

AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – NON-OCCUPATIONAL PLAN
Policy Series CA7700-MP



FEATURES:

- 24-hour coverage.
- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed Issue - No underwriting required to qualify for coverage.
- Waiver of Premium

Benefits Overview

ACCIDENTAL DEATH AND DISMEMBERMENT

	HIGH	LOW
Accidental Common Carrier Death (Plane, Train, Boat or Ship)	\$100,000 EMPLOYEE \$50,000 SPOUSE \$50,000 CHILD	\$50,000 EMPLOYEE \$30,000 SPOUSE \$10,000 CHILD
Accidental Death	\$50,000 EMPLOYEE \$25,000 SPOUSE \$10,000 CHILD	\$25,000 EMPLOYEE \$15,000 SPOUSE \$5,000 CHILD
Catastrophic Accident	\$100,000 EMPLOYEE \$50,000 SPOUSE \$50,000 CHILD	\$50,000 EMPLOYEE \$25,000 SPOUSE \$25,000 CHILD
Loss of hand, foot, or sight-single loss	\$6,250 EMPLOYEE \$2,500 SPOUSE \$1,250 CHILD	\$3,125 EMPLOYEE \$1,250 SPOUSE \$625 CHILD
Loss of hand, foot, or sight-double loss	\$25,000 EMPLOYEE \$10,000 SPOUSE \$5,000 CHILD	\$12,500 EMPLOYEE \$5,000 SPOUSE \$2,500 CHILD
Loss of one or more fingers or toes	\$1,250 EMPLOYEE \$500 SPOUSE \$250 CHILD	\$625 EMPLOYEE \$250 SPOUSE \$125 CHILD
Partial Amputation of finger(s) or toe(s) including at least one joint	\$100	\$100

HOSPITAL BENEFITS

	HIGH	LOW
Paralysis	\$5,000-\$10,000	\$2,500-\$5,000
Hospital Admission	\$1,800	\$1,050
Hospital Intensive Care (per day)	\$600	\$300
Hospital Confinement (per day)	\$500	\$350
Medical Fees	\$250 EMPLOYEE/SPOUSE \$125 CHILD	\$125 EMPLOYEE/SPOUSE \$62.50 CHILD

Benefits Overview

SPECIFIC INJURIES

	HIGH	LOW
Burns	\$180-\$18,000	\$180-\$18,000
Lacerations	\$75-\$400	\$75-\$200
Ruptured Disc	\$100-\$400	\$100-\$400
Tendons/Ligaments	\$400-\$600	\$400-\$600
Torn Knee Cartilage	\$100-\$400	\$100-\$400
Eye Injuries	\$150-\$500	\$75-\$250
Coma	\$10,000	\$5,000
Concussion	\$600	\$500
Emergency Dental Work	\$150-\$300	\$75-\$200

ADDITIONAL BENEFITS

	HIGH	LOW
Ambulance	\$500	\$250
Air Ambulance	\$1,500	\$750
Internal Injuries	\$1,000	\$500
Prosthesis	\$500	\$250
Transportation	\$300	\$150
Exploratory Surgery	\$250	\$125
Major Diagnostic Exam	\$300	\$200
Blood/Plasma	\$300	\$150
Rehabilitation Unit	\$150/PER DAY	\$75/DAY
Appliances	\$250	\$200
Family Lodging Benefit	\$100/PER NIGHT	\$50/PER NIGHT
Physical Therapy	\$50	\$25
Accident Follow-up Treatment	\$35	\$25

MAJOR INJURIES / FRACTURES / OPEN REDUCTION

	HIGH	LOW
Hip/Thigh	\$6,750	\$3,750
Vertebrae (except processes)	\$6,075	\$3,375
Pelvis	\$5,400	\$3,000
Skull (depressed)	\$5,063	\$2,813
Leg	\$4,050	\$2,250
Forearm/Hand/Wrist	\$3,375	\$1,875
Foot/Ankle/Knee cap	\$3,375	\$1,875
Shoulder blade/Collar bone	\$2,700	\$1,500
Lower Jaw (Mandible)	\$2,700	\$1,500
Skull (Simple)	\$2,363	\$1,313
Upper Arm/Upper Jaw	\$2,363	\$1,313
Facial bones (except teeth)	\$2,050	\$1,125
Vertebral Processes	\$1,350	\$750
Coccyx/Rib/Finger/Toe	\$540	\$300

MAJOR INJURIES / DISLOCATIONS / OPEN REDUCTION

	HIGH	LOW
Hip	\$4,050	\$2,025
Knee (not knee cap)	\$2,925	\$1,462.50
Shoulder	\$2,250	\$1,125
Foot/Ankle	\$1,800	\$900
Hand	\$1,575	\$787.50
Lower Jaw	\$1,350	\$675
Wrist	\$1,125	\$562.50
Elbow	\$900	\$450
Finger/Toe	\$360	\$180

