



# VOLUNTARY BENEFITS 2023



*Accident Coverage*

*Critical Illness*

*Hospital Indemnity*



# AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – HIGH 24-HOUR ACCIDENT-ONLY PLAN  
WITH A WELLNESS BENEFIT Policy Series CAI7800



## Introducing added protection for life's unexpected moments.

If you're like most people, you don't budget for life's unexpected moments. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix.

### That's the benefit of the Aflac group Accident Advantage Plus plan.

In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance rides.
- Emergency room visits.
- Wheelchairs, crutches, and other medical appliances.
- Surgery and anesthesia.
- Bandages, stitches, and casts.

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



Benefits Overview

HOSPITAL BENEFITS	EMPLOYEE	SPOUSE	CHILD
<p><b>HOSPITAL ADMISSION</b></p> <p>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.</p>	\$1,000	\$1,000	\$1,000
<p><b>HOSPITAL CONFINEMENT</b> (per day)</p> <p>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.</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><b>HOSPITAL INTENSIVE CARE</b> (per day)</p> <p>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.</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><b>MEDICAL FEES</b> (for each accident)</p> <p>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.</p> <p>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.</p>	\$125	\$125	\$75
<p><b>PARALYSIS</b> (lasting 90 days or more and diagnosed by a physician within 90 days)</p> <p>Quadriplegia</p> <p>Paraplegia</p> <p><i>Paralysis</i> means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident, you are 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 you later die 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 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/CHILDREN	
FRACTURES (closed reduction)		<p><b>Fracture*</b> 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.</p> <p><b>Multiple fractures*</b> 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.</p> <p><b>Chip fracture*</b> 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.</p> <p><i>*If a fracture requires open reduction, we will pay double the amount shown.</i></p>
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/Kneecap	\$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	

SPECIFIC INJURIES	EMPLOYEE/ SPOUSE/CHILDREN
<b>CONCUSSION</b> A concussion or mild traumatic brain injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head.	\$200
<b>COMA</b> Coma means a state of profound unconsciousness caused by a covered accident. If you are in a coma lasting 30 days or more as the result of a covered accident, we will pay the benefit shown.	\$10,000
<b>EMERGENCY DENTAL WORK</b> (per accident; injury to sound, natural teeth)	
Repaired with crown	\$150
Resulting in extraction	\$50
<b>BURNS</b> (treatment within 72 hours and based on percentage of body surface burned)	
<b>Second-Degree Burns</b>	
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
<b>Third-Degree Burns</b>	
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.	
<b>LACERATIONS</b> (treatment and repair within 72 hours)	
Under 2" long	\$50
2" to 6" long	\$200
Over 6" long	\$400
Lacerations not requiring stitches	\$25
<b>Multiple Lacerations:</b> We will pay for the largest single laceration requiring stitches.	

Benefits Overview

ADDITIONAL BENEFITS		EMPLOYEE/ SPOUSE/CHILDREN
<p><b>EMERGENCY ROOM TREATMENT</b></p> <p>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.</p> <p>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.</p>		\$200
<p><b>EMERGENCY ROOM OBSERVATION</b></p> <p>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.</p> <p>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.</p>		\$100
<p><b>MAJOR DIAGNOSTIC TESTING</b></p> <p>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).</p> <p>These exams must be performed in a hospital or a doctor’s office. This benefit is limited to one payment per covered accident.</p>		\$200
<p><b>POST TRAUMATIC STRESS DISORDER DIAGNOSIS</b></p> <p><i>Post-traumatic Stress Disorder (PTSD)</i> is a mental health condition triggered by a covered accident.</p> <p>We will pay the amount shown if you are diagnosed with post-traumatic stress disorder. You 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.</p> <p>This benefit is payable only once per covered accident.</p>		\$200
<p><b>AMBULANCE/ AIR AMBULANCE</b></p> <p>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.</p>		\$200 ambulance  \$1,000 air ambulance
<p><b>BLOOD/PLASMA</b></p> <p>If you are injured, and receive blood or plasma within 90 days after the covered accident, we will pay the benefit shown.</p>		\$100
<p><b>APPLIANCES</b></p> <p>If a doctor advises you to use a medical appliance, we will pay the benefit shown. <i>Medical appliance</i> means crutches, wheelchairs, leg braces, back braces, and walkers.</p>		\$100

