

Benefits Proposal

This proposal has been prepared for:



Presented by:



**MARSH & MCLENNAN
COMPANIES**

Proposal State:
North Carolina

Presentation Date:
08/18/2016

Expires in 90 days



Group Accident Advantage Plus Insurance

Policy Series CAI7800

Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.

AGC160933

RV (8/16)

THE PLAN IS NOT A MEDICARE SUPPLEMENT PLAN.

Employees who are eligible for Medicare should review the Guide to Health Insurance for People with Medicare, which is available from Aflac.

Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Coverage is effective on the first of the month following the enrollment form approval date, provided payroll deductions begin during that month.
- Coverage is portable.

Eligibility

A minimum of 25 approved employee payors are needed to establish group billing.

Issue Ages

Employee	at least age 18
Spouse	at least age 18
Children	under age 26

Full-time, benefit-eligible employees who are working at least 18 hours or more per week are eligible to apply. Employees must be actively at work on the date of application and the effective date of coverage. Seasonal and temporary employees are not eligible.

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

A spouse is the person married to the insured on the effective date of this coverage. A spouse means the legal spouse who is at least age 18. A spouse must not be hospitalized or unable to perform his or her normal duties or activities on the date of application and the effective date of coverage.

Dependent children mean the insured's natural children, step-children, foster children legally adopted children, or children placed for adoption who are younger than age 26.

Guaranteed-Issue

During the initial enrollment, and for newly eligible employees, coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

Portability

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. An employee may continue the coverage that is in force on the date employment ends, including dependent coverage that is in effect.

Coverage may be continued beyond the termination of the master policy. The master policy must be in force for at least 12 months in order to exercise this privilege. If the master policy is terminated, converted coverage may differ from the original plan. Availability and method of conversion may vary by state and is subject to the approval of state Departments of Insurance.

Coverage may not be continued if an employee fails to pay any required premium. Premium for ported coverage is paid directly by the employee.

Reinstatement

If any renewal premium is not paid on time (as outlined in the initial payment agreement) for the Plan, we (or an agent who is authorized by us) may accept the late premium and reinstate the Plan without requiring a new Application.

However, if we (or an authorized agent) do require an Application for reinstatement and issue a conditional receipt for the premium tendered, the Plan will be reinstated:

- Upon our approval, **or**
- Lacking such approval, upon the 45th day following the date of the conditional receipt (unless we have previously notified the Policyholder in writing of our disapproval of such Application).

The reinstated Plan covers only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than 10 days after such date. In all other respects, the Policyholder and Aflac will have the same rights as under the Plan immediately before the due date of the defaulted premium (subject to any provisions endorsed with or attached to the reinstatement).

Any premium accepted with a reinstatement will:

- Be applied to a period for which premium has not been previously paid, **but**
- Not to any period more than 60 days prior to the date of reinstatement.

Accident Benefits – High Option

Complete Fractures	
Closed Reduction Benefits	
Hip/Thigh	\$3,000
Vertebrae	\$2,700
Pelvis	\$2,400
Skull (Depressed)	\$2,250
Leg	\$1,800
Forearm/Hand/Wrist	\$1,500
Foot/Ankle/Knee Cap	\$1,500
Shoulder Blade/Collar Bone	\$1,200
Lower Jaw (Mandible)	\$1,200
Skull (Simple)	\$1,050
Upper Arm/Upper Jaw	\$1,050
Facial Bones (Except teeth)	\$900
Vertebral Processes	\$600
Coccyx/Rib/Finger/Toe	\$240

If the fracture requires open reduction, we will pay double the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than double the benefit amount for the fractured bone which has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is double the benefit amount for the fractured bone that has the higher dollar amount.

Accident Benefits – High Option *(continued)*

Complete Dislocations	
Closed Reduction Benefits	
Hip	\$3,000
Knee (not kneecap)	\$1,950
Shoulder	\$1,500
Foot/Ankle	\$1,200
Hand	\$1,050
Lower Jaw	\$900
Wrist	\$750
Elbow	\$600
Finger/Toe	\$240

If the dislocation requires open reduction, we will pay double of the amount shown.

