



Travis County Commissioners Court Agenda Request

Meeting Date: September 24, 2013

Prepared By/Phone Number: Deone Wilhite (512) 854-9111

Elected/Appointed Official/Dept. Head: Commissioner Ron Davis, Pct. 1

Commissioners Court Sponsor: Commissioner Ron Davis, Pct. 1

AGENDA LANGUAGE:

CONSIDER AND TAKE APPROPRIATE ACTION TO APPROVE AUTOMATIC EMPLOYEE PAYROLL DEDUCTIONS FOR SUPPLEMENTAL INSURANCE COVERAGE THROUGH AFLAC FOR MEMBERS OF THE TRAVIS COUNTY SHERIFF'S OFFICER'S ASSOCIATION AND THE TRAVIS COUNTY SHERIFF'S LAW ENFORCEMENT ASSOCIATION.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

None

STAFF RECOMMENDATIONS:

ISSUES AND OPPORTUNITIES:

FISCAL IMPACT AND SOURCE OF FUNDING: None

REQUIRED AUTHORIZATIONS:

Commissioner Precinct 1 Office	Ron Davis
County Judge's Office	
Commissioner's Court	

TO: Commissioners Court

FROM: Nicki Riley, County Auditor

SUBJECT: Automatic Payroll Deduction for Members of the TCSLEA & TCSOA for AFLAC Fees

DATE: September 12, 2013

A meeting was held on Friday August 30, 2013 regarding a request from the Sheriff's Office for the Auditor's Office to initiate an automatic payroll deduction for members of the Travis County Sheriff's Law Enforcement Association (TCSLEA) and the Travis County Sheriff's Officer's Association (TCSOA) for monthly AFLAC fees. Representatives from the Sheriff's Office, both associations, Human Resources Management Department (HRMD), Planning and Budget Office, and the Auditor's Office were in attendance.

AFLAC offers additional insurance over and above what is currently offered to Travis County employees. Both associations consider this additional insurance a beneficial option that should be available to their members. According to HRMD, as of this date, there is no plan to offer this additional insurance to County employees due to the belief that there would not be enough interest County-wide.

Judge Biscoe had brought up several concerns regarding this request mainly related to the competitive process. These concerns were reviewed by the Purchasing Office, and they believe that since this program would not be offered to all County employees and would not be funded with County money, than it would not fall under the County Purchasing Act.

This request was also reviewed by the County Attorney's Office, and they stated that if the Commissioners Court a) determines that this request serves a public purpose, b) authorizes the use of payroll deductions for it, and c) the TCSLEA and TCSOA pay the additional administrative cost of creating the deduction, then it is legal.

In the meeting we determined that the automatic deduction will not be an additional deduction, but will be added to the deduction already taken for association dues, which already includes other fees. There will be a startup fee associated with changing the deductions; however, there will not be an additional ongoing maintenance fee since there will still only be one payroll deduction for association dues. Payroll will issue two checks, one to each association, net of any initial setup fees after each payroll. Both associations will then pay AFLAC directly. No refunds to employees will be made by payroll after the deductions are taken.

Please let me know if you have any questions or concerns regarding this matter. My direct line is 854-3227. Thank you.

cc: Cyd Grimes, Purchasing Agent
Bonnie Floyd, Assistant Purchasing Agent
Sgt. James Hodge, TCSOA President
Brett Spicer, TCSLEA President
Debbie Maynor, HRMD Director
John Rabb, HRMD
Meg Seville, Sheriff's Office
Travis Gatlin, PBO
Bernadette Gutilla, Payroll Manager

Travis County Sheriff's Officers Association

400 West 14th Street, Suite 220
Austin, Texas 78701
Phone: 512.289.5916



September 19, 2013

To: Commissioner's Court

Subject: AFLAC Dues Deduct

We(TCSOA &TCSLEA) have partnered with AFLAC Insurance to provide supplemental coverage at a substantially reduced rate for our members.

