# Group Hospital Indemnity Insurance

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.

Aflac® | Jackson HEALTH SYSTEM *Miracles made daily.*



# AFLAC GROUP HOSPITAL INDEMNITY

## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

### That's how the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover.

**The Aflac Group Hospital Indemnity plan benefits include the following:**

- **Hospital Confinement Benefit**
- **Hospital Admission Benefit**
- **Hospital Intensive Care Benefit and more**

### How It Works:

| | |
|---|---|
| **Aflac Group Hospital Indemnity** High coverage is selected. | Aflac Group Hospital Indemnity High plan pays: **$3,900** |
| The insured has a high fever and goes to the emergency room | |
| The physician admits the insured into the hospital. | |
| The insured is released after two days. | |

Amount payable was generated based on benefit amounts for: Hospital Admission ($2,200) and Hospital Confinement ($850 per day).

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.

| BENEFITS OVERVIEW: | HIGH | MID | LOW |
|---|---|---|---|
| **HOSPITAL ADMISSION BENEFIT per confinement** (once per covered sickness or accident per calendar year for each insured)<br>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.<br>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth). | $2,200 | $1,400 | $500 |
| **HOSPITAL CONFINEMENT per day** (maximum of 31 days High / 31 days Mid / 30 days Low per confinement for each covered sickness or accident for each insured)<br>Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, 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, more than one covered sickness, or a covered accidental injury and a covered sickness. | $850 | $500 | $200 |
| **HOSPITAL INTENSIVE CARE BENEFIT per day** (maximum of 10 days High / 15 days Mid / 15 days Low per confinement for each covered sickness or accident for each insured)<br>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.<br>**This benefit is payable in addition to the Hospital Confinement Benefit.** | $600 | $450 | $150 |
| **HEALTH SCREENING BENEFIT**<br>The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for each insured.<br>Residents of Massachusetts are not eligible for the Health Screening Benefit. | $50 per calendar year | $50 per calendar year | $50 per calendar year |
| **SUCCESSOR INSURED BENEFIT**<br>If spouse 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. | | | |

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

| SURGICAL BENEFITS (Residents of Massachusetts are not eligible). | HIGH | MID | LOW |
|---|---|---|---|
| **INPATIENT SURGERY AND ANESTHESIA** (performed in hospital or ambulatory surgical center)<br>Payable for each day that, due to a covered accidental injury or sickness, 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. | $750 | $500 | $250 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (performed in hospital or ambulatory surgical center)<br>Payable for each day that, due to a covered accidental injury or sickness, an insured has an outpatient surgical procedure performed by a doctor in a hospital on an outpatient basis or ambulatory surgical center. | $500 | $250 | $125 |

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| **FACILITIES FEE FOR OUTPATIENT SURGERY** (performed in hospital or ambulatory surgical center)<br>Payable if due to a covered accidental injury or sickness: 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. | $100 | $75 | $50 |
| **OUTPATIENT SURGERY AND ANESTHESIA** (performed in a doctor's office, urgent care facility or emergency room; maximum of 4 procedures per calendar year for each insured)<br>Payable for each day that, due to a covered accidental injury or sickness, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office or urgent care facility. | $50 | $50 | $50 |
| **EMPLOYER FACILITY RIDER** | **HIGH** | **MID** | **LOW** |
| **HOSPITAL ADMISSION** (once per confinement)<br>Once per covered sickness or accident per calendar year. | $500 | $250 | $200 |
| **HOSPITAL CONFINEMENT** (per day)<br>Maximum confinement period: 31 days per covered sickness or covered accident. | $100 | $75 | $50 |
| **HOSPITAL INTENSIVE CARE** (per day)<br>Maximum confinement period: 10 days per covered sickness or covered accident. | $100 | $75 | $50 |
| **INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT** (per day)<br>Maximum confinement period: 10 days per covered sickness or covered accident. | $75 | $35 | $25 |
| **WORKPLACE ONSITE CLINIC RIDER** (maximum of 5 visits per calendar year) | | | |
| We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured visits an onsite clinic at their workplace.<br>Visits to an outpatient doctor's office are not payable under the workplace onsite clinic benefit. Visits to a workplace onsite clinic are not payable under the outpatient doctor's office benefit, if included in the plan.<br>This benefit is payable for the employee only. | $45 | $35 | $25 |

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| **DEPENDENT CHILD NEONATAL AND PEDIATRIC HOSPITAL INTENSIVE CARE UNIT RIDER** (maximum of 31 days per confinement for each covered sickness or accident for dependent child) | **ALL PLANS** |
| We will pay the amount shown for each day a dependent child is confined to a Neonatal or Pediatric Hospital Intensive Care Unit because of a covered accidental injury or because of a covered sickness.<br>In order to receive this benefit for accidental injuries received in a covered accident, an insured must be admitted to a Neonatal or Pediatric Hospital Intensive Care Unit within six months of the date of the covered accident (in Washington, twelve months).<br>We will pay benefits for only one confinement in a Hospital's Neonatal or Pediatric Intensive Care Unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness.<br>If we pay benefits for confinement in a Hospital's Neonatal or Pediatric Intensive Care Unit and an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.<br>This benefit is payable in addition to the Hospital Confinement Benefit and Hospital Intensive Care Benefit. | $300 per day |

| COVERAGE / BI-WEEKLY RATES | HIGH | MID | LOW |
|---|---|---|---|
| Employee | $28.87 | $19.46 | $9.83 |
| Employee and Spouse | $54.81 | $36.39 | $18.71 |
| Employee and Dependent Children | $43.94 | $30.75 | $15.86 |
| Family | $69.88 | $47.68 | $24.74 |

## LIMITATIONS AND EXCLUSIONS

(in Montana: EXCLUSIONS)

### EXCLUSIONS

We will not pay for loss due to:

- 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 North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
  - In Connecticut: a riot is not excluded.
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
  - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- 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.
  - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
  - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
  - In Arizona: this exclusion does not apply.
  - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

### TERMS YOU NEED TO KNOW

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.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are 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 (in Texas, adopted children), or children placed for adoption. (In Florida, coverage may be provided for the children of custodial and non-custodial parents.) Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina) are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (and in Louisiana and Illinois, unmarried). 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 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.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In Arizona, however, a doctor who is your family member may treat you. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not 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 (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur

while the applicable insured's coverage is in force (except in Montana).

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 (except in Kansas).

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.

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.

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 (except in Vermont).

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

Observation Unit means a unit in which observation services are given through hospital outpatient services to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the emergency department or another area of the hospital.

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION OF COVERAGE

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.

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.

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. 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. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.