Dislocation refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

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 the certificate and then dislocates the same joint again, it will not be covered by this plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than double the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is double the benefit amount for the dislocated joint that has the higher dollar amount.

If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Accident Benefits – High Option *(continued)*

Paralysis	
Quadriplegia	\$5,000
Paraplegia	\$2,500

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a doctor within 90 days after the accident.

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

If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2"–6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 72 hours after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 72 hours after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
Eye Injuries (treatment and surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments (treatment within 60 days, surgical repair within 90 days) <i>Single</i> <i>Multiple</i>	\$400 \$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment within 60 days, surgical repair within one year) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$187.50 \$750
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$187.50 \$750

Accident Benefits – High Option *(continued)*

Burns (treatment within 72 hours, first degree burns not covered)	
	Benefit
Second Degree	
Less than 10% of body surface covered	\$100
At least 10%, but not more than 25% of body surface covered	\$200
At least 25%, but not more than 35% of body surface covered	\$500
More than 35% of body surface covered	\$1,000
Third Degree	
Less than 10% of body surface covered	\$1,000
At least 10%, but not more than 25% of body surface covered	\$5,000
At least 25%, but not more than 35% of body surface covered	\$10,000
More than 35% of body surface covered	\$20,000
Concussion (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)	
	\$500
Coma (state of profound unconsciousness lasting 30 days or more)	\$2,500
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair, i.e., arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth)	
Repaired with crown	\$150
Resulting in extraction	\$50

Medical Fees (for each accident) \$125

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 72 hours after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

Emergency Room Treatment \$125

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 72 hours after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Accident Benefits – High Option *(continued)*

Emergency Room Observation Benefit \$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 72 hours after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

Major Diagnostic Testing \$200

We will pay the amount shown if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred:

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

These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.

Post Traumatic Stress Disorder Diagnosis \$200

Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a covered accident. We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The 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.

This benefit is payable only once per covered accident.

Accident Follow-Up Treatment \$30

We will pay the amount shown for up to six treatments per covered accident, per covered person. 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.

Physical Therapy \$30

We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. 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.

Accident Benefits – High Option *(continued)*

Air Ambulance	\$1,000
Ambulance	\$400

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

Transportation (within 90 days)	
Train or Plane	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

Blood/Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$300
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

Family Lodging Benefit (per night)	\$100
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If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

Wellness	\$50
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This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams.
- Mammograms.
- Pap smears.
- PSA tests.
- Ultrasounds.
- Blood screenings.
- Eye examinations.
- Immunizations.
- Flexible sigmoidoscopies.

Accident Benefits – High Option *(continued)*

Hospital Admission \$1,500

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Confinement (per day) \$300

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Intensive Care (per day) \$400

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same Injury is 30 days.

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

Rehabilitation Unit Benefit (per day) \$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Is admitted for a hospital confinement,
- Is transferred to a bed in a rehabilitation unit of a hospital for treatment, **and**
- Incurs a charge.

This benefit is limited to 30 days per period of-hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

Accident Benefits – High Option *(continued)*

Accidental Death & Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$25,000	\$15,000	\$5,000
Accidental Common Carrier Death	\$50,000	\$30,000	\$15,000
Single Dismemberment	\$6,250	\$3,750	\$2,500
Double Dismemberment	\$12,500	\$7,500	\$5,000
Loss of One or More Fingers or Toes	\$625	\$375	\$250
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$50	\$50	\$50

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 the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

Accidental Common Carrier Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

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 that is licensed for passenger service and operated on a regular schedule between established ports.

GROUP ACCIDENT⁺ INSURANCE
Policy Series CA7800



Wake County

HIGH OPTION - NONOCCUPATIONAL PLAN	Semimonthly (24pp/yr)
Employee	\$5.70
Employee and Spouse	\$10.42
Employee and Dependent Children	\$12.89
Family	\$17.61

Wellness Benefit included in Rates

Please Note: Premiums and benefits shown are accurate as of publication. They are subject to change.



