

Aflac Group Insurance Plans

CANCER AND SPECIFIED DISEASES
HOSPITAL INDEMNITY
CRITICAL ILLNESS
ACCIDENT

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

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



AFLAC GROUP CANCER PLAN

Policy Form Number HCP3000TX

Benefits Overview

| | OPTION 1 | OPTION 2 |
|--|-------------------|--------------------|
| <p>HOSPITAL CONFINEMENT (first continuous 30 days) We will pay the amount shown for Hospital Confinement for the first continuous 30 days of hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit</p> | \$200 | \$300 |
| <p>HOSPITAL CONFINEMENT (31st day and thereafter) We will pay the amount shown after the 31st day for hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit</p> | \$400 | \$600 |
| <p>SURGICAL BENEFIT We will pay the amount shown in the Surgical Schedule section of the plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule. Benefit: Per Procedure / No Lifetime Limit on Number of Operations</p> | \$95 – \$3,000 | \$100 – \$5,000 |
| <p>SECOND SURGICAL OPINION We will pay up to the amount shown for a second surgical opinion by a licensed physician, not a relative, concerning cancer surgery for each positively diagnosed cancer. This benefit is payable once for each malignant condition. Not payable for reconstructive surgery or skin cancer. Benefit: Per Malignant Condition / No Lifetime Limit</p> | \$200 | \$250 |
| <p>FIRST OCCURRENCE BENEFIT We will pay this benefit the first time the insured is diagnosed as having internal (not skin) cancer. This benefit is payable only once for each insured and will be paid in addition to any other benefit in the plan. Internal cancer includes melanomas classified as Clark's Level III and higher. In addition to the pathological or clinical diagnosis required by the plan, we may require additional information from the attending physician and hospital.</p> | \$1,500 | \$5,000 |
| <p>CANCER SCREENING/WELLNESS BENEFIT For each insured, we will pay the actual incurred charges up to the amount shown for: · Bone Marrow Testing · Biopsy · Breast Ultrasound · CA 125 (blood test for ovarian cancer) · CA 15-3 (blood test for breast cancer) · CEA (blood test for colon cancer) · Chest X-Ray · Colonoscopy · Flexible Sigmoidoscopy · Hemocult Stool Analysis · Mammography · Pap Smear · PSA (blood test for prostate cancer) · Serum Protein Electrophoresis (blood test for myeloma) · Thermography No Lifetime Limit</p> | \$50 | \$100 |
| <p>RADIATION AND CHEMOTHERAPY We will pay up to the amount shown for each day the insured receives radioactive or chemical treatments prescribed by a doctor for the destruction of abnormal tissue during the treatment of Cancer. For oral chemotherapy not requiring the administration by medical personnel, we will pay the amount shown for each prescription not to exceed \$800 a month for Option I and \$1,200 a month for Options II and III. Benefit: Per Day / No Lifetime Limit</p> | \$200 | \$300 |
| <p>EXPERIMENTAL TREATMENT We will pay the charges incurred, up to the amount shown, per day for an insured who receives experimental cancer treatment for the purpose of modification or destruction of abnormal tissue. The treatments must be consistent with one or more National Cancer Institute sponsored protocols. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. Benefit: Per Day / No Lifetime Limit</p> | \$200 | \$300 |
| <p>SKIN CANCER SURGERY We will pay the amount shown in the Surgical Schedule section of the Plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule. Benefit: Per Malignant Condition / No Lifetime Limit</p> | \$100 | \$600 |
| <p>IN-HOSPITAL BLOOD AND PLASMA We will pay the amount shown for each day an insured receives blood or plasma during a covered hospital confinement. Benefit: Per Day / No Lifetime Limit</p> | \$50 | \$100 |

