Voluntary Off-the-Job Accident

Aflac Accident insurance is an excellent benefit for those who have active lifestyles or children involved in sports or other extracurricular activities. At times unfortunate accidents can occur as a result of a simple mishap. The Accident plan is designed to pay a cash benefit directly to the policyholder to help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident. Once per calendar year, complete a preventive health screening to earn a $50 wellness benefit, payable per covered member.

- Guarantee Issue
- No Pre-existing Condition Limitation
- Pays direct to policyholder to assist with out-of-pocket expenses
- Pays in addition to medical insurance benefits
- Most sports and extracurricular activities are covered (see policy limitations)
- Waiver of Premium is included
- Coverage available for the entire family

### Commonly Utilized Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Basic Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER/Urgent Care</td>
<td>Emergency Room or Urgent Care visit due to an accident, within 7 days of the accident</td>
<td>$175</td>
</tr>
<tr>
<td>ER/Urgent Care with X-ray</td>
<td></td>
<td>$225</td>
</tr>
<tr>
<td>Doctor's Office</td>
<td>Doctor's office visit due to an accident, within 7 days of the accident</td>
<td>$100</td>
</tr>
<tr>
<td>Doctor's Office with X-ray</td>
<td></td>
<td>$150</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Ground or Air transportation via ambulance</td>
<td>$400 Ground / $1,200 Air</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>Payable when confined for a covered accident within 6 months of the accident</td>
<td>$300/day (max 365 days)</td>
</tr>
<tr>
<td>Fracture</td>
<td>Based on a schedule</td>
<td>Up to $6,000</td>
</tr>
<tr>
<td>Dislocation</td>
<td>Based on a schedule</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Appliances</td>
<td>Crutches / Wheelchair / Walker</td>
<td>$75 / $300 / $75</td>
</tr>
<tr>
<td>Wellness</td>
<td>Annual preventive health screening</td>
<td>$50/insured, per year</td>
</tr>
</tbody>
</table>

*See AFLAC policy documents for full benefit provisions and descriptions.*

### MONTHLY AFLAC ACCIDENT INSURANCE

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Your Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$12.13</td>
</tr>
<tr>
<td>Employee Plus Spouse</td>
<td>$21.10</td>
</tr>
<tr>
<td>Employee Plus Child(ren)</td>
<td>$27.89</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$36.86</td>
</tr>
</tbody>
</table>
An injury arising from any employment. An injury or sickness covered by worker’s compensation. In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers’ compensation act only to the extent such services or supplies are the liability of the employer, employee, or works’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.

**Contributed to** language doesn’t apply in Illinois

### Definitions

**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 Accident** 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.

**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.

**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 (and in Louisiana, unmarried). Newborn children may be automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina and Florida) may also be automatically covered for 60 days. See certificate for details.

**Doctor** is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his practice, 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.

**Hospital** means a general hospital, 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.

**Doctor’s Office** includes the following: a doctor’s office, a medical diagnostic imaging center or an ambulatory surgical center.

**Electroencephalography (EEG)** due to a covered accidental injury. These exams must be performed in a hospital, a licensed surgical center, or a facility for the treatment of alcoholism or drug addiction, or a facility for the treatment of alcoholism or drug addiction.

**Emergency Dental Work** is a dental procedure for the repair of a tooth as long as it is necessary for the proper function of the mouth. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor’s office. This benefit is not payable for an epidural administered during a surgical procedure.

**Concussion** means a sudden, usually mild, blow to the head that causes a short period of unconsciousness. For the purposes of this benefit, Concussion is a sudden, usually mild, blow to the head that causes a short period of unconsciousness.

**Epilepsy** means a neurological disorder characterized by recurrent seizures. For the purposes of this benefit, Epilepsy is a neurological disorder characterized by recurrent seizures.

**Eye Injury** means eye injury resulting from a covered accident. For the purposes of this benefit, Eye Injury is eye injury resulting from a covered accident.

**EYE INJURIES** Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.

**EMERGENCY DENTAL WORK** (once per accident, within 6 months after the accident) Payable when an insured’s natural teeth are injured as a result of a covered accident.

**Concussion** (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.

**Coma** (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.

**Pain Management** (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation procedure, or block, or epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor’s office. This benefit is not payable for an epidural administered during a surgical procedure.

**AMBULANCE** (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.

**BLOOD/PLASMA/PLATELETS** (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.

**PAIN MANAGEMENT** (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation procedure, or block, or epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor’s office. This benefit is not payable for an epidural administered during a surgical procedure.

**Surgery** (once per accident, within 6 months after the accident) Payable when an insured receives a surgical procedure due to a covered accidental injury.