Insurance coverage is for Accidents, Cancer, and Catastrophic illness/disease.

Travis County currently does not offer these much needed products, so we were hoping to be able to provide it.

The policies and rates offered to our members are unique and requires us to do a payroll deduct for the low prices agreed upon.

When we started, we unaware that we could not proceed with the deduct without the Court's approval.

We are asking if we can get this before the Court for consideration and a vote as soon as possible?

Thanks for you consideration in this matter.

Respectfully,

James Hodge TCSOA President

August 22, 2013

RE: Aflac being offered to the Travis County Sheriff's Office Association (TCSOA) and Travis County Sheriff's Law Enforcement Association (TCSLEA)

To Whom It May Concern:

Per a conference call with Judge Sam Biscoe earlier today, this letter is designed to outline the procurement process that took place with the two above mentioned organizations and Aflac.

1. Corrections USA (CUSA) underwent a procurement process in 2011 to secure a supplemental provider for it's national affiliates including unions and associations.
2. Subsequently, TCSOA and TCSLEA were introduced to Aflac because of their affiliation with CUSA.
3. Like other CUSA Associations/Unions, TCSOA and TCSLEA were under the premise that if Aflac deductions were included with union dues, a plan could be established for the membership.
4. Specific AFLAC products were deliberately chosen as to not duplicate or otherwise conflict with any products currently offered to Travis County employees.
5. A plan was thus established for TCSOA and TCSLEA and members were enrolled.
6. However, unbeknown to TCSOA and TCSLEA, there were additional steps needed and required by Travis County in order to establish Aflac deductions along with union dues.

We are therefore requesting, as Judge Sam Biscoe instructed, for a hearing to be held where a consideration could be given to allow Aflac deductions to be included with union dues deductions based on the aforementioned statements.

Thank you for your consideration.

Shem Bostick
Aflac Regional Sales Coordinator

Darrell Drennan
Special Projects Coordinator

GROUP MASTER APPLICATION
Application is hereby made to:



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

By Travis County Sheriff's Officers Association
Employer Name

Of Austin, TX
Home Office Location (City and State)

REPRESENTATIONS ARE MADE AS FOLLOWS:

Class of Employees Eligible for Group Accident, Group Critical Illness:

- Regular full-time Employees under age 70
- Regular full-time Employees under age 70 except _____
- Other _____

[Class of [Employees] Eligible for Group Hospital Indemnity Coverage:

- Regular full-time Employees under age 64
- Regular full-time Employees under age 64 except _____
- Other _____

Employee] Requirements

A full-time Employee is one who works 40 hours or more per week. An Employee must be Actively at Work on the date he applies for coverage and on the date his Certificate of Insurance becomes effective. An Employee must complete 2 months of continuous service to be eligible for coverage.

The minimum number of enrolled [Employees] necessary to keep the Group Policy in force is: 25

COVERAGE REQUESTED

X Group Accident **Series 7800** 24 Hour Non-Occupational

Plan X 1 2

Optional Features: Catastrophic Accident Rider Dependent Rider Gunshot Rider

The requested Effective Date is: 7.1.2013

Will this Group Accident Policy replace any existing Group Accident Policy? Yes No

If yes, provide carrier and policy number: _____

X Group Critical Illness Series _____

With Cancer: X yes no With Health Screening Benefit: X yes no

Optional Features:

Heart Event Rider

Specified Critical Illness Rider Genetic Screening Test Rider

The requested Effective Date is: 7.1.2013

Will this Group Critical Illness Policy replace any existing Group Critical Illness Policy? Yes No

If yes, provide carrier and policy number: _____.

X Group Hospital Indemnity Series _____ Plan 1 2 3 4

Optional Features:

The requested Effective Date is: 7.1.2013

Will this Group Hospital Indemnity Policy replace any existing Group Hospital Indemnity Policy? 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 [Employees'] best interest to maintain their individual guaranteed-renewable policy via direct bill. [Employees] may contact their insurance carrier for an explanation of their options for both continuation or cancellation of any existing coverage.