| | OPTION 1 | OPTION 2 |
|---|---|---|
| <p>OUTPATIENT BLOOD AND PLASMA</p> <p>We will pay up to the amount shown for each day an insured receives blood or plasma as an outpatient in a doctor's office, clinic, hospital, or ambulatory surgical center due to cancer.</p> <p>Benefit: Per Day / No Lifetime Limit</p> | \$200 | \$250 |
| <p>PROSTHESIS/ARTIFICIAL LIMB</p> <p>We will pay the amount shown for each prosthetic device or artificial limb surgically implanted which is prescribed as a result of surgery for cancer treatment. Lifetime limit is benefit shown for each option per insured.</p> <p>We will pay up to \$200 for the charges incurred for prosthetic devices prescribed as a direct result of cancer treatment that does not require surgical implantation. Lifetime limit \$200 per insured.</p> <p>Benefit: Per Device</p> | Incurred charges up to: \$2,500 | Incurred charges up to: \$3,000 |
| <p>TRANSPORTATION BENEFIT</p> <p>We will pay the amount shown for the insured's transportation to and from a hospital located outside a 100 mile radius of their legal residence.</p> <p>The insured must require special treatment for internal cancer which has been prescribed by the local attending physician and which cannot be obtained locally.</p> <p>This benefit will be paid only for the insured person for whom this special treatment is prescribed, unless the treatment is for a dependent child, then the child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child).</p> <p>No Lifetime Limit</p> | Automobile: \$0.40 per mile up to \$1,200 Airfare or other commercial travel: up to \$1,200 round trip | Automobile: \$0.50 per mile up to \$1,500 Airfare or other commercial travel: up to \$1,500 round trip |
| <p>FAMILY MEMBER LODGING BENEFIT</p> <p>We will pay the amount shown per day for each night's lodging in a motel/hotel room for the insured or any one family member when an insured person is confined to a hospital for internal cancer treatment. The hospital and motel/hotel room must be more than 100 miles from the insured's residence. The special cancer treatment must be prescribed by a local physician.</p> <p>Benefit: Per Day / Lifetime limit 60 days per covered person</p> | \$50 | \$60 |

BOTH PLANS

| | | |
|--|--|-------------------------------------|
| <p>NATIONAL CANCER CONSULTATION</p> <p>We will pay up to the amount shown when consultation at an NCI-sponsored cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. We will pay \$250 for the transportation and lodging of the covered person receiving the evaluation/consultation. The NCI-sponsored cancer center must be more than 100 miles from the covered person's residence for the transportation and lodging portion of this benefit to be payable. This benefit is payable once per insured.</p> <p>No Lifetime Limit</p> | | \$500 |
| <p>ANESTHESIA</p> <p>We will pay 25% of the amount shown in the Surgical Schedule opposite the appropriate surgical procedure if the insured receives anesthesia administered by an anesthesiologist or anesthesiologist during a surgical procedure which is performed for the treatment of cancer. This benefit is not payable for reconstructive surgery.</p> <p>Benefit: Per Procedure / No Lifetime Limit</p> | | 25% of surgery |
| <p>ANTI-NAUSEA MEDICATION</p> <p>We will pay up to the amount shown for anti-nausea medication as a result of radiation/chemotherapy treatments and as prescribed by a Physician. We will pay this benefit for no more than the number of days the insured receives treatment for radiation/chemotherapy.</p> <p>Benefit: Per Month / No Lifetime Limit</p> | | \$100 |
| <p>NURSING SERVICES</p> <p>We will pay the amount shown per day for full-time nursing services (not performed by a relative) while hospitalized. Benefit: Per Day / No Lifetime Limit</p> | | \$100 |
| <p>HOME HEALTH CARE</p> <p>We will pay charges incurred up to \$50.00 per day for visits by a home health care agency. This benefit is limited to 30 visits per calendar year.</p> | | Incurred charges up to \$50 per day |

HOSPICE CARE

We will pay the amount shown for care provided by a hospice. The insured must be diagnosed with cancer and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if medical prognosis indicates a life expectancy of six months or less as a direct result of cancer.

Benefit: Per Day / Lifetime limit of \$12,000 per insured

\$100
per day/first
60 days
\$50
per day
thereafter

EXTENDED CARE FACILITY

We will pay \$100 per day when the insured person is confined to a section of the hospital used as an Extended Care Facility, a Skilled Nurses Facility, or any bed designated as a swing bed. Confinement must follow hospitalization and the insured must be receiving benefit under the Hospital Confinement Benefit. Limited to the same number of days the insured received Hospital Confinement Benefits.

Benefit: Per Day / Lifetime limit of 365 days per insured

\$100

AMBULANCE

We will pay the amount shown if an insured requires transportation to a hospital, within 100 miles of the insured person's residence, for overnight confinement for cancer treatment. This benefit is limited to two (2) trips per confinement. This ambulance service must be performed by a licensed professional ambulance company.

Benefit: Per Trip / No Lifetime Limit

Incurred
Charges

BONE MARROW TRANSPLANT

We will pay the charges incurred up to \$10,000 for the harvesting and reinfusion of bone marrow if the insured requires a bone marrow transplantation during a covered hospital confinement.

