Peace of Mind *and* Real Cash Benefits

GROUP ACCIDENT INSURANCE

AC1[G]

Prepared for:
State of Florida Employees

Capital Insurance Agency, Inc.
1.800.780.3100

AGC08281 R4

IV (4/18)

GROUP ACCIDENT INSURANCE

Policy Series CAI7800

AC1G

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.

FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed-issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see back of brochure for guidelines.)

HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
HOSPITAL ADMISSION We will pay the amount shown, when because of a covered accident, you are injured, require hospital confinement, and are 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.	$2,000	$2,000	$2,000
HOSPITAL CONFINEMENT (per day) We will pay the amount shown when, because of a covered accident, you are 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.	$300	$300	$300
HOSPITAL INTENSIVE CARE (per day) We will pay the amount shown when, because of a covered accident, you are injured, and those injuries cause confinement to a hospital intensive care unit. This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.	$300	$300	$300
MEDICAL FEES (for each accident) We will pay up to the amount shown for X-rays and doctor services when, because of a covered accident, you are injured and those injuries cause you to receive initial treatment from a doctor within 72 hours after the accident. If you do not exhaust the maximum benefit paid during the initial treatment, we will pay the remainder of this benefit for treatment received due to injuries from a covered accident and for each covered accident up to one year after the accident date.	$120	$120	$120

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL-DEATH	$75,000	$75,000	$75,000
ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)	$100,000	$100,000	$20,000
SINGLE DISMEMBERMENT	$50,000	$50,000	$50,000
DOUBLE DISMEMBERMENT	$100,000	$100,000	$100,000
LOSS OF ONE OR MORE FINGERS OR TOES	$5,000	$5,000	$5,000
PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)	$400	$100	$100

If the Accidental Common-Carrier Death Benefit is paid, we will pay the Accidental-Death Benefit.

Accidental-Death Benefit
We will pay the amount shown if, because of a covered accident, you are injured, and the injury causes you to die within 90 days after the accident.

Accidental Common-Carrier Death Benefit
We will pay the amount shown if you are a fare-paying passenger on a common carrier, as defined below, are injured in a covered accident, and die within 90 days after the covered accident. We will pay the Accidental-Death Benefit in addition to the Accidental Common-Carrier Death Benefit.

Dismemberment Benefit
We will pay the appropriate amount shown if, because of a covered accident, you are injured and lose a hand, a foot, or sight within 90 days after the accident as a result of the injury. If you lose one hand, one foot, or the sight of one eye in a covered accident, we will pay the single dismemberment benefit shown. If you lose both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double dismemberment benefit shown. If you lose one or more fingers or toes in a covered accident, we will pay the finger/toe benefit shown.

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

MAJOR INJURIES (diagnosis and treatment within 90 days)

EMPLOYEE//SPOUSE//CHILD

FRACTURES (closed reduction):

Hip/Thigh	$4,000
Vertebrae (except processes)	$3,600
Pelvis	$3,200
Skull (depressed)	$3,000
Leg	$2,400
Forearm/Hand/Wrist	$2,000
Foot/Ankle/Knee Cap	$2,000
Shoulder Blade/Collar Bone	$1,600
Lower Jaw (mandible)	$1,600
Skull (simple)	$1,400
Upper Arm/Upper Jaw	$1,400
Facial Bones (except teeth)	$1,200
Vertebral Processes	$800
Coccyx/Rib/Finger/Toe	$320

DISLOCATIONS (closed reduction):

Hip	$3,000
Knee (not knee cap)	$1,950
Shoulder	$1,500
Foot/Ankle	$1,200
Hand	$1,050
Lower Jaw	$900
Wrist	$750
Elbow	$600
Finger/Toe	$240

Fracture* is a break in the bone that can be seen by X-ray. If a bone is fractured in a covered accident, we will pay the appropriate benefit shown.

Multiple fractures* means having more than one fracture requiring open or closed reduction. If these fractures occur in any one covered accident, we will pay the appropriate benefits shown for each fracture, but no more than double the amount for the bone fractured that has the highest benefit amount.

Chip fracture* means a piece of bone that is completely broken off near a joint. If a doctor diagnoses a chip fracture, we will pay 25% of the appropriate benefit shown.

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

Dislocation* means a completely separated joint. If a doctor diagnoses and treats the dislocation within 90 days after the covered accident, we will pay the amount shown. If the dislocation requires open reduction, we will pay 200% of the appropriate amount shown.

Multiple Dislocations* means having more than one dislocation requiring either open or closed reduction. For each dislocation, we will pay the amounts shown. We will not pay more than 200% of the benefit amount for the dislocated joint that has the highest benefit amount.

Partial dislocation* means the joint is not completely separated. If a doctor diagnoses and treats the partial dislocation, we will pay 25% of the amount shown for the affected joint.