**Group Accident Insurance**

**INITIAL ACCIDENT TREATMENT BENEFIT – HIGH LT**

<table>
<thead>
<tr>
<th>BENEFIT AMOUNT</th>
<th>INITIAL TREATMENT</th>
<th>AMBULANCE</th>
<th>BLOOD/PLASMA/PLATELETS</th>
<th>PAIN MANAGEMENT</th>
<th>CONCussion</th>
<th>COMA</th>
<th>EMERGENCY DENTAL WORK</th>
<th>EYE INJURIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>$225/$175</td>
<td>Hospital emergency room with X-Ray / without X-Ray</td>
<td>Doctor’s office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray</td>
<td>$400/Ground</td>
<td>$200</td>
<td>$100</td>
<td>$500</td>
<td>$7,500</td>
<td>$250</td>
</tr>
<tr>
<td>$225/$175</td>
<td>Urgent care facility with X-Ray / without X-Ray</td>
<td></td>
<td>Ground</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$150/$100</td>
<td></td>
<td></td>
<td>Air</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Coverage** was in force. See certificate for details.

**Termination of Coverage**

If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

**Major Diagnostic Testing** (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor’s office, a medical diagnostic imaging center or an ambulatory surgical center.

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A proud member of the Aflac family of insurers
INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.

INSURANCE BENEFIT If spousal coverage is in force at the time of the employee’s death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

**EXCLUSIONS**

Plan exclusions apply to all riders unless otherwise noted. 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 in which such participation or service is required by a 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 inscription or riot.
- In Idaho: participating in any war or act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
- In Illinois: participating in any war or 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 in which such participation or service is required by a 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 inscription or riot.
- In Montana: injuring or attempting to injure oneself intentionally.
- In California: voluntarily participating in, committing, or attempting to commit a felony or being engaged in an illegal occupation.
- In Idaho: this exclusion does not apply.
- In Illinois: this exclusion does not apply.
- In Michigan: voluntarily participating in, committing, or attempting to commit a felony or being engaged in an illegal occupation.
- In California: participating or serving in the military, armed forces or an auxiliary unit thereto or contracting with any country in which such participation or service is required by a 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 participation in a riot or an insurrection.
- In Idaho: participating in any war or act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
- In Idaho and South Dakota: this exclusion does not apply.
- In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation.
- In Idaho: this exclusion does not apply.
- In Idaho and South Dakota: this exclusion does not apply.
- In Idaho and South Dakota: this exclusion does not apply.
- In California and Idaho: 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.
- In Alaska and Montana: having cosmetic surgery, other elective procedures or dental treatment except as a result of a covered accident.
- In California: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident; or having dental treatment except as a result of a covered accident.
- In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered dependent child.
- Felony (In Idaho only) – participation in a felony

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

**BURNS** (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.

**Second Degree**
- Less than 10%: $75
- At least 10% but less than 25%: $150
- At least 25% but less than 35%: $375
- 35% or more: $750

**Third Degree**
- Less than 10%: $750
- At least 10% but less than 25%: $3,750
- At least 25% but less than 35%: $7,500
- 35% or more: $15,000

**FRACTURES** (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.

**DISLOCATIONS** (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. 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 dislocated the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocation in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

**LACERATIONS** (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):
- Over 15 centimeters: $400
- 5-15 centimeters: $200
- Under 5 centimeters: $100
- Lacerations not requiring stitches: $50

**OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.

**FACILITIES FEES FOR OUTPATIENT SURGERY** (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

**OUTPATIENT SURGERY AND ANESTHESIA** (per day / performed in a doctor’s office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident)

Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor’s office, urgent care facility or emergency room. 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 benefit amount.

**TRANSPORTATION** (greater than 100 miles from the insured’s residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured’s resident city.

Lacerations not requiring stitches $50
Lacerations requiring stitches (including liquid skin adhesive):
- Up to 3,000 based on a schedule
- $3,500
- $7,500
- $15,000

**Cash for Auxiliary Benefits**

- $1,000
- $500
- $200
- Any ground transportation

- $1,000
- $500
- $200
- Any ground transportation
### HOSPITAL ADMISSION
(once per accident, within 6 months after the accident)
Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.
This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

| Benefit Amount | $1,000 per confinement |

### HOSPITAL CONFINEMENT
(maximum of 365 days per accident, within 6 months after the accident)
Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.
If we pay benefits for confinement and the insured is confined again within 6 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 caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.

| Benefit Amount | $300 per day |

### HOSPITAL INTENSIVE CARE
(maximum of 30 days per accident, within 6 months after the accident)
Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.
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 6 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.

| Benefit Amount | $600 per day |

### FAMILY MEMBER LODGING
(greater than 100 miles from the insured’s residence, maximum of 30 days per accident, within 6 months after the accident)
Payable 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:
- The insured must be confined to a hospital for treatment of a covered 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.

| Benefit Amount | $200 per day |
EXCLUSIONS
For a complete list of exclusions please refer to the Initial Accident Treatment insert.