We will pay the charges incurred up to \$5,000 for the harvesting and reinfusion of bone marrow performed on an outpatient basis.

We will pay an indemnity of \$1,000 to the bone marrow donor for his or her expenses incurred as a result of the transplantation procedure.

Benefit: Per Procedure / No Lifetime Limit

Incurred
charges
up to:
\$10,000
in-hospital
\$5,000
outpatient
\$1,000
donor
indemnity

STEM CELL TRANSPLANTATION

We will pay the charges incurred up to \$2,500 if an insured receives a peripheral stem cell transplantation for the treatment of cancer. This benefit is payable once per insured. This benefit is not payable in conjunction with the payment of the Bone Marrow Transplantation Benefit.

Lifetime Maximum of \$2,500 per insured

Incurred
charges up
to: \$2,500

WAIVER OF PREMIUM

If the insured, due to having internal cancer, is completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, we will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, we will require an employer's statement (if applicable) and a physician's statement of the insured's inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues.

SPECIFIED DISEASE BENEFIT

We will pay \$200 per day for the first 30 days and \$500 per day thereafter for hospital confinement when such confinement is due to the treatment of a specified disease if: 1. the insured receives treatment for a specified disease beginning while the Certificate is in force; and 2. it is not excluded by name or specific description.

Benefits will be paid from the first day of hospital confinement due to a specified disease. We will pay the daily amount regardless of whether the insured is charged by the hospital for such confinement. If more than one specified disease is diagnosed at the same time then we will only pay the amount shown for one disease but not both.

Covered Diseases Include: Addison's disease, Amyotrophic Lateral Sclerosis (ALS), Cerebral palsy, Cerebrospinal Meningitis, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis.

The lifetime maximum benefit payable under this benefit is \$100,000 per insured.

OPTIONAL INTENSIVE CARE BENEFIT / \$600 A DAY IN HOSPITAL Benefits will be paid if the insured is confined in a Hospital Intensive Care Unit (ICU). This benefit is limited to 30 days per period of confinement.

AFLAC GROUP HOSPITAL INDEMNITY PLAN

Policy Form Number HCP8500TX 09

Benefits Overview

| | HIGH | LOW |
|--|-------------------------------|------------------------------|
| HOSPITAL ADMISSION BENEFIT (once per confinement) This benefit is paid when you are 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. We will pay this benefit once for each covered accident or covered sickness. Confinement must be within 6 months of a covered accident. | \$500 per confinement | \$300 per confinement |
| HOSPITAL CONFINEMENT BENEFIT (up to 365 days per confinement) The amount indicated is paid for overnight hospital confinement. This benefit begins with the first day of confinement and lasts up to 365 days. Confinement must be within 6 months of a covered accident. | \$150 per day | \$75 per day |
| HOSPITAL INTENSIVE CARE BENEFIT (365-day maximum for any one period of confinement) The amount indicated is paid for overnight hospital intensive care unit confinement. The benefit begins the first day of confinement and lasts up to 365 days. *Total daily benefit if confined to an Intensive Care Unit. | \$300 per day | \$150 per day |
| WELLNESS BENEFIT We will pay the amount shown when a covered person visits a doctor and the covered person is neither injured nor sick. This benefit is payable once per calendar year per covered person. | \$100 per calendar year | \$50 per calendar year |
| GROUP PREMIUM Once enrolled in the program premiums will not increase because of age. | | |
| WAIVER OF PREMIUM We will waive an insured's premium after he or she is continuously confined to a hospital for 14 days. We will waive premium until he or she is discharged from the hospital or for 12 months, whichever comes first. This benefit applies only to the insured employee, not spouse or children. | | |

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

AFLAC GROUP CRITICAL ILLNESS PLAN

Policy Series C21100TX

COVERED CRITICAL ILLNESSES:

| | |
|--|------|
| CANCER (Internal or Invasive) | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% |
| STROKE (Ischemic or Hemorrhagic) | 100% |
| KIDNEY FAILURE (End-Stage Renal Failure) | 100% |
| BONE MARROW TRANSPLANT (Stem Cell Transplant) | 100% |
| SUDDEN CARDIAC ARREST | 100% |
| MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant) | 100% |
| NON-INVASIVE CANCER | 25% |
| CORONARY ARTERY BYPASS SURGERY | 25% |

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

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. Children-only coverage is not available.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT

You may receive a maximum of \$100 High Option or \$50 Low Option for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

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, spouse and dependent children.