ADDITIONAL BENEFITS	EMPLOYEE/ SPOUSE/CHILDREN
<p><b>INTERNAL INJURIES</b> (resulting in open abdominal or thoracic surgery)</p> <p>We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.</p>	\$1,000
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b></p> <p>We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for follow-up 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.</p>	\$30
<p><b>EXPLORATORY SURGERY WITHOUT REPAIR</b> (i.e., arthroscopy)</p> <p>We will pay the amount shown if a covered accident causes you internal injuries which require open abdominal or thoracic surgery.</p>	\$250
<p><b>WELLNESS BENEFIT</b> (per 12-month period)</p> <p>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.</p>	\$50
<p><b>PROSTHESIS</b></p> <p>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 <b>each</b> prosthetic device you use. Hearing aids, wigs, dental aids, and false teeth are not covered.</p>	\$500
<p><b>PHYSICAL THERAPY</b></p> <p>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.</p> <p>This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.</p>	\$30
<p><b>TRANSPORTATION</b></p> <p>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.</p>	\$300 (train/plane) \$150 (bus)
<p><b>FAMILY LODGING BENEFIT</b> (per night)</p> <p>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.</p>	\$100
<p><b>REHABILITATION UNIT BENEFIT</b> (per 12-month period)</p> <p>We will pay the amount shown for injuries received in a covered accident if you are admitted for a hospital confinement, are transferred to a bed in a rehabilitation unit of a hospital, and incur a charge.</p> <p>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 Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.</p>	\$75

**GROUP ACCIDENT+ INSURANCE**  
Policy Series CA7800

**AC<sup>G</sup>**

**Delta Solutions & Strategies LLC**

HIGH OPTION - 24 HOUR PLAN	Semimonthly (24pp/yr)
Employee	\$8.39
Employee and Spouse	\$12.62
Employee and Dependent Children	\$14.69
Family	\$18.92

*Wellness Benefit included in Rates*

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



**We've got you  
under our wing.**

aflacgroupinsurance.com | 1.800.433.3036

Underwritten by:  
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2801 Devine Street | Columbia, South Carolina 29205

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# AFLAC GROUP CRITICAL ILLNESS INSURANCE

Policy Series CAI2800



## Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help but notice the strain it's placed on the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that just aren't covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack or a stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction and stress over out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

## What you need, when you need it.

Aflac group critical illness insurance pays cash benefits that you can use any way you see fit.



## Here's why the Aflac group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac group Critical Illness plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Having group Critical Illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

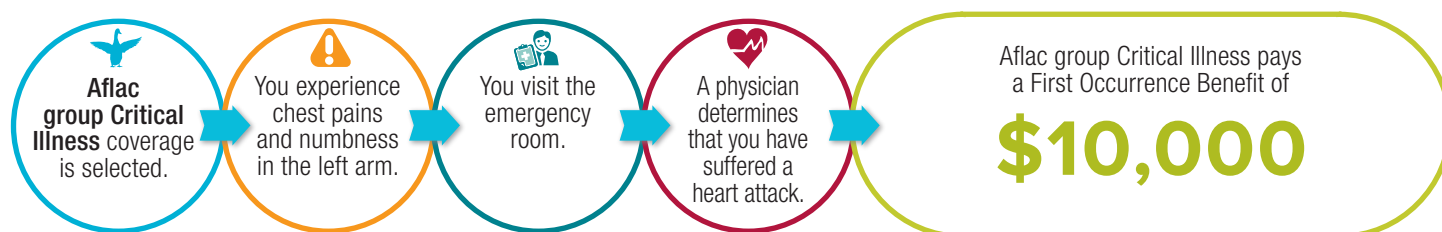
### The Aflac group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Major Organ Transplant
  - End-Stage Renal Failure
  - Coronary Artery Bypass Surgery
  - Carcinoma In Situ
- Health Screening Benefit

### Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four days.
- If you are deemed ineligible for coverage due to a previous medical condition, you still retain the ability to purchase spouse coverage.