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

SPECIFIC INJURIES

EMPLOYEE//SPOUSE//CHILD

RUPTURED DISC

(treatment within 60 days; surgical repair within one year)

Injury occurring during first certificate year	$100
Injury occurring after first certificate year	$400

TENDONS/LIGAMENTS

(within 60 days; surgical repair within 90 days). If you tear, sever, or rupture a tendon or ligament in a covered accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for tendons and ligaments repaired. $400 (Single) $600 (Multiple)

TORN KNEE CARTILAGE

(treatment within 60 days; surgical repair within one year)

Injury occurring during first certificate year	$125
Injury occurring after first certificate year	$500

EYE INJURIES

Treatment and surgical repair within 90 days	$500
Removal of foreign bodynonsurgically, with or without anesthesia	$100

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. $100

EMPLOYEE//SPOUSE//CHILD

EMERGENCY DENTAL WORK (per accident; injury to sound, natural teeth)

Repaired with crown	$150
Resulting in extraction	$50

BURNS (treatment within 72 hours and based on percent of body surface burned):

Second-Degree Burns

Less than 10%	$100
At least 10%, but less than 25%	$200
At least 25%, but less than 35%	$500
35% or more	$1,000

Third-Degree Burns

Less than 10%	$1,000
At least 10%, but less than 25%	$5,000
At least 25%, but less than 35%	$10,000
35% or more	$20,000

First-degree burns are not covered.

LACERATIONS (treatment and repair within 72 hours):

Under 2" long	$50
2" to 6" long	$200
Over 6" long	$400
Lacerations not requiring stitches	$25

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

EMPLOYEE//SPOUSE//CHILD

EMERGENCY ROOM TREATMENT $200

We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room and receive 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 Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

EMERGENCY ROOM OBSERVATION $100

We will pay the amount shown for injuries received in a covered accident if you receive treatment in a hospital emergency room, are held in a hospital for observation for at least 24 hours, and receive 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 is payable in addition to Emergency Room Treatment Benefit.

AMBULANCE $500

AIR AMBULANCE $1,500

If you require transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a covered accident, we will pay the amount shown.

BLOOD/PLASMA $300

If you are injured, and receive blood or plasma within 90 days after the covered accident, we will pay the benefit shown.

APPLIANCES $150

If a doctor advises you to use a medical appliance, we will pay the benefit shown. Medical appliance means crutches, wheelchairs, leg braces, back braces, and walkers.

INTERNAL INJURIES $1,500

(resulting in open abdominal or thoracic surgery) We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.

ACCIDENT FOLLOW-UP TREATMENT $40

We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for followup treatment. You must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

EXPLORATORY SURGERY WITHOUT REPAIR (i.e., arthroscopy) $150

We will pay the amount shown in if a covered accident causes you to have exploratory surgery (without repair). The exploratory surgery must be required as the result of an injury.

PROSTHESIS $500

We will pay this benefit if you require the use of a prosthetic device due to injuries received in a covered accident. We will pay this benefit for each prosthetic device you use. Hearing aids, wigs, dental aids, and false teeth are not covered.

EMPLOYEE//SPOUSE//CHILD

PHYSICAL THERAPY $50

We will pay this benefit for up to six doctor-prescribed physical therapy treatments per covered accident. You must have received initial treatment within 72 hours of the covered accident. The physical therapy treatment must begin within 30 days after the covered accident or discharge from the hospital and must take place within six months of the covered accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

TRANSPORTATION $300 (train/plane) / $150 (bus)

We will pay this benefit if a doctor-recommended hospital treatment or diagnostic study is not available in your resident city. Transportation must begin within 90 days from the date of the covered accident. The distance to the hospital must be greater than 50 miles from your residence.

FAMILY LODGING BENEFIT (per night) $100

We will pay this benefit for each night's lodging, up to 30 days, for an adult immediate family member's lodging if you are required to travel more than 100 miles from your resident home due to confinement in a hospital for treatment of an injury from a covered accident. This benefit is only payable while you remain confined to the hospital, and treatment must be prescribed by your local doctor.

WELLNESS BENEFIT (per 12-month period) $50

After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

High Option 24-hour Plan with Wellness	Biweekly (26pp/yr)
Employee	$9.24
Employee & Spouse	$14.58
Employee & Child	$15.71
Family	$21.05

High Option 24-hour Plan	Biweekly (26pp/yr)
Employee	$7.85
Employee & Spouse	$10.62
Employee & Child	$13.39
Family	$16.16

High Option 24-hour Plan with Wellness	Monthly (12pp/yr)
Employee	$20.02
Employee & Spouse	$31.59
Employee & Child	$34.04
Family	$45.61

High Option 24-hour Plan	Monthly (12pp/yr)
Employee	$17.00
Employee & Spouse	$23.00
Employee & Child	$29.00
Family	$35.00

Aflac®

CONTINENTAL AMERICAN INSURANCE COMPANY

ENROLLMENT FORM

Please Fax or Mail to:
Capital Insurance Agency, Inc.
P.O. Box 15949
Tallahassee, FL 32317
Fax: 850-701-2028