LIMITATIONS AND EXCLUSIONS

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

CANCER (applicable to form series HP3000TX)

The plan provides benefits only for specified diseases, as defined herein, and the cancer diagnosis, cancer screening, or for loss resulting from definitive cancer treatment including the direct extension, metastatic spread or recurrence and other diseases and conditions caused by or resulting from cancer or cancer treatment. Pathologic proof thereof must be submitted. Clinical diagnosis of cancer will be accepted under the conditions specified in Section III - Cancer. Benefits are not provided for any other disease, sickness or incapacity. No benefits are payable for diagnosis, screening, or treatment received outside the United States.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition for which medical advice or treatment was recommended or received within the 12-month period prior to the Insured's Effective Date. We will not pay benefits for any condition or illness starting within 12 months of the Insured Effective Date that is caused by, contributed to, or results from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from the Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Preexisting Condition. A condition will no longer be considered preexisting at the end of 12 consecutive months starting and ending after the Insured's Effective Date. "Treatment" means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

HOSPITAL INDEMNITY (applicable to form series HCP8500TX09)

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - 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 by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.

3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Mental or emotional disorders without demonstrable organic disease.
6. Alcoholism, drug addiction, or chemical dependency.

CRITICAL ILLNESS (applicable to form series CAI2800TX)

This is an attained age rated plan. Rates increase as insured employees enter the next age band. The applicable benefit amount will be paid if: the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

Exclusions

Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
5. Substance abuse.

Diagnosis must be made and treatment received in the United States.

Additional Benefit Exclusions (in addition to the above)

No benefits will be paid for loss which occurred prior to the effective date of this Rider.

Definitions

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

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 the rider 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.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack.

The diagnosis must include all of the following criteria: 1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means Apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after your effective date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI). Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Cancer (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are noninvasive such as: 1. Pre-malignant tumors or polyps; 2. Carcinoma in Situ; 3. Any skin cancers except melanomas; 4. Basal cell carcinoma and squamous cell carcinoma of the skin; and 5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the Histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in situ means Cancer that is in the natural or normal place, confined to the site without having invaded neighboring tissue.

Cancer and/or carcinoma in situ must be diagnosed in one of two ways: 1. Pathological Diagnosis - A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology. 2. Clinical Diagnosis - A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if: a. A pathological diagnosis cannot be made because it is medically inappropriate or life threatening; b. There is medical evidence to support the diagnosis; and c. A doctor is treating the insured for cancer and/or carcinoma in situ.

Renal Failure (Kidney Failure) means the end stage of renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results

in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.

WAIVER OF PREMIUM RIDER

Unless amended by the rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

Definitions

Total Disability or Totally Disabled means the insured is:

- Unable to work (defined later in this section),
- Not working at any job for pay or benefits, and
- Under the care of a doctor for the treatment of a covered critical illness.

Unable to Work means either:

- During the first 365 days of total disability, the insured is unable to work at the occupation he was performing when his total disability began; or
- After the first 365 days of total disability, the insured is unable to work at any gainful occupation for which he is suited by education, training, or experience.

OPTIONAL BENEFITS RIDER

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Date of Diagnosis is defined as follows:

- **Advanced Alzheimer's Disease:** The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- **Advanced Parkinson's Disease:** The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- **Benign Brain Tumor:** The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease.

To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

ADDITIONAL BENEFITS RIDER

DEFINITIONS

Coma means a state of unconsciousness for 30 consecutive days with:

- No reaction to external stimuli;
- No reaction to internal needs; and
- The use of life support systems.

Paralysis/Paralyzed means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.

Severe Burn/Severely Burned means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity, or radiation that is a full-thickness or third-degree burn, as determined by a physician.

A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity, or radiation.

Loss of Speech means the total and permanent loss of the ability to speak as the result of physical injury.

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrevocable loss.

Loss of Sight means the total and irreversible loss of all sight in both eyes.

ACCIDENT (applicable to policy form series CAI7700TX THCP)

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 which 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.

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 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 your certificate and attached riders, as applicable.

Pre-Existing Condition Pre-existing Condition means within the 12-month period prior to the Effective Date of the Certificate and attached Riders, as applicable, those conditions for which medical advice or treatment was received or recommended.

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.

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

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.

Effective Date

The Effective Date for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

Applies to all plans:

You May Continue Your Coverage

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

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.

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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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 Number HCP3000TX ,CAI2800TX, CAI7700TX THCP, and HCP8500TX 09.