DEFINITIONS
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.

Please refer to the Initial Accident Treatment insert for other definitions applicable to this coverage.

Note: In New Hampshire, all mentions of “Treatment” refer to “Care”.

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### BENEFIT AMOUNT

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPLIANCES</strong> (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar Wheelchair, Knee Scooter, Body Jacket, Back Brace</td>
<td>$30, $75, $300</td>
</tr>
<tr>
<td><strong>ACCIDENT FOLLOW-UP TREATMENT</strong> (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</td>
<td>$35</td>
</tr>
<tr>
<td><strong>POST-TRAUMATIC STRESS DISORDER (PTSD)</strong> (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. 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.</td>
<td>$150</td>
</tr>
<tr>
<td><strong>REHABILITATION UNIT</strong> (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable 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. 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.</td>
<td>$75 per day</td>
</tr>
<tr>
<td><strong>THERAPY</strong> (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has 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.</td>
<td>$35</td>
</tr>
<tr>
<td><strong>CHIROPRACTIC OR ALTERNATIVE THERAPY</strong> (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</td>
<td>$25</td>
</tr>
</tbody>
</table>
EXCLUSIONS
For a complete list of exclusions please refer to the Initial Accident Treatment insert.

DEFINITIONS
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.

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.

Please refer to the Initial Accident Treatment insert for other definitions applicable to this coverage.

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**DISMEMBERMENT** (once per accident, within 6 months after the accident)
Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:
- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

<table>
<thead>
<tr>
<th>SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)</th>
<th>BENEFIT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$6,250</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,500</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$12,500</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOSS OF ONE OR MORE FINGERS OR TOES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$625</td>
</tr>
<tr>
<td>Spouse</td>
<td>$250</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$125</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$62.50</td>
</tr>
<tr>
<td>Spouse</td>
<td>$62.50</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$62.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.</td>
<td></td>
</tr>
<tr>
<td>Paraplegia</td>
<td>$2,500</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
### PROSTHESIS
(once per accident, up to 2 prosthetic devices and one replacement per device per insured)*
Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. 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* and/or joint replacements.

* 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.

| $1,500 |

### RESIDENCE/VEHICLE MODIFICATION
(once per accident, within one year after the accident)
Payable 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.

| $1,000 |

### EXCLUSIONS
For a complete list of exclusions and definitions applicable to this coverage, please refer to the Initial Accident Treatment insert.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLNESS BENEFIT (once per calendar year)</td>
<td>$50</td>
</tr>
</tbody>
</table>

Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

EXCLUSIONS
For a complete list of exclusions and definitions applicable to this coverage, please refer to the Initial Accident Treatment insert.
ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*)
Payable if a covered accidental injury causes the insured to die.

The spouse benefit is 50% of the employee benefit shown. The child benefit is 20% of the employee benefit shown.

We will pay 200% of the amount shown if the insured:
• Is a fare-paying passenger on a common carrier;
• Is injured in a covered accident; and
• Dies within 90 days after the covered accident.

EXCLUSIONS
We will not pay benefits for a loss that is wholly or partly caused by or results from:
Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.)
  − In New Hampshire: operation of a vehicle while under the influence of a controlled substance (unless taken under the direction of a doctor) or while legally intoxicated. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.)
  − In Idaho and South Dakota: this exclusion does not apply.

Please refer to the Initial Accident Treatment insert for other exclusions applicable to this coverage.

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

Please refer to the Initial Accident Treatment insert for other definitions applicable to this coverage.

*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.
ORGANIZED ATHLETIC ACTIVITY BENEFIT
We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.

10%

EXCLUSIONS
The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured’s participating in any sport or sporting activity for wage, compensation, or profit, including officiating, coaching, or racing any type vehicle in an organized event (in Idaho, in a professional capacity).

This benefit is also not payable for accidental injuries that occur during or are due to physical education classes (except in Idaho).

Please refer to the the Initial Accident Treatment insert for other exclusions applicable to this coverage.

DEFINITIONS
Organized Athletic Activity means an athletic competition or supervised organized practice for an athletic competition. Organized Athletic Activities take place on a regularly occurring and scheduled basis, often during a pre-determined season. The competition must be governed by a set of written rules and officiated by someone certified to act in that capacity. The competition must also be overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must take place on a regulation playing surface. Participation must be on an amateur basis.

Please refer to the the Initial Accident Treatment insert for other definitions applicable to this coverage.