OPTIONAL BENEFITS RIDERPercentage of
Face Amount**BENIGN BRAIN TUMOR**

100%

ADVANCED ALZHEIMER'S DISEASE

25%

ADVANCED PARKINSON'S DISEASE

25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASES RIDER**AMYOTROPHIC LATERAL SCLEROSIS** (ALS or Lou Gehrig's Disease)

25%

SUSTAINED MULTIPLE SCLEROSIS

25%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

SPECIFIED DISEASES RIDER**HUMAN CORONAVIRUS SPECIFIED DISEASE BENEFIT**

We will pay the benefit if an insured is diagnosed with Human Coronavirus and if the date of diagnosis is while the rider is in force.

In order to receive a benefit for Human Coronavirus, the insured must be confined to a Hospital or confined to a Hospital Intensive Care Unit for the minimum number of days shown. Only the highest eligible benefit amount shown will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of Hospital Confinement and that confinement is extended or the insured is moved to an Intensive Care Unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.

Payment of all benefits contained in the rider is subject to the Critical Illness Benefit provisions. The benefits contained in the rider are considered to be Critical Illnesses.

Hospitalization:
4 or more days
10%
Hospitalization:
10 or more days
25%
Hospitalization:
ICU 40%

ADDITIONAL SPECIFIED DISEASES BENEFITS

We will pay the benefit an insured is diagnosed with one of the diseases listed if the date of diagnosis is while the rider is in force.

Payment of benefits contained in the rider is subject to the Critical Illness benefit provisions. The benefits contained in the rider are considered to be Critical Illnesses.

Addison's Disease, Cerebrospinal Meningitis, Cerebral Palsy, Cystic Fibrosis, Encephalitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

25%

AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE

GROUP ACCIDENTAL INJURY INSURANCE – 24-HOUR PLAN Policy Series CAI7700TX THCP

FEATURES:

- 24-Hour Coverage.
- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed Issue - No underwriting required to qualify for coverage.
- Waiver of Premium

Benefits Overview

| | HIGH | LOW |
|---|--|--|
| <p>HOSPITAL ADMISSION</p> <p>We will pay this benefit when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident within six months of the date of the accident. We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> | \$1,500 | \$750 |
| <p>HOSPITAL CONFINEMENT (per day)</p> <p>We will provide this benefit on the first day of hospital confinement for up to 365 days when you are confined to a hospital due to a covered accident. Hospital confinement must begin within 90 days from the date of the accident.</p> | \$300 | \$150 |
| <p>HOSPITAL INTENSIVE CARE (per day)</p> <p>We will pay this benefit for up to 30 days if you are injured in a covered accident and the injury causes you to be confined to a hospital intensive care unit. This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$600 | \$300 |
| <p>MEDICAL FEES (for each accident)</p> <p>If you are injured in a covered accident and receive treatment within one year after the accident, we will pay up to the maximum benefit amount for physician charges, emergency room services, supplies, and X-rays. Initial treatment must be received within 60 days after the accident.</p> | \$250 for employee/ spouse \$125 children | \$125 for employee/ spouse \$62.50 children |
| <p>PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)</p> <p>Quadriplegia Paraplegia</p> <p>Paralysis means the permanent loss of movement of two or more limbs. If you are injured in a covered accident and the injury causes paralysis which lasts more than 90 days and is diagnosed by a physician within 90 days after the accident, we will pay the appropriate amount shown. The amount paid will be based on the number of limbs paralyzed.</p> <p>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 | \$5,000 \$2,500 |

ACCIDENTAL DEATH AND DISMEMBERMENT

| | HIGH | LOW |
|--|--|--|
| Accidental Common Carrier Death (Plane, Train, Boat or Ship) | \$100,000 EMPLOYEE \$100,000 SPOUSE \$50,000 CHILD | \$50,000 EMPLOYEE \$50,000 SPOUSE \$10,000 CHILD |
| Accidental Death | \$50,000 EMPLOYEE \$50,000 SPOUSE \$10,000 CHILD | \$25,000 EMPLOYEE \$25,000 SPOUSE \$5,000 CHILD |
| Loss of hand, foot, or sight-single loss | \$6,250 EMPLOYEE \$6,250 SPOUSE \$1,250 CHILD | \$3,125 EMPLOYEE \$3,125 SPOUSE \$625 CHILD |
| Loss of hand, foot, or sight-double loss | \$25,000 EMPLOYEE \$25,000 SPOUSE \$5,000 CHILD | \$12,500 EMPLOYEE \$12,500 SPOUSE \$2,500 CHILD |
| Loss of one or more fingers or toes | \$1,250 EMPLOYEE \$1,250 SPOUSE \$250 CHILD | \$625 EMPLOYEE \$625 SPOUSE \$125 CHILD |
| Partial Amputation of finger(s) or toe(s) including at least one joint | \$100 | \$100 |

