Plan:

- Will not be valid unless approved in writing by an officer of the Company,
- Must be noted on or attached to the Contract, and
- May not be made by any insurance agent or producer (nor can an agent or producer waive any Plan provisions).

### **Misstatement of Age**

If an age has been misstated on the Application, the benefits will be those that the paid premium would have purchased at the correct age.

### **Successor Insured**

If an Employee dies while covered under his Certificate and his Spouse or Domestic Partner is also insured under this Plan at the time of the Employee's death, then his surviving Spouse or Domestic Partner may elect to become the Primary Insured. This would include continuation of any Dependent Child Rider coverage that is in force at that time.

To become the Primary Insured and keep coverage in force, the surviving Spouse or Domestic Partner must:

- Notify the Company in writing within 31 days after the date of the Employee's death; and
- Pay the required premium to the Company no later than 31 days after the date of the Employee's death, and on each premium due date thereafter.

If the Certificate does not cover a surviving Spouse or Domestic Partner, the Certificate will terminate on the next premium due date following the Employee's death.

### **Time Limit on Certain Defenses**

After two years from the Employee's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Employee's Application. This does not apply to fraudulent misstatements.

### **Clerical Error**

Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error, the Company will make a premium adjustment.

### **Individual Certificates**

The Company will make available to the Policyholder a Certificate for Employees. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, and
- The rights and privileges under the Plan.



**Required Information**

The Policyholder will be responsible for furnishing all information and proofs that the Company may reasonably require with regard to the Plan.

**Conformity with State Statutes**

This Plan was issued on its Effective Date in the state noted on the Master Application. Any Plan provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.

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## BENEFIT SCHEDULE

|   | Primary Insured | Spouse or Domestic Partner | Child(ren) |
|---|-----------------|----------------------------|------------|
| <b>Initial Treatment Category</b>   |                 |                            |            |
| <b>Initial Treatment Benefit</b>  |                 |                            |            |
| <i>Hospital emergency room with X-Ray</i>   | \$150           | \$150                      | \$150      |
| <i>Hospital emergency room without X-Ray</i>  | \$100           | \$100                      | \$100      |
| <i>Urgent Care facility with X-Ray</i>  | \$150           | \$150                      | \$150      |
| <i>Urgent Care facility without X-Ray</i>   | \$100           | \$100                      | \$100      |
| <i>Office or facility (other than a Hospital emergency room or Urgent Care) with X-Ray</i>    | \$100           | \$100                      | \$100      |
| <i>Office or facility (other than a Hospital emergency room or Urgent Care) without X-Ray</i> | \$50            | \$50                       | \$50       |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 1               | 1                          | 1          |
| <b>Ambulance Benefit</b>  | \$200           | \$200                      | \$200      |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | No Max          | No Max                     | No Max     |
| <b>Air Ambulance Benefit</b>  | \$800           | \$800                      | \$800      |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | No Max          | No Max                     | No Max     |
| <b>Major Diagnostic Testing Benefit</b>   | \$100           | \$100                      | \$100      |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 1               | 1                          | 1          |
| <b>Emergency Room Observation Benefit</b>   |                 |                            |            |
| <i>Per each 24 hour period of observation</i>   | \$50            | \$50                       | \$50       |
| <i>Period of observation at least 4 hours and up to 24 hours</i>                              | \$25            | \$25                       | \$25       |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | No Max          | No Max                     | No Max     |
| <b>Prescriptions Benefit</b>  | \$5             | \$5                        | \$5        |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 2               | 2                          | 2          |
| <b>Pain Management Benefit</b>  | \$50            | \$50                       | \$50       |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 1               | 1                          | 1          |
| <b>Blood/Plasma/Platelets Benefit</b>   | \$100           | \$100                      | \$100      |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 3               | 3                          | 3          |
| <b>Concussion Benefit</b>   | \$200           | \$200                      | \$200      |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 1               | 1                          | 1          |
| <b>Traumatic Brain Injury Benefit</b>   | \$2,500         | \$2,500                    | \$2,500    |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 1               | 1                          | 1          |
| <b>Burns Benefit</b>  |                 |                            |            |
| <i>Second Degree</i>  |                 |                            |            |
| Less than 10%   | \$50            | \$50                       | \$50       |
| At least 10% but less than 25%  | \$100           | \$100                      | \$100      |
| At least 25% but less than 35%  | \$250           | \$250                      | \$250      |
| 35% or more   | \$500           | \$500                      | \$500      |
| <i>Third Degree</i>   |                 |                            |            |
| Less than 10%   | \$500           | \$500                      | \$500      |
| At least 10% but less than 25%  | \$2,500         | \$2,500                    | \$2,500    |
| At least 25% but less than 35%  | \$5,000         | \$5,000                    | \$5,000    |
| 35% or more   | \$10,000        | \$10,000                   | \$10,000   |
| <i>Maximum number of payments per Covered Accident, per Insured</i>                           | 1               | 1                          | 1          |
| <b>Emergency Dental Work Benefit</b>  |                 |                            |            |
| Repair with crown   | \$75            | \$75                       | \$75       |
| Extraction  | \$25            | \$25                       | \$25       |
| <b>Eye Injuries Benefit</b>   | \$100           | \$100                      | \$100      |
|   |                 |                            |            |