GENERAL AGREEMENT

By signing below, the policyholder agrees to transmit the total premiums under the Group Policy to Continental American Insurance Company at its Home Office when due. No agent or other person except an officer can make or change any contract or agreement on behalf of Continental American Insurance Company.

A person may be guilty of insurance fraud if he intends to defraud an insurer or if he knowingly facilitates a fraud against an insurer. Fraudulent activities include submitting an Application or filing a claim that contains any false or deceptive statement.

By <i>James Hook</i> (Signature)	Date 4/12/13
Title President	

Peace of Mind *and*
Real Cash Benefits



GROUP ACCIDENT ADVANTAGE PLUS

AP1^G



We've got you under our wing.®

GROUP ACCIDENT ADVANTAGE PLUS

Policy Series CAI7800TX

AP1^G

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 things on your mind are 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.)
- Continue your coverage (You can continue coverage when you leave employment; see the back of this brochure for guidelines.)

39.4

MILLION

About 39.4 million visits to hospital emergency departments in 2007 were due to injuries.*

*Injury Facts, 2011 Edition, National Safety Council

HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
<p>HOSPITAL ADMISSION</p> <p>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.</p>	\$1,000	\$1,000	\$1,000
<p>HOSPITAL CONFINEMENT (per day)</p> <p>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.</p> <p>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.</p> <p>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.</p>	\$200	\$200	\$200
<p>HOSPITAL INTENSIVE CARE (per day)</p> <p>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.</p> <p>This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.</p>	\$400	\$400	\$400
<p>MEDICAL FEES (for each accident)</p> <p>If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for doctor services or X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 72 hours after the accident.</p>	\$125	\$125	\$75
<p>PARALYSIS</p> <p>Quadriplegia Paraplegia</p> <p>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.</p> <p>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.</p>	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL-DEATH	\$50,000	\$25,000	\$5,000
ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)	\$100,000	\$50,000	\$15,000
SINGLE DISMEMBERMENT	\$12,500	\$5,000	\$2,500
DOUBLE DISMEMBERMENT	\$25,000	\$10,000	\$5,000
LOSS OF ONE OR MORE FINGERS OR TOES	\$1,250	\$500	\$250
PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)	\$100	\$100	\$100

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

Accidental Injury means bodily injury caused solely by or as the result of a Covered Accident.

Covered Accident means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.

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.

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.
- 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 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.

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

Spouse means your legal wife or husband. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64. Coverage on your Spouse terminates when your Spouse attains age 70.

Dependent Children natural children, step-children, adopted 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 retardation or physical disability and is chiefly dependent on a parent for support and maintenance. The Employee or the Employee's Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the child's 26th birthday.

A child is considered to be the child of an Insured if the Insured is a party to a suit in which the Insured seeks to adopt the child.

Dependent Children may also include grandchildren, who are (1) unmarried; (2) under age 26; and (3) if they are the employee's dependents for federal income tax purposes, or (4) if the employee must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.

CONTINUATION PRIVILEGE

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.

The employee will be allowed to continue the coverage until the earlier of the date

the employee fails to pay the required premium, or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by the insured.

TERMINATION

An employee's insurance will terminate on whichever occurs first: The date the company terminates the plan; 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 continuation 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.

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.

FRACTURES

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.

DISLOCATIONS

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 certificate.

Multiple dislocations refers 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.

We've got you under our wing.®

aflacgroupinsurance.com || 1.800.433.3036

The certificate to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

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This brochure is a brief description of coverage, not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CAI7800TX.

MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE//SPOUSE//CHILD	
FRACTURES (closed reduction):		
Hip/Thigh	\$4,000	<ul style="list-style-type: none"> If you have both a 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. If a fracture requires open reduction, we will pay double the amount shown. If the dislocation requires open reduction, we will pay double of the amount shown. Please refer to the Limitations and Exclusions section for more detail on fractures and dislocations.
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	

SPECIFIC INJURIES

	EMPLOYEE//SPOUSE//CHILD		EMPLOYEE//SPOUSE//CHILD
RUPTURED DISC		EMERGENCY DENTAL WORK	
(treatment within 60 days; surgical repair within one year)		(per accident; injury to sound, natural teeth)	
Injury occurring during first certificate year	\$100	Repaired with crown	\$150
Injury occurring after first certificate year	\$400	Resulting in extraction	\$50
TENDONS/LIGAMENTS		BURNS	
(treatment within 60 days; surgical repair within 90 days)		(treatment within 72 hours and based on percent of body surface burned)	
	\$400 (Single)	Second-Degree Burns	
	\$600 (Multiple)	Less than 10%	
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.		At least 10%, but less than 25%	
		At least 25%, but less than 35%	
		35% or more	
		Third-Degree Burns	
		Less than 10%	
		At least 10%, but less than 25%	
		At least 25%, but less than 35%	
		35% or more	
		First-degree burns are not covered.	
TORN KNEE CARTILAGE		LACERATIONS	
(treatment within 60 days; surgical repair within one year)		(treatment and repair within 72 hours)	
Injury occurring during first certificate year	\$100	Under 2" long	
Injury occurring after first certificate year	\$400	2" to 6" long	
		Over 6" long	
		Lacerations not requiring stitches	
		Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	
EYE INJURIES			
Treatment and surgical repair within 90 days			
Removal of foreign body (requiring no surgery)			
CONCUSSION			
(a head injury resulting in electroencephalogram abnormality)			
COMA			
(state of profound unconsciousness lasting 30 days or more)			

This brochure is a brief description of coverage, not a contract. Read your certificate carefully for exact terms and conditions.

ADDITIONAL BENEFITS

EMPLOYEE//SPOUSE//CHILD

EMERGENCY ROOM TREATMENT \$200

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.

EMERGENCY ROOM OBSERVATION \$100

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.

AMBULANCE \$200

AIR AMBULANCE \$1,000

If an insured requires 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 \$100

If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.

APPLIANCES \$100

We will pay this benefit 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.

INTERNAL INJURIES \$1,000

(resulting in open abdominal or thoracic surgery)

EMPLOYEE//SPOUSE//CHILD

ACCIDENT FOLLOW-UP TREATMENT \$30

We will pay this benefit for up to six treatments (one per day) per Covered Accident, per insured for follow-up treatment. 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. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

EXPLORATORY SURGERY \$250

[without repair (i.e., arthroscopy)]

PROSTHESIS \$500

If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, dental aids, and false teeth are not covered.

PHYSICAL THERAPY \$30

We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. 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.

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

If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. 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

If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.

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 incur 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.

Peace of Mind and Real Cash Benefits



GROUP CRITICAL ILLNESS
Includes Cancer and Wellness

CI^G

Aflac®

We've got you under our wing.®

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

GROUP CRITICAL ILLNESS

Policy Series CAI2800 This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

CI^G

You can win the battle against a critical illness, but can you handle the added costs?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness.

The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn't have to be spoiled by medical bills.

With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.



COVERAGE WORK SHEET

Employee Benefit: \$ _____

Spouse Benefit: \$ _____

Child Benefit: \$ _____
(25 percent of the primary insured amount)

Total Deduction: \$ _____

This work sheet is for illustration purposes only. It does not imply coverage.

BENEFITS This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

COVERED CRITICAL ILLNESSES:¹

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End-Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU ²	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY ²	25%
MAJOR ORGAN TRANSPLANT	100%		

FIRST-OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.

ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

RE-OCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

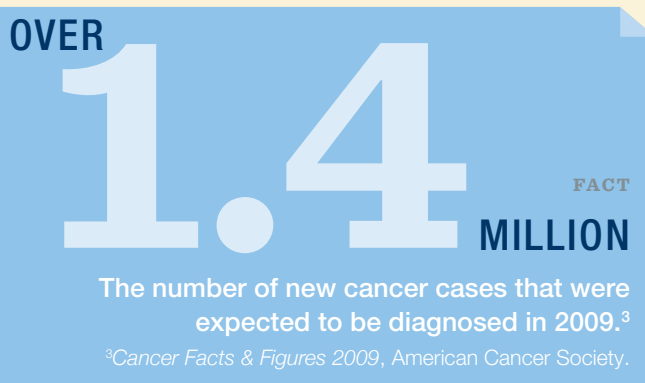
CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.

\$50 HEALTH SCREENING BENEFIT

(Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.



COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

¹All covered conditions are subject to the definitions found in your certificate.

²If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

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.

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

The plan contains a 30-day waiting period. This means that no benefits are payable for any insured who has been diagnosed before your coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from

the Effective Date or the Employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; 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:

- Intentionally self-inflicted injury or action;

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

- Suicide or attempted suicide while sane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any critical illness starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown in your Certificate Schedule.

Employee means the insured as shown in the Certificate Schedule.

Spouse means an Employee's legal wife or husband.

Dependent Children means your natural children, step-children, 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 or physical handicap and is dependent on his parent(s) for support, the above age 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following such 26th birthday.

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

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

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 begins 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 that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. 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) Premalignant 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 thickness less than .77 mm.

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 of origin without having invaded neighboring tissue.

Renal Failure (Kidney Failure) means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis 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 nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

PORTABLE COVERAGE

When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is terminated; (2) The 31st day after the premium due date if the required premium has not been paid; (3) The date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

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GROUP HOSPITAL INDEMNITY

HI2^G



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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

GROUP HOSPITAL INDEMNITY

Supplemental Hospital Indemnity

Policy Series CA8500-MP This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

HI2^G

Will your major medical insurance cover all of your bills?

Supplemental hospital indemnity insurance provides financial help to enhance your current coverage.

Your health insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any deductible or other expenses that are not covered by the plan. As a result, you could incur significant out-of-pocket expenses if you or a family member were hospitalized.

You don't want to be caught unprepared in a medical emergency and have to rely on your family's savings to cover the extra expenses you may face. This plan can help cover those expenses and protect your savings.



COVERAGE WORK SHEET

PAYROLL DEDUCTION

Deductions Begin: _____

Effective date: _____

Total Deduction: _____

This worksheet is for illustration purposes only. It does not imply coverage.

BENEFITS This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

**HOSPITAL CONFINEMENT
(UP TO 180 DAYS PER CONFINEMENT)**

Plan 2 - \$200 per day

This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for Injuries received in a Covered Accident, the Covered Person must be confined to a hospital within 6 months of the date of the Covered Accident.

This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.

HOSPITAL ADMISSION

Plan 2 - \$300 per admission

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within 6 months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again.

HOSPITAL INTENSIVE CARE (30 DAY MAXIMUM FOR ANY ONE PERIOD OF CONFINEMENT.)

Plan 2 - \$200 per day

This benefit is paid when a Covered Person is confined in a hospital intensive care unit because of a Covered Sickness or due to an Injury received from a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital intensive care unit within 6 months of the date of the Covered Accident.

We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness. If we pay benefits for confinement in a hospital intensive care unit and a Covered Person becomes confined to a hospital intensive care unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

SURGICAL AND ANESTHESIA BENEFIT

Plan 2 - Surgery up to \$2,000; Anesthesia up to \$500

This benefit is paid when a Covered Person has surgery performed by a physician due to an Injury received in a Covered Accident or because of a Covered Sickness. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and anesthesia benefits are available subject to plan definitions and the surgical schedule. (The anesthesia benefit will be 25% of the surgical benefit performed.)

HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MEDICAL FEES)

If an insured is injured in a Covered Accident or has treatment as the result of a Covered Sickness, he will receive the following:

Physician (per visit) – \$50

Laboratory fees (per visit) – \$25

X-ray (per visit) – \$50

Injections/medications (per visit) – \$25

Maximum \$250/ Insured per calendar year

Maximum \$1,000/Family per calendar year

Maximum \$50/per visit

WELL BABY CARE – \$25 PER VISIT

We will pay the well baby care benefit amount associated with each benefit plan option when an insured baby receives well baby care (four visits per calendar year per insured baby). For this plan, a baby is a dependent child 12 months of age or younger. This benefit is payable only if coverage is issued with the Dependent Children Rider.

OUT-OF-HOSPITAL PRESCRIPTION DRUG BENEFIT

Plan 2 - \$10 with a 5 prescription maximum per year

We will pay an indemnity benefit, based on the plan definitions, for each prescription filled for a Covered Person. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the patient. This benefit is subject to the Out-of-hospital Prescription Drug Benefit Maximum.

This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines or insulin used by or administered to a person while they are confined to a hospital, rest home, extended care facility, convalescent home, nursing home or similar institution; (d) immunization agents, biological sera, blood or blood plasma; or (e) contraceptive materials, devices or medications or infertility medication, except where required by law.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions.

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

- 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.
- Suicide—committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries—injuring or attempting to injure yourself intentionally.
- Traveling—traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death

Benefit.

- Racing—Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Aviation—operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Intoxication—being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
- 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.
- Custodial Care. This is care meant simply to help people who cannot take care of themselves.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Services performed by a relative.
- Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
- A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
- Elective abortion.
- Treatment, services, or supplies received outside the United States and its possessions or Canada.
- Dental services or treatment.
- Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
- Mental or emotional disorders without demonstrable organic disease.
- Alcoholism, drug addiction, or chemical dependency.
- Injury or sickness covered by workers' compensation.
- Routine physical exams and rest cures.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means within the 12-month period prior to the Effective Date of the certificate those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Effective Date of the certificate, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a "pre-existing condition" if conception was before the effective date of a certificate.

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

If certificate is issued as a replacement for a certificate previously issued under the Plan, then the pre-existing condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

TERMS YOU NEED TO KNOW

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

Spouse - Means your legal spouse who is between that ages of 18 and 64.

Dependent Children - means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date 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 parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

Covered Person -If the certificate is issued as: Individual coverage, the Covered Person means you; Employee/Spouse coverage, Covered Person means you and your legal spouse; Single Parent Family coverage, Covered Person means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage; Family coverage, Covered Person means you and your spouse and covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

Injury or Injuries - An accidental bodily injury or injuries caused solely by or as the result of a Covered Accident.

Covered Accident - An accident, which occurs on or after a Covered Person's Effective Date, while the certificate is in force, and which is not specifically excluded.

Sickness - An illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an Injury.

Covered Sickness - An illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force; and was not treated or for which a Covered Person did not receive advice within 12 months before the Effective Date of his/her coverage; and is not excluded by name or specific description in the certificate.

Doctor or Physician - A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art; performs services which are allowed by his or her license; and performs services for which benefits are provided by the certificate.

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.

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.

Effective Date- The date as shown in the Certificate Schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its Effective Date, automatically replaces any certificate or certificates previously issued to you under the plan.

Individual Termination- Your insurance will terminate on the earliest of the date the plan is terminated; on the 31st day after the premium due date if the required premium has not been paid; on the date you cease to meet the definition of an employee as defined in the plan; on the premium due date which falls on or first follows your 70th birthday; or on the date you are no longer a member of an eligible class.

Termination of any Covered Person's insurance under the certificate shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

Portable Coverage- When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

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