Dismemberment - If you are injured in a covered accident and the injury causes loss of a hand, foot or sight within 90 days after the accident, we will pay the amount shown.

If a covered accident causes you to lose one hand, foot or the sight of one eye, we will pay the single loss dismemberment benefit shown. If you lose both hands, 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.

Dismemberment means loss of a hand: the hand is cut off at or above the wrist joint; or loss of a foot: the foot is cut off at or above the ankle; or loss of sight: at least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable or loss of a finger/toe: the finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If you do not qualify for the Dismemberment Benefit but lose at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit.

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

* If you are injured in a covered accident and the injury causes death within 90 days after the accident, we will pay the Accidental-Death Benefit shown. If the Accidental-Death Benefit is paid, we will not pay the Accidental Common Carrier Death Benefit.

If you are injured in a covered accident as a result of traveling as a fare-paying passenger on a common carrier and the injury causes death days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown.

Common carrier means an airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; or a railroad train which is licensed and operated for passenger service only; or a boat or ship which is licensed for passenger service and operated on a regular schedule between established ports.

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.

CATASTROPHIC ACCIDENT RIDER

| | HIGH | LOW |
|--|--|--|
| We will pay the applicable amount shown at the end of the Catastrophic Accident Elimination Period if any insured: (1) sustains a Catastrophic Loss as the result of a covered accident; (2) is under the appropriate care of a physician during the Catastrophic Accident Elimination Period; and (3) Remains alive at the end of the Catastrophic Accident Elimination Period. Benefit payable after 365-day elimination period. Benefit reduces by 50% at age 65. | \$100,000 employee \$100,000 spouse \$50,000 child | \$50,000 employee \$50,000 spouse \$25,000 child |

| MAJOR INJURIES / FRACTURES / OPEN REDUCTION | HIGH | LOW | | |
|---|-------------|---------------------|---|--|
| Hip/Thigh | \$6,750 | \$3,750 | <ul style="list-style-type: none"> • A fracture is a break in the bone which can be seen by X-ray. If you fracture a bone in a covered accident, and it is diagnosed and treated by a doctor, we will pay the appropriate amount shown. • Dislocation means a completely separated joint. If you dislocate a joint 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 no more than 150% of the benefit amount for the bone fracture or dislocated joint which has the higher dollar value. If you fracture a bone and dislocate a joint, we will pay for both, but no more than 150% of the benefit amount for the bone fractured or joint dislocated that has the higher dollar value. • Open reduction is paid at 150% of closed reduction. Fracture and Dislocation benefits amounts are for open reduction. See certificate schedule for closed reduction amounts. • A chip fracture is a piece of bone which is completely broken off near a joint. Chip fractures are paid at 10% of the benefit shown. • Partial dislocations are paid at 25% of the dislocation benefit. | |
| Vertebrae (except processes) | \$6,075 | \$3,375 | | |
| Pelvis | \$5,400 | \$3,000 | | |
| Skull (depressed) | \$5,063 | \$2,813 | | |
| Leg | \$4,050 | \$2,250 | | |
| Forearm / Hand / Wrist / Foot / Ankle / Knee cap | \$3,375 | \$1,875 | | |
| Shoulder blade / Collar bone / Lower Jaw (Mandible) | \$2,700 | \$1,500 | | |
| Skull (Simple) / Upper Arm / Upper Jaw | \$2,363 | \$1,313 | | |
| Facial bones (except teeth) | \$2,050 | \$1,125 | | |
| Vertebral Processes | \$1,350 | \$750 | | |
| Coccyx/Rib/Finger/Toe | \$540 | \$300 | | |
| MAJOR INJURIES / DISLOCATIONS / OPEN REDUCTION | HIGH | LOW | | |
| Hip | \$4,050 | \$2,025 | | |
| Knee (not knee cap) | \$2,925 | \$1,462.50 | | |
| Shoulder | \$2,250 | \$1,125 | | |
| Foot/Ankle | \$1,800 | \$900 | | |
| Hand | \$1,575 | \$787.50 | | |
| Lower Jaw | \$1,350 | \$675 | | |
| Wrist | \$1,125 | \$562.50 | | |
| Elbow | \$900 | \$450 | | |
| Finger/Toe | \$360 | \$180 | | |
| RUPTURED DISC (treatment within 60 days; surgical repair within one year) | | | | |
| Injury occurring during first certificate year | | \$100 | \$100 | |
| Injury occurring after first certificate year | | \$400 | \$400 | |
| TENDONS/LIGAMENTS (within 60 days; surgical repair within 90 days) | | | | |
| If you tear, sever, or rupture a tendon or ligament in a covered accident, receive treatment from a doctor within 60 days, and have surgical repair within 90 days after the accident, we will pay the appropriate amount shown. The amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. | | \$600 (Multiple) | \$600 (Multiple) | |
| If you fracture a bone or dislocate a joint in addition to tearing, severing, or rupturing a tendon or ligament, we will only pay one benefit. We will pay the largest of the fracture, dislocation, tendon, or ligament benefits. | | \$400 (Single) | \$400 (Single) | |
| TORN KNEE CARTILAGE (treatment within 60 days; surgical repair within one year) | | | | |
| Injury occurring during first certificate year | | \$100 | \$250 | |
| Injury occurring after first certificate year | | \$400 | \$400 | |
| EYE INJURIES | | | | |
| Treatment and surgical repair within 90 days | | \$250 | \$125 | |
| Removal of foreign body, with or without anesthesia | | \$50 | \$25 | |
| CONCUSSION (a head injury resulting in electroencephalogram abnormality) | | | | |
| | | \$400 | \$200 | |
| COMA (a state of profound unconsciousness lasting more than 30 days) | | | | |
| | | \$10,000 | \$5,000 | |
| EMERGENCY DENTAL (injury to sound natural teeth) | | | | |
| Repaired with crown | | \$150 | \$100 | |
| Resulting in extraction | | \$50 | \$25 | |

BURNS (treatment within 72 hours and based on percent of body surface burned / First-degree burns are not covered.)**Second-Degree Burns**

| | | |
|---------------------------------|---------|---------|
| Less than 10% | \$180 | \$180 |
| At least 10%, but less than 25% | \$360 | \$360 |
| At least 25%, but less than 35% | \$900 | \$900 |
| 35% or more | \$1,800 | \$1,800 |

Third-Degree Burns

| | | |
|---------------------------------|----------|----------|
| Less than 10% | \$900 | \$900 |
| At least 10%, but less than 25% | \$5,400 | \$5,400 |
| At least 25%, but less than 35% | \$12,600 | \$12,600 |
| 35% or more | \$18,000 | \$18,000 |

LACERATIONS (treatment and repair within 72 hours)

| | | |
|------------------------------------|-------|-------|
| 2" to 5" long | \$200 | \$100 |
| Lacerations not requiring stitches | \$25 | \$25 |

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

WELLNESS BENEFIT (per 12-month period)

While coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

| | |
|-------|------|
| \$100 | \$50 |
|-------|------|

**AMBULANCE
AIR AMBULANCE**

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.

| | |
|---------|-------|
| \$500 | \$250 |
| \$1,500 | \$750 |

BLOOD/PLASMA

If you receive blood or plasma within 90 days following a covered accident, we will pay the amount shown.

| | |
|-------|-------|
| \$400 | \$200 |
|-------|-------|

APPLIANCES

We will pay this benefit when you are advised by a physician to use a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

| | |
|-------|------|
| \$100 | \$50 |
|-------|------|

INTERNAL INJURIES

We will pay this benefit if you have internal injuries as the result of a covered accident which results in open abdominal or thoracic surgery.

| | |
|---------|-------|
| \$1,200 | \$750 |
|---------|-------|

ACCIDENT FOLLOW-UP TREATMENT (maximum 6 visits)

We will pay this benefit for up to six treatments 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.

| | |
|------|------|
| \$50 | \$35 |
|------|------|

EXPLORATORY SURGERY (e.g., arthroscopy)

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

| | |
|-------|-------|
| \$400 | \$200 |
|-------|-------|

PROSTHESIS

If you require the use of a prosthetic device due to injuries received in a covered accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.