|   |           |           |           |
|---|-----------|-----------|-----------|
| <b>Dislocation Benefit</b>  |           |           |           |
| Hip   | \$1,500   | \$1,500   | \$1,500   |
| Knee (not knee cap)   | \$975     | \$975     | \$975     |
| Shoulder  | \$750     | \$750     | \$750     |
| Foot/ankle  | \$600     | \$600     | \$600     |
| Hand  | \$525     | \$525     | \$525     |
| Lower jaw   | \$450     | \$450     | \$450     |
| Wrist   | \$375     | \$375     | \$375     |
| Elbow   | \$300     | \$300     | \$300     |
| Finger/toe  | \$120     | \$120     | \$120     |
| <b>Laceration Benefit</b>   |           |           |           |
| Over 15 centimeters   | \$100     | \$100     | \$100     |
| 5 to 15 centimeters   | \$60      | \$60      | \$60      |
| Under 5 centimeters   | \$40      | \$40      | \$40      |
| Lacerations not requiring stitches  | \$25      | \$25      | \$25      |
| <b>Fracture Benefit</b>   |           |           |           |
| Hip/thigh   | \$2,500   | \$2,500   | \$2,500   |
| Vertebrae   | \$2,250   | \$2,250   | \$2,250   |
| Pelvis  | \$2,000   | \$2,000   | \$2,000   |
| Skull (depressed)   | \$1,875   | \$1,875   | \$1,875   |
| Skull (simple)  | \$875     | \$875     | \$875     |
| Leg   | \$1,500   | \$1,500   | \$1,500   |
| Foot/ankle/knee cap   | \$1,250   | \$1,250   | \$1,250   |
| Forearm/hand/wrist  | \$1,250   | \$1,250   | \$1,250   |
| Lower jaw   | \$1,000   | \$1,000   | \$1,000   |
| Shoulder blade/collar bone  | \$1,000   | \$1,000   | \$1,000   |
| Upper arm/upper jaw   | \$875     | \$875     | \$875     |
| Facial bones (except teeth)   | \$750     | \$750     | \$750     |
| Vertebral processes   | \$500     | \$500     | \$500     |
| Coccyx/rib/finger/toe   | \$200     | \$200     | \$200     |
| Sternum   | \$2,250   | \$2,250   | \$2,250   |
| Sacral/Sacrum   | \$500     | \$500     | \$500     |
| <b>Outpatient Surgery and Anesthesia Benefit</b>                                |           |           |           |
| <i>Hospital Outpatient or Ambulatory Surgical Center</i>                        | \$200/day | \$200/day | \$200/day |
| <i>Doctor's Office or Emergency Room</i>  | \$25/day  | \$25/day  | \$25/day  |
| <i>(Maximum is applicable only to Doctor's office or Emergency Room)</i>        |           |           |           |
| <i>Maximum number of payments per Covered Accident, per Insured</i>             | 2         | 2         | 2         |
| <b>Facilities Fee for Outpatient Surgery Benefit</b>                            |           |           |           |
| <i>Payable once per each eligible Outpatient Surgery and Anesthesia Benefit</i> | \$35      | \$35      | \$35      |
| <b>Inpatient Surgery and Anesthesia Benefit</b>                                 | \$500/day | \$500/day | \$500/day |
| <i>Maximum number of payments per Covered Accident, per Insured</i>             | No Max    | No Max    | No Max    |
|   |           |           |           |