FOR HOME OFFICE USE ONLY		
PLAN	*PLAN CODE*	*ID NUMBER*
Accident		
Endorsement:		
EFFECTIVE DATE: 09/01/2018		

FOR AGENT USE ONLY

☐ Initial Enrollment ☐ New Hire ☐ Re-Enrollment ☐ Newly Eligible ☐ Re-Submission

Deduction start date ______________________

Employee Name/Owner (First, MI, Last)	Social Security Number/ID Number	Gender	Date of Birth

Street Address	City	State	ZIP

Employer	Job Class/Occupation	Location	Hire/Change of Status Date
State of Florida - #5722			

Hours Worked	Daytime Phone Number	Beneficiary Name/Relationship (estate unless designated otherwise)
	( )	

Spouse's Name (if coverage is requested)	Gender	Spouse's Date of Birth

	Employee	Spouse
Are you currently working full-time for the employer listed above?	☐ YES ☐ NO	
Are you now disabled or unable to work?		☐ YES ☐ NO

List all eligible children for whom you are proposing coverage (from Youngest to Oldest):

Name	Gender	Date of Birth	Name	Gender	Date of Birth

ACCIDENT ☒ 24 Hour Plan High Option______ With Wellness: ☐ Yes ☐ No

☐ New Coverage ☐ Change in Coverage

☐ Employee ☐ Employee & Spouse ☐ Employee & Children ☐ Family *☒ Dependent Rider*

Cost per pay period: $__________

To the best of my knowledge and belief, the answers to the questions on this Enrollment Form are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

Does this coverage replace any existing Aflac individual policy? ☐ **YES** ☐ **NO**
Does this coverage replace or change any existing insurance? ☐ **YES** ☐ **NO**

If yes, provide carrier and policy number: ________________________________

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 via direct bill. You should contact your insurance carrier for an explanation of your options for both continuation or cancellation of your existing coverage.

Coverage will not become effective unless you are employed full-time on the enrollment date and on the effective date.

CERTIFICATION: I have read the completed Enrollment Form and I realize any false statement or misrepresentation in the Enrollment Form may result in loss of coverage under the Certificate. I understand that no insurance will be in effect until my Enrollment Form is approved and the necessary premium is paid.

I understand and agree that the coverage that I am applying for may have a pre-existing condition exclusion.

I authorize my employer to deduct the appropriate dollar amount from my earnings each pay period to pay Continental American Insurance Company the required premium for my insurance.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Date:____________ Signature of Applicant____

Date__________ Signature of Agent______________________ Agent's Printed Name _____________________ Agent No.________

LIMITATIONS AND EXCLUSIONS

LIMITATIONS AND EXCLUSIONS If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy. WE WILL NOT PAY BENEFITS FOR 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. War does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service. • 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. • 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 semiprofessional. • 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.

TERMS YOU NEED TO KNOW

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

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.

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 by reason of mental retardation or physical handicap and is chiefly dependent on a parent for support and maintenance. You or your spouse must furnish proof of this incapacity and dependency to us within 31 days following the child's 26th birthday. If you already have dependent children coverage in force, children born or placed in your home after the effective date of the dependent accident rider will also be covered from the moment of birth or placement. No notice or additional premium is required.

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; 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 removed at or above the joint where it is attached to the hand or foot.

Doctor is defined as a person who is a 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 means a person who is actively at work with the master policyholder, engaged in full-time work, and is included in the class of employees eligible for coverage.

Family member includes your spouse (who is defined as your legal wife or husband) as well as the following members of your immediate family: son, daughter, mother, father, sister, or 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 prearranged use of X-ray equipment, laboratory, and surgical facilities; and maintains permanent medical history records. 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 Unit on an exclusive, full-time basis.

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

We refers to Continental American Insurance Company.

Spouse means your legal wife or husband. Coverage may only be issued to your spouse if your spouse is over 18.

PORTABLE COVERAGE

When coverage is effective and would otherwise terminate because you end employment with the employer, coverage may be continued. You may continue the coverage that is in force on the date employment ends, including dependent coverage that is in effect. The following conditions must be met to keep your certificate in force: Within 31 days after the date your insurance would otherwise terminate, you must notify us. Notification may be via written notice sent to P.O. Box 427, Columbia, South Carolina, 29202; or by calling the Customer Service number at 800.433.3036; and You must pay the required premium directly to us no later than 31 days after the date the certificate would otherwise terminate and on each premium due date thereafter. You may be allowed to continue the coverage until the earlier of the date you fail to pay the required premium, or the date the group master policy is terminated. Coverage may not be continued if you fail to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by you.

TERMINATION Your insurance will terminate on the date we terminate the plan, the 31st day after the premium due date, if the premium has not been paid, the date you no longer meet the plan's definition of an employee, or the date you no longer belong 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.

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

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

CAPITAL INSURANCE AGENCY, INC.

"We're Here To Help You!"

Contact Capital Insurance Agency

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Tallahassee, FL 32317-5949

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