### How it works



Amount payable based on \$10,000 First Occurrence Benefit.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

# GROUP CRITICAL ILLNESS



## Colorado - Semimonthly (24pp/yr)

### NON-TOBACCO - Employee

AGES	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 1.73	\$ 2.58	\$ 3.43	\$ 4.28	\$ 5.13	\$ 5.98	\$ 6.83	\$ 7.68	\$ 8.53	\$ 9.38
30-39	\$ 2.43	\$ 3.98	\$ 5.53	\$ 7.08	\$ 8.63	\$ 10.18	\$ 11.73	\$ 13.28	\$ 14.83	\$ 16.38
40-49	\$ 4.06	\$ 7.23	\$ 10.41	\$ 13.58	\$ 16.76	\$ 19.93	\$ 23.11	\$ 26.28	\$ 29.46	\$ 32.63
50-59	\$ 6.61	\$ 12.33	\$ 18.06	\$ 23.78	\$ 29.51	\$ 35.23	\$ 40.96	\$ 46.68	\$ 52.41	\$ 58.13
60-69	\$ 10.06	\$ 19.23	\$ 28.41	\$ 37.58	\$ 46.76	\$ 55.93	\$ 65.11	\$ 74.28	\$ 83.46	\$ 92.63

### NON-TOBACCO Spouse

AGES	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 1.73	\$ 2.16	\$ 2.58	\$ 3.01	\$ 3.43	\$ 3.86	\$ 4.28	\$ 4.71	\$ 5.13
30-39	\$ 2.43	\$ 3.21	\$ 3.98	\$ 4.76	\$ 5.53	\$ 6.31	\$ 7.08	\$ 7.86	\$ 8.63
40-49	\$ 4.06	\$ 5.64	\$ 7.23	\$ 8.82	\$ 10.41	\$ 11.99	\$ 13.58	\$ 15.17	\$ 16.76
50-59	\$ 6.61	\$ 9.47	\$ 12.33	\$ 15.19	\$ 18.06	\$ 20.92	\$ 23.78	\$ 26.64	\$ 29.51
60-69	\$ 10.06	\$ 14.64	\$ 19.23	\$ 23.82	\$ 28.41	\$ 32.99	\$ 37.58	\$ 42.17	\$ 46.76

### TOBACCO - Employee

AGES	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.31	\$ 3.73	\$ 5.16	\$ 6.58	\$ 8.01	\$ 9.43	\$ 10.86	\$ 12.28	\$ 13.71	\$ 15.13
30-39	\$ 3.56	\$ 6.23	\$ 8.91	\$ 11.58	\$ 14.26	\$ 16.93	\$ 19.61	\$ 22.28	\$ 24.96	\$ 27.63
40-49	\$ 7.53	\$ 14.18	\$ 20.83	\$ 27.48	\$ 34.13	\$ 40.78	\$ 47.43	\$ 54.08	\$ 60.73	\$ 67.38
50-59	\$ 12.33	\$ 23.78	\$ 35.23	\$ 46.68	\$ 58.13	\$ 69.58	\$ 81.03	\$ 92.48	\$ 103.93	\$ 115.38
60-69	\$ 19.21	\$ 37.53	\$ 55.86	\$ 74.18	\$ 92.51	\$ 110.83	\$ 129.16	\$ 147.48	\$ 165.81	\$ 184.13

### TOBACCO - Spouse

AGES	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 2.31	\$ 3.02	\$ 3.73	\$ 4.44	\$ 5.16	\$ 5.87	\$ 6.58	\$ 7.29	\$ 8.01
30-39	\$ 3.56	\$ 4.89	\$ 6.23	\$ 7.57	\$ 8.91	\$ 10.24	\$ 11.58	\$ 12.92	\$ 14.26
40-49	\$ 7.53	\$ 10.86	\$ 14.18	\$ 17.51	\$ 20.83	\$ 24.16	\$ 27.48	\$ 30.81	\$ 34.13
50-59	\$ 12.33	\$ 18.06	\$ 23.78	\$ 29.51	\$ 35.23	\$ 40.96	\$ 46.68	\$ 52.41	\$ 58.13
60-69	\$ 19.21	\$ 28.37	\$ 37.53	\$ 46.69	\$ 55.86	\$ 65.02	\$ 74.18	\$ 83.34	\$ 92.51

Rates include cancer benefit.

Rates include: \$50 Health Screening Benefit - No additional riders

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



**We've got you  
under our wing.**

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Underwritten by:  
Continental American Insurance Company  
2801 Devine Street | Columbia, South Carolina 29205

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
MAJOR ORGAN TRANSPLANT	100%
END-STAGE RENAL FAILURE	100%
CARCINOMA IN SITU (Payment of this benefit will reduce your benefit for cancer by 25%.)	25%
CORONARY ARTERY BYPASS SURGERY (Payment of this benefit will reduce your benefit for heart attack by 25%.)	25%

FIRST OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts are available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000, not to exceed one half of the employee's amount. Recurrence of a previously diagnosed cancer is payable provided the diagnosis is made when the certificate is in-force, and provided the insured is free of any signs or symptoms of that cancer for 12 consecutive months, and has been treatment-free for that cancer for 12 consecutive months.