**BENEFIT SCHEDULE**

|   | <b>Primary Insured</b> | <b>Spouse or Domestic Partner</b> | <b>Child(ren)</b> |
|---|------------------------|-----------------------------------|-------------------|
| <b>Hospitalization Category</b>                                     |                        |                                   |                   |
| <b>Hospital Admission Benefit</b>                                   | \$1,000                | \$1,000                           | \$1,000           |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 1                      | 1                                 | 1                 |
| <b>Hospital Confinement Benefit</b>                                 |                        |                                   |                   |
| <i>Maximum Benefit Period: 365 days</i>                             | \$100/day              | \$100/day                         | \$100/day         |
| <b>Hospital Intensive Care Benefit</b>                              |                        |                                   |                   |
| <i>Maximum Benefit Period: 30 days</i>                              | \$100/day              | \$100/day                         | \$100/day         |
| <b>Intermediate Intensive Care Step-Down Unit Benefit</b>           |                        |                                   |                   |
| <i>Maximum Benefit Period: 30 days</i>                              | \$50/day               | \$50/day                          | \$50/day          |
| <b>Family Member Lodging Benefit</b>                                |                        |                                   |                   |
| <i>Maximum Benefit Period: 30 days</i>                              | \$50/day               | \$50/day                          | \$50/day          |

## BENEFIT SCHEDULE

|   | Primary Insured | Spouse or Domestic Partner | Child(ren) |
|---|-----------------|----------------------------|------------|
| <b>After Care Category</b>  |                 |                            |            |
| <b>Appliances Benefit</b>   |                 |                            |            |
| <i>Cane</i>   | \$25            | \$25                       | \$25       |
| <i>Ankle Brace</i>  | \$25            | \$25                       | \$25       |
| <i>Walking Boot</i>   | \$75            | \$75                       | \$75       |
| <i>Walker</i>   | \$75            | \$75                       | \$75       |
| <i>Crutches</i>   | \$75            | \$75                       | \$75       |
| <i>Leg Brace</i>  | \$75            | \$75                       | \$75       |
| <i>Wheelchair</i>   | \$150           | \$150                      | \$150      |
| <i>Knee Scooter</i>   | \$150           | \$150                      | \$150      |
| <i>Body Jacket</i>  | \$150           | \$150                      | \$150      |
| <i>Back Brace</i>   | \$150           | \$150                      | \$150      |
| <i>Cervical Collar</i>  | \$75            | \$75                       | \$75       |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | No Max          | No Max                     | No Max     |
| <b>Accident Follow-Up Treatment Benefit</b>                         | \$50            | \$50                       | \$50       |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 2               | 2                          | 2          |
| <b>Post-Traumatic Stress Disorder Benefit</b>                       | \$50            | \$50                       | \$50       |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 1               | 1                          | 1          |
| <b>Rehabilitation Unit Benefit</b>                                  | \$35 /day       | \$35 /day                  | \$35 /day  |
| <i>Maximum Benefit Period per Hospital confinement</i>              | 31 days         | 31 days                    | 31 days    |
| <i>Calendar Year Maximum</i>  | 62 days         | 62 days                    | 62 days    |
| <b>Therapy Benefit</b>  | \$20            | \$20                       | \$20       |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 10              | 10                         | 10         |
| <b>Chiropractic or Alternative Therapy Benefit</b>                  | \$15            | \$15                       | \$15       |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 6               | 6                          | 6          |

**BENEFIT SCHEDULE**

|   | <b>Primary Insured</b> | <b>Spouse or Domestic Partner</b> | <b>Child(ren)</b> |
|---|------------------------|-----------------------------------|-------------------|
| <b>Life Change Events Category</b>                                  |                        |                                   |                   |
| <b>Paralysis</b>  |                        |                                   |                   |
| Four limbs (quadriplegia)   | \$5,000                | \$5,000                           | \$5,000           |
| Two limbs (paraplegia)  | \$2,500                | \$2,500                           | \$2,500           |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 1                      | 1                                 | 1                 |
| <b>Prosthesis Benefit</b>   |                        |                                   |                   |
| <i>Single</i>   | \$1,000                | \$1,000                           | \$1,000           |
| <i>Multiple</i>   | \$2,000                | \$2,000                           | \$2,000           |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 1                      | 1                                 | 1                 |
| <b>Residence/Vehicle Modification Benefit</b>                       | \$500                  | \$500                             | \$500             |
| <i>Maximum number of payments per Covered Accident, per Insured</i> | 1                      | 1                                 | 1                 |
|   |                        |                                   |                   |



# CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina  
800.433.3036

Please call the toll-free number above with any questions about this coverage.