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Limitations and Exclusions

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

- **War** – participating in war or any act of war, declared or not; 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. This does not include terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness. This exclusion does not exclude an accidental death from a bacterial infection resulting from an accidental injury.
- **Self-Inflicted Injuries** – injuring or attempting to injure yourself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- **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.)
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job.
- **Sports** – participating in any organized sport –professional or semi-professional.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental Treatment except as a result of a covered accident.

For nonoccupational coverage, will not pay benefits for injury, total disability, or death contributed to, caused by, or resulting from the following (these exclusions are in addition to the ones outlined above):

- An injury arising from any employment.
- 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 employee, employer or workers' 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.

Terminations

An employee's coverage will terminate on whichever occurs first:

- The date the master policy is terminated.
- The 31st day after the premium due date, if the premium has not been paid.
- The date an insured no longer meets the definition of an employee, unless the insured takes advantage of the portability privilege.
- The date an insured no longer belongs to an eligible class.

If the master policy and/or certificate terminates, we will provide coverage for claims arising from covered accidents that occurred while the plan was in force.

Definitions

Accidental Injury or Injuries means bodily injury or injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of covered accident.

Actively at Work is defined as your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Calendar Year is defined as January 1 through December 31 of the same year.

Covered Accident means an unforeseen and unexpected traumatic event resulting in bodily Injury. An event meets the qualifications of covered accident if it:

- Occurs on or after the Plan's Effective Date,
- Occurs while coverage is in force, **and**
- Is not specifically excluded.

Dependent children are your or your Spouse's natural children, step-children, legally adopted children, foster children or children placed for adoption who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. You or your Spouse must furnish proof of this incapacity and dependency to us within 31 days following the Child's 26th birthday, but not more frequently than annually.

A newborn child will be covered from the moment of birth, if the birth occurs while the plan is in force. Foster children and adopted children shall be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home or placement for adoption. Prior notification will not be required unless an additional premium charge to add the dependent is due. If an additional premium charge is due to cover the dependent, we will cover the newborn child, foster child or adopted child from the moment of birth or placement if the child is enrolled within 30 days after the date of birth or placement.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we:

- Will allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- Will enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- Will not dis-enroll or eliminate coverage of the child unless we are provided satisfactory written evidence that:
 - a. The court or administrative order is no longer in effect; **or**
 - b. The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return; or the child does not reside with the parent or the insurer's service area.

Definitions (*continued*)

Doctor is defined as a person who is:

- Legally qualified to practice medicine,
- Licensed as a physician by the state where treatment is received, **and**
- Licensed to treat the type of condition for which a claim is made.

A doctor does not include you or your family member.

Employee is a person who meets eligibility requirements in the master policy, and who is covered under this plan. The employee is the primary insured under this plan.

Family member (as referenced under the definition of Doctor and the Family Lodging Benefit) includes the employee's spouse, who is defined as an employee's legal wife or husband, as well as the following members of the insured's immediate family:

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

This includes step-family members and family-members-in-law.

Hospital refers to a place that:

- Is legally licensed and operated as a hospital;
- Provides overnight care of injured and sick people;
- Is supervised by a doctor;
- Has full-time nurses supervised by a registered nurse;
- Has on-site or pre-arranged use of x-ray equipment, laboratory, and surgical facilities;
- Maintains permanent medical history records; **and**
- Is a state supported institution even though it may not have an operating room and related equipment for the surgery.

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.

Hospital Intensive Care Unit refers to a specifically designed hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured, Hospital intensive care units must be:

- Separate and apart from the surgical recovery room;
- Separate and apart from rooms, beds, and wards customarily used for patient confinement;
- Permanently equipped with special life-saving equipment to care for the critically ill or injured; **and**
- Under constant and continuous observation by nursing staffs assigned to the intensive care units on an exclusive, full-time basis.

Definitions *(continued)*

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 and is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Rehabilitation Unit is a unit of a hospital 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 and staffed in a unit specifically designated for this service.

Spouse is the legal wife or husband who is at least age 18 and who is named on the enrollment application.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Your Occupation means the occupation in which you are regularly engaged at the time you become disabled.

Notices

This proposal is a brief description of coverage, not a contract. Read your policy carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their 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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