ADDITIONAL OCCURRENCE BENEFIT

If you collect full benefits for a critical illness under the plan and later are diagnosed with 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 or for cancer at least six months treatment free.

REOCCURRENCE BENEFIT

If you collect full benefits for a covered condition and are 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 at least 12 months treatment-free. Cancer that has spread (metastasized), even though there is a new tumor, will not be considered an additional occurrence unless you have gone treatment-free for 12 months.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge.

HEALTH SCREENING BENEFIT

(Employee and Spouse only)  
After the waiting period, you 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 the plan. There is no limit to the number of years you can receive the Health Screening Benefit; it will be payable as long as coverage remains in force. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for 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)
- 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
  - Blood test for triglycerides

# AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



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

Does your major medical insurance cover all of your bills?

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

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

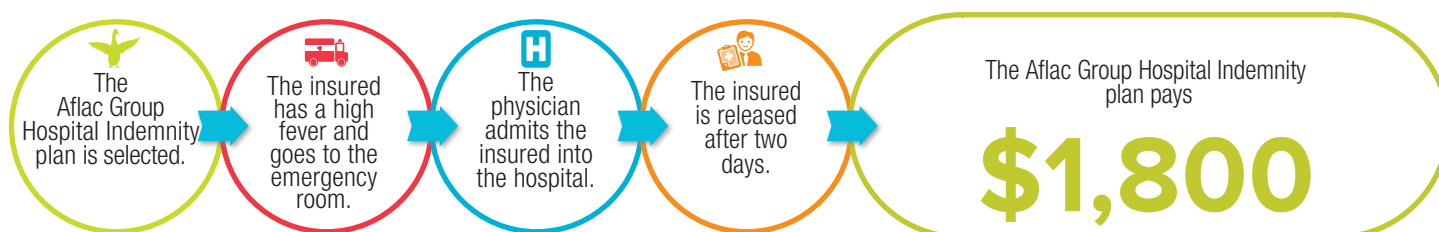
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

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

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



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,500) and Hospital Confinement (\$150 per day).

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

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## Benefits Overview

## BENEFIT AMOUNT

### **HOSPITAL ADMISSION BENEFIT per confinement** (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

\$1,500

We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

### **HOSPITAL CONFINEMENT per day** (maximum of 31 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

\$150

### **HOSPITAL INTENSIVE CARE BENEFIT per day** (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

\$150

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

### **INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day** (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.

\$75

Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

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

### **HEALTH SCREENING BENEFIT**

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for each insured. We will not pay this benefit for an insured if that insured already received a mammography benefit during a calendar year.

Aflac has streamlined the health screening benefit claims submission process. Please refer to your certificate and applicable riders and/or amendments for a complete list of health screening tests or applicable names. Covered tests include, but are not limited to, the following:

Annual Physical / Biometric Screening / Blood Screening / Blood Test for Triglycerides / Bone Marrow Testing / Breast Ultrasound / CA 125 / CA 15-3 / CEA / Chest X-Ray / Colonoscopy / DNA Stool Analysis / Eye Examinations / Fasting Blood Glucose / Flexible Sigmoidoscopy / Hemoccult Stool Analysis / HIV (Human Immunodeficiency), HPV (Human Papillomavirus) / HSN Strains / Human Coronavirus Testing / Immunizations / Mammograms / Non-Diagnostic Vascular Screening / Pap Smears / PSA Test / Serum Cholesterol Test / Serum Protein / Skin Cancer Screening / Spinal CT Screening / Stress Test on Bicycle or Treadmill / Thermography / Ultrasounds / Urinalysis

Residents of Massachusetts are not eligible for the Health Screening Benefit.

\$50  
per  
calendar  
year

### **SUCCESSOR INSURED BENEFIT**

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.



## Hospital Indemnity Insurance

Monthly Rates	
\$1500 Benefit	
Employee Only	\$22.28
Employee + Spouse	\$45.16
Employee + Child(ren)	\$35.30
Family	\$58.18
Hospital Benefits At A Glance	
Hospital Admission (per confinement)	\$1500
Hospital Confinement (per day benefit)	\$150
Maximum Days Payable	Up to 31 Days
Hospital ICU Confinement (per day benefit)	\$150
Maximum Days Payable	Up to 10 Days
Wellness Benefit	
\$50 Health Screening benefit per calendar year!	





# DON'T FORGET!

## To Submit For Your Annual Wellness & Health Screening Benefits

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**File All Claims Online At:**  
**[AflacGroupInsurance.com](https://AflacGroupInsurance.com)**

Please remember when filling out a claim on-line you will need the SSN, DOB, Certificate Number and Home Zip Code of the primary insured person with Aflac Group to register your employee account.



For Claims Escalations:  
**[voluntaryclaims@hubinternational.com](mailto:voluntaryclaims@hubinternational.com)**

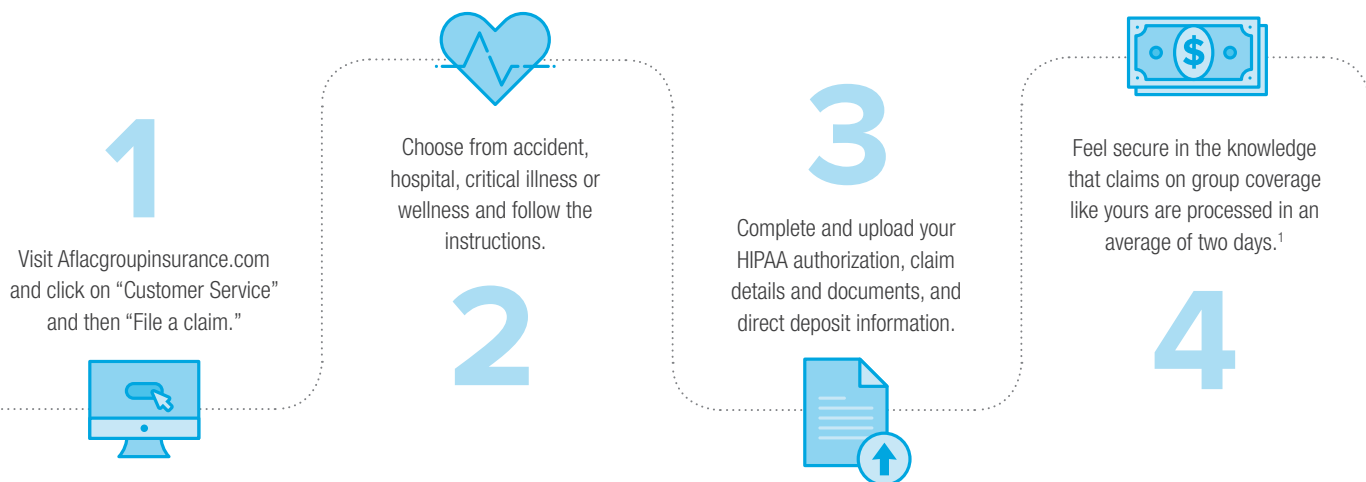




# Aflac's claims process:

## Peace of mind when you need it most

If you're sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your claims online. Here's how:



**Aflac helps pay expenses health insurance doesn't cover** – and because your medical bills won't wait, we do so promptly and fairly. In fact, we paid 7.1 million claims last year to people just like you: people who trusted us to keep our promises.<sup>2</sup> For all other plans, download the proper forms and follow the instructions for filing by fax or email.



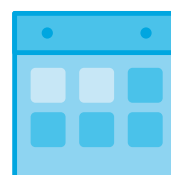
**1 second**

We pay a claim every second between Aflac Individual and Aflac Group\*



**7.1 million**

Aflac Individual and Aflac Group Claims paid in 2018<sup>2</sup>



**2 days**

Average processing of Aflac Group Claims.

**Get to know Aflac.**  
Visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com) to learn more.

<sup>1</sup> Aflac proprietary data, 2019.

<sup>2</sup> Aflac proprietary data, 2018.

\*Based on a 40-hour work week, 52 weeks a year.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. This service available only to Aflac Group customers. Continental American Insurance Company - Columbia, South Carolina



# Telehealth Package

Healthcare can be complicated and expensive. With this benefits package, you're connected with tools and services that help guide a smoother, more cost-effective healthcare experience.



## Teladoc (\$0 Visit Fee)

Feel better now! 24/7 access to a doctor is only a call or click away — anytime, anywhere with no per visit fee. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S. licensed physician.



## Health Advocate

Healthcare is becoming harder to understand. Personal Health Advocates help you find your way through insurance and healthcare systems. They can also locate doctors, specialists, hospitals, dentists and pharmacies. Advocates research treatments, resolve claims and provide medical explanations so you can make more informed decisions.



## Medical Bill Saver™

Major issues can add up to major bills! Call Medical Bill Saver™ and rest easy. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Negotiations can lead to a reduction in your costs.



## NurseLine™

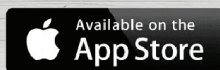
You're in good hands. You and your family have a place to turn to for trusted advice and information when you need it most. Rest assured—highly trained registered nurses are on-call 24/7 to answer your questions.





## Doctors Online

The fast, easy way to get health information from an online resource you can trust. You have 24/7 access to doctors, pharmacists, psychologists, dentists, dieticians and more by email or smartphone app. You'll get treatment options and advice you understand. With Doctors Online, the doctor's always in!



My Benefits Work Mobile App | 800.800.7616 | [MyBenefitsWork.com](https://MyBenefitsWork.com)

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.

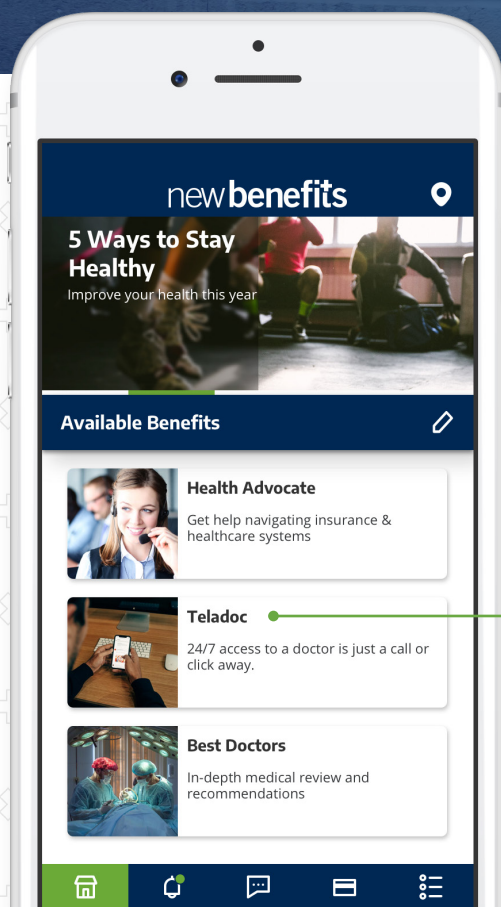
**It contains a 30 day cancellation period**, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: [MyBenefitsWork.com](https://MyBenefitsWork.com). Not available to UT and VT WA residents. © 2021 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.





# How to Set Up your Teladoc Account

Follow These Steps for  
24/7 Access to a Doctor  
by Phone



## Register Your Account

- ▶ Log on through the My Benefits Work mobile app or MyBenefitsWork.com, click Teladoc and follow the instructions to register your account
- ▶ Complete your account information with a unique username and password for your Teladoc account to secure your personal health information
- ▶ Complete your Medical History before requesting a visit
- ▶ Request a visit online, in the app, or call 855.VIPDOCS (855.847.3627) to speak with a doctor 24/7



## Add Dependents

In order for your dependents to have access to Teladoc, you must first add them under the "My Dependents" section of the mobile app or web portal. Additionally, dependents over the age of 18 will need to be invited as a user of the mobile app or web portal so they can access their own Teladoc account to complete their Medical History before requesting a visit.

## Caring for a Parent or Loved One?

Add parents or adult family members as Care Recipients. Adult Care Recipients will receive an email with authorization instructions, and all Care Recipients must pay \$45 visit fee for consults.

## Request a Visit

Request a visit through the app or member portal, or call **855.VIP.DOCS (855.847.3627)**.

**This plan is NOT insurance.** *The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. **This discount card program contains a 30 day cancellation period.** Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800.800.7616.*

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**Voluntary Benefits Contact Information**

Carrier	Website / Email	Phone #
Aflac Group	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
Telehealth	<a href="http://www.mybenefitswork.com">www.mybenefitswork.com</a>	855-847-3627
HUB International Voluntary Benefits Division: Keanu Vela	<a href="mailto:keanu.vela@hubinternational.com">keanu.vela@hubinternational.com</a>	720-207-2347



**HUB**