## **Amendment to Policy and Certificate of Insurance for Group Accidental Injury**

This Amendment is subject to all of the provisions of the Policy and Certificate to which it is attached. Additions or changes have been made to the Policy and Certificate and are indicated below.

### **EFFECTIVE DATE**

If issued at the same time as the Certificate, this Amendment becomes effective at the same time as the Certificate. If issued after the Certificate, this Amendment will have a later Effective Date.

### **The definition of Dependent Child or Dependent Children is deleted and replaced with the following:**

*Dependent Child* or *Dependent Children* means your or your Spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. However, we will continue coverage for Dependent Children insured under the Plan after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. You or your Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

The insurance on any Dependent Child will terminate on the last day of the month in which the Dependent Child turns age 26; it is your responsibility to notify us in writing when coverage on a Dependent Child terminates. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under this Plan. When coverage on all Dependent Children terminates, you must notify the Company, in writing, and elect whether to continue this Plan on an Employee or Employee and Spouse Coverage basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium.

*Children Placed for Adoption* are children for whom you have entered a decree of adoption or for whom you have initiated adoption proceedings. A decree of adoption must be entered within one year from the date proceedings were initiated, unless extended by order of the court. You must continue to have custody pursuant to the decree of the court.

### **CONTRACT**

This Amendment is part of the Policy and Certificate and will terminate when the Policy or Certificate terminates.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary



# CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina

800.433.3036

Please call the toll-free number above with any questions about this coverage.

## **Continuation of Coverage Endorsement**

This Endorsement is part of the Policy and Certificate to which it is attached. This Endorsement is subject to all the definitions, terms, and other provisions of the Policy and Certificate to which it is attached, unless those terms are inconsistent with this Endorsement.

### **EFFECTIVE DATE**

If issued at the same time as the Certificate, this Endorsement becomes effective when the Certificate becomes effective. If issued after the Certificate, this Endorsement will have a later Effective Date.

*The following provisions are added after the Portability Privilege provision in your Certificate:*

### **CONTINUATION OF COVERAGE**

If the Group Policy is terminated by the Policyholder and is not replaced with another group policy you may apply to continue the coverage you had on the Group Policy termination date. This includes any in-force Spouse or Dependent Child coverage. The Group Policy will be continued as if the Group Policy is in force for those who have applied to continue their coverage under this provision. The members will continue to have coverage, with their Certificates remaining in force.

The Company will apply the same benefits and plan provisions as shown in your Certificate on the date you are eligible to continue coverage under this provision. Your continued coverage is subject to all of the provisions, exclusions and limitations of the Group Policy.

To keep your Certificate in force, you must:

- Apply to the Company in writing under this Continuation of Coverage provision within 31 days after the date your Certificate would terminate, **and**
- Pay the required premium no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter to the Company at our Customer Service Center in Columbus, Georgia.

### **PREMIUMS**

Initial premium rates will be based on the rates in effect at the time you apply to continue your coverage. Premium rates can be changed by the Company at any time upon 60 days written notice to you. Any such change will be applied to all Certificates in your class and will not be based on your or your Spouse and Dependent Children's health or other individual factors.

You may decrease, but not increase, the amount of your coverage, and the amount of your Spouse's coverage, if any.



**TERMINATION**

Your continued coverage, including any in-force Spouse or Dependent Child coverage, will end:

- 31 days after the date you fail to pay any required premium.
- When coverage is terminated by the Company. We will provide you a 60-day advance written notice of any termination.
- On the date you die (unless your Spouse elects to become the Primary Insured under the Successor Insured provision, if applicable).

Once continued coverage is cancelled it cannot be reinstated. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was active.

**CONTRACT**

This Endorsement is part of the Certificate. It will terminate when:

- The Certificate terminates.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary