

# Aflac Group Accident

INSURANCE – LOW NON-OCCUPATIONAL PLAN

When you least expect them —  
accidents can happen.

We're here to help.



  
COMCAST  
NBCUNIVERSAL

Aflac<sup>®</sup>

# AFLAC GROUP ACCIDENT

Policy Form CA7700-MP(PA) 07



## Introducing added protection for life's unexpected moments.

If you're like most people, you don't budget for accidents. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix—even if you already have a major medical plan.

### That's the benefit of the Aflac group Accident plan.

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

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

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



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

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

But it doesn't stop there. Having the group Accident plan from Aflac means that your family may have added financial resources to help with the costs of follow-up care as well.

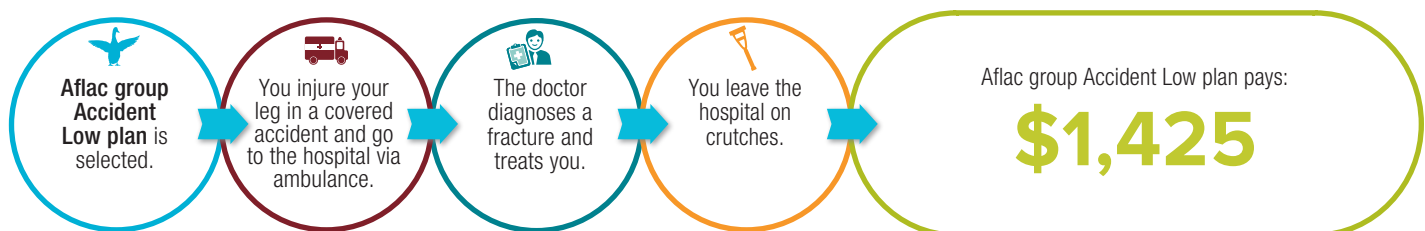
**The Aflac group Accident plan benefits:**

- Transportation and Lodging Benefits
- Fractures and Dislocations Benefits
- Medical Fees Benefit
- Hospital Admission Benefit
- Accidental-Death and -Dismemberment Benefits
- Coverage for certain serious conditions, such as coma and paralysis

**Features:**

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.

**How it works**



Amount payable was generated based on benefit amounts for:  
Ambulance (\$50), Complete Leg Fracture (\$1,200), Medical Fees (\$62.50), Crutches-(\$100), Accident Follow-Up (one visit, \$12.50)

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

**For more information, visit [www.aflac.com/ComcastNBC](http://www.aflac.com/ComcastNBC).**

## Benefits Overview

HOSPITAL BENEFITS	EMPLOYEE	SPOUSE	CHILD
<p><b>HOSPITAL ADMISSION</b></p> <p>We will pay this benefit when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident within six months of the date of the accident. We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	\$500	\$500	\$500
<p><b>HOSPITAL CONFINEMENT</b> (per day)</p> <p>We will provide this benefit on the first day of hospital confinement for up to 365 days when you are confined to a hospital due to a covered accident. Hospital confinement must begin within 90 days from the date of the accident.</p>	\$100	\$100	\$100
<p><b>HOSPITAL INTENSIVE CARE</b> (per day)</p> <p>We will pay this benefit for up to 30 days if you are injured in a covered accident and the injury causes you to be confined to a hospital intensive care unit. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$200	\$200	\$200
<p><b>MEDICAL FEES</b> (for each accident)</p> <p>If you are injured in a covered accident and receive treatment within one year after the accident, we will pay up to the maximum benefit amount for physician charges, emergency room services, supplies, and X-rays. Initial treatment must be received within 60 days after the accident.</p>	\$62.50	\$62.50	\$37.50
<p><b>PARALYSIS</b> (lasting 90 days or more and diagnosed by a physician within 90 days)</p> <p>Quadriplegia</p> <p>Paraplegia</p> <p><i>Paralysis</i> means the permanent loss of movement of two or more limbs. If you are injured in a covered accident and the injury causes paralysis which lasts more than 90 days and is diagnosed by a physician within 90 days after the accident, we will pay the appropriate amount shown. The amount paid will be based on the number of limbs paralyzed.</p> <p>If this benefit is paid and you later die as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.</p>	\$5,000	\$5,000	\$2,500
	\$2,500	\$2,500	\$1,250

**ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)\*****EMPLOYEE****SPOUSE****CHILD**

	<b>EMPLOYEE</b>	<b>SPOUSE</b>	<b>CHILD</b>
<b>ACCIDENTAL-DEATH</b>	\$25,000	\$5,000	\$2,500
<b>ACCIDENTAL COMMON-CARRIER DEATH</b> (plane, train, boat, or ship)	\$50,000	\$25,000	\$7,500
<b>SINGLE DISMEMBERMENT</b>	\$3,125	\$1,250	\$625
<b>DOUBLE DISMEMBERMENT</b>	\$12,500	\$5,000	\$2,500
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	\$625	\$250	\$125
<b>PARTIAL AMPUTATION OF FINGERS OR TOES</b> (including at least one joint)	\$100	\$100	\$100

**Dismemberment** - If you are injured in a covered accident and the injury causes loss of a hand, foot or sight within 90 days after the accident, we will pay the amount shown.

If a covered accident causes you to lose one hand, foot or the sight of one eye, we will pay the single loss dismemberment benefit shown. If you lose **both** hands, feet, the sight of both eyes, or a combination of any two, we will pay the Double Dismemberment Benefit shown.

If you lose one or more fingers or toes in a covered accident, we will pay the finger/toe benefit shown.

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

If you do not qualify for the Dismemberment Benefit but lose at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit.

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

\*If you are injured in a covered accident and the injury causes death we will pay the Accidental-Death Benefit shown. If the Accidental-Death Benefit is paid, we will not pay the Accidental Common Carrier Death Benefit.

If you are injured in a covered accident as a result of traveling as a fare-paying passenger on a common carrier and the injury causes death days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown.

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

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

**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.

## Benefits Overview

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

ALL\*

<b>FRACTURES</b> (closed reduction)	
Hip/Thigh	\$2,000
Vertebrae (except processes)	\$1,800
Pelvis	\$1,600
Skull (depressed)	\$1,500
Leg	\$1,200
Forearm/Hand/Wrist	\$1,000
Foot/Ankle/Knee Cap	\$1,000
Shoulder Blade/Collar Bone	\$800
Lower Jaw (mandible)	\$800
Skull (simple)	\$700
Upper Arm/Upper Jaw	\$700
Facial Bones (except teeth)	\$600
Vertebral Processes	\$400
Coccyx/Rib/Finger/Toe	\$160
<b>DISLOCATIONS</b> (closed reduction)	
Hip	\$1,350
Knee (not knee cap)	\$975
Shoulder	\$750
Foot/Ankle	\$600
Hand	\$525
Lower Jaw	\$450
Wrist	\$375
Elbow	\$300
Finger/Toe	\$120

- A **fracture** is a break in the bone which can be seen by X-ray. If you fracture a bone in a covered accident, and it is diagnosed and treated by a doctor, we will pay the appropriate amount shown.
- **Dislocation** means a completely separated joint. If you dislocate a joint 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 no more than 150% of the benefit amount for the bone fracture or dislocated joint which has the higher dollar value. If you fracture a bone **and** dislocate a joint, we will pay for both, but no more than 150% of the benefit amount for the bone fractured or joint dislocated that has the higher dollar value.
- Open reduction is paid at 150% of closed reduction.
- A **chip fracture** is a piece of bone which is completely broken off near a joint. Chip fractures are paid at 10% of the benefit shown.
- Partial dislocations are paid at 25% of the dislocation benefit.

**SPECIFIC INJURIES**

**ALL\***

<b>RUPTURED DISC</b> (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$50
Injury occurring after first certificate year	\$200
<b>TENDONS/LIGAMENTS</b> (within 60 days; surgical repair within 90 days)	
If you tear, sever, or rupture a tendon or ligament in a covered accident, receive treatment from a doctor within 60 days, and have surgical repair within 90 days after the accident, we will pay the appropriate amount shown. The amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. If you fracture a bone or dislocate a joint in addition to tearing, severing, or rupturing a tendon or ligament, we will only pay one benefit. We will pay the largest of the fracture, dislocation, tendon, or ligament benefits.	\$300 (Multiple) \$200 (Single)
<b>TORN KNEE CARTILAGE</b> (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$50
Injury occurring after first certificate year	\$200
<b>EYE INJURIES</b>	
Treatment and surgical repair within 90 days	\$125
Removal of foreign body, with or without anesthesia	\$25
<b>CONCUSSION</b> (a head injury resulting in electroencephalogram abnormality)	\$100
<b>COMA</b> (a state of profound unconsciousness lasting more than 30 days)	\$5,000
<b>EMERGENCY DENTAL</b> (injury to sound natural teeth)	
Repaired with crown	\$75
Resulting in extraction	\$25
<b>BURNS</b> (treatment within 72 hours and based on percent of body surface burned)	
<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%	\$500
At least 10%, but less than 25%	\$3,000
At least 25%, but less than 35%	\$7,000
35% or more	\$10,000
<b>First-degree burns are not covered.</b>	
<b>LACERATIONS</b> (treatment and repair within 72 hours)	
Under 2" long	\$25
2" to 6" long	\$100
Over 6" long	\$200
Lacerations not requiring stitches	\$25

**Multiple Lacerations:** We will pay for the largest single laceration requiring stitches.

\*EMPLOYEE/ SPOUSE/ CHILD

## Benefits Overview

ADDITIONAL BENEFITS	ALL*
<p><b>AMBULANCE</b> <b>AIR AMBULANCE</b></p> <p>If you require transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a covered accident, we will pay the amount shown.</p>	<p>\$50 \$250</p>
<p><b>BLOOD/PLASMA</b></p> <p>If you receive blood or plasma within 90 days following a covered accident, we will pay the amount shown.</p>	\$100
<p><b>APPLIANCES</b></p> <p>We will pay this benefit when you are advised by a physician to use a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.</p>	\$50
<p><b>INTERNAL INJURIES</b></p> <p>We will pay this benefit if you have internal injuries as the result of a covered accident which results in open abdominal or thoracic surgery.</p>	\$500
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b></p> <p>We will pay this benefit for up to six treatments per covered accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.</p>	\$12.50
<p><b>EXPLORATORY SURGERY</b> without repair (e.g., arthroscopy)</p>	\$125
<p><b>PROSTHESIS</b></p> <p>If you require the use of a prosthetic device due to injuries received in a covered accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.</p>	\$250
<p><b>PHYSICAL THERAPY</b></p> <p>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.</p>	\$12.50
<p><b>TRANSPORTATION</b></p> <p>If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the covered accident.</p> <p>The distance to the hospital must be greater than 50 miles from your residence.</p>	<p>\$150 (train/ plane) \$75 (bus)</p>
<p><b>FAMILY LODGING BENEFIT</b> (per night)</p> <p>If you are required to travel more than 100 miles from your 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 you are confined to the hospital. The treatment must be prescribed by your local physician.</p>	\$50

\*EMPLOYEE/ SPOUSE/ CHILD



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# ACCIDENT INSURANCE

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

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## LIMITATIONS AND EXCLUSIONS

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

### **WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:**

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those that are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- 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.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common-Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Participating in any professional or semiprofessional organized sport.
- Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician.
- Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.
- An injury arising from any employment.
- Injury or sickness covered by Worker's Compensation Act or Occupational Disease Law or By United States Longshoreman's and Harbor Worker's Compensation Act.

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

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

### **PRE-EXISTING CONDITION LIMITATION**

We will not pay benefits for a loss that is caused by, that is contributed to, or that results from a pre-existing condition for 12 months after the effective date of coverage.

**Pre-Existing Condition** means a disease or physical condition caused by sickness or injury for which you receive medical advice or treatment within 90 days immediately prior to becoming covered under this plan. Such condition will be covered after you have been covered for more than 12 months under this plan.

A claim for benefits for loss starting after 12-months from the effective date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the pre-existing condition limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the pre-existing condition limitation of the prior certificate will continue to apply to the prior level of benefits.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures, and taking prescribed drugs and medicines.

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

**Spouse** means the person or domestic partner married to you on the effective date of coverage. Spouse coverage may only be issued to your spouse if your spouse is between ages 18 and 64, inclusive. Coverage on your spouse terminates when your spouse attains age 70.

**Dependent Children** means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26.

Your natural children born after the effective date of coverage will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on dependent children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his or her parent(s) for support, the above age 26 limitation shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such child's 26th birthday.

### **TERMINATION**

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

### **YOU MAY CONTINUE YOUR COVERAGE**

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

### **EFFECTIVE DATE**

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

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

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Continental American Insurance Company • Columbia, South Carolina

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

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form CA7700-MP(PA) 07.