| | |
|---------|-------|
| \$1,000 | \$500 |
|---------|-------|

| | | |
|---|--|--|
| <p>PHYSICAL THERAPY (maximum 6 visits)</p> <p>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.</p> | \$75 | \$50 |
| <p>TRANSPORTATION</p> <p>If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the covered accident.</p> <p>The distance to the hospital must be greater than 50 miles from your residence.</p> | \$300 (train/plane) \$300 (bus) | \$150 (train/plane) \$150 (bus) |
| <p>FAMILY LODGING BENEFIT (per night)</p> <p>If you are required to travel more than 100 miles from your 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 you are confined to the hospital. The treatment must be prescribed by your local physician.</p> | \$100 | \$50 |
| <p>MAJOR DIAGNOSTIC TESTING</p> <p>If a covered person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred, we will pay the amount shown for the following exams: CT (computerized tomography) scan; MRI (magnetic resonance imaging); or EEG (electroencephalogram).</p> <p>These exams must be performed in a Hospital, a Physician's office, or an Ambulatory Surgical Center. The Insured must incur a charge for the exam. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.</p> | \$400 | \$200 |
| <p>REHABILITATION UNIT</p> <p>We will pay this benefit when a covered person is confined in a Hospital and is transferred to a bed in a Rehabilitation Unit of a Hospital for a covered Injury for each day you are charged for a room. This benefit is limited to 30 days for each Insured per Period of Confinement and is limited to a calendar year maximum of 60 days. No lifetime maximum. Limitation - The Hospital Confinement benefit and the Rehabilitation Unit benefit will not be paid on the same day; only the highest eligible benefit will be paid.</p> | \$150 per day | \$75 per day |

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.

CANCER (applicable to form series HP3000TX)

The plan provides benefits only for specified diseases, as defined herein, and the cancer diagnosis, cancer screening, or for loss resulting from definitive cancer treatment including the direct extension, metastatic spread or recurrence and other diseases and conditions caused by or resulting from cancer or cancer treatment. Pathologic proof thereof must be submitted. Clinical diagnosis of cancer will be accepted under the conditions specified in Section III - Cancer. Benefits are not provided for any other disease, sickness or incapacity. No benefits are payable for diagnosis, screening, or treatment received outside the United States.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition for which medical advice or treatment was recommended or received within the 12-month period prior to the Insured's Effective Date. We will not pay benefits for any condition or illness starting within 12 months of the Insured Effective Date that is caused by, contributed to, or results from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from the Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Preexisting Condition. A condition will no longer be considered preexisting at the end of 12 consecutive months starting and ending after the Insured's Effective Date. "Treatment" means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

HOSPITAL INDEMNITY (applicable to form series HCP8500TX09)

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

1. 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.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Mental or emotional disorders without demonstrable organic disease.
6. Alcoholism, drug addiction, or chemical dependency.

CRITICAL ILLNESS (APPLICABLE TO FORM SERIES C21100TX)

The plan is age-banded. That means your rates may increase on the policy anniversary date.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or noninvasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;

- In Alaska: injuring or attempting to injure oneself intentionally
- Suicide – committing or attempting to commit suicide, while sane or insane;
 - In Illinois and Minnesota: this exclusion does not apply
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
 - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
 - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
 - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
 - In Ohio: committing or attempting to commit a felony, or working at an illegal job
- Participation in Aggressive Conflict:
 - War (declared or undeclared) or military conflicts; In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
- Illegal Substance Abuse:
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs
 - In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
 - In Michigan, Nevada, and South Dakota: this exclusion does not apply

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin

- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife, husband, or partner in a legally recognized union. Dependent children are your or your spouse's natural children, step-children, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26 (In Arizona, on the effective date of coverage). Newborn children are automatically covered from the moment of birth. Refer to your certificate for details.

A doctor does not include you or any of your family members. In Arizona, however, a doctor who is your family member may treat you. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

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

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

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease.

To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations:
 - Muscle rigidity
 - Tremor
 - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
 - Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

PROGRESSIVE DISEASES RIDER

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or

- Visual disturbances.

SPECIFIED DISEASE RIDER

Date of Diagnosis is defined for each Specified Disease as follows:

- Human Coronavirus: The date a doctor diagnoses an Insured as having Human Coronavirus based on clinical and/or laboratory findings as supported by medical records.
- Adrenal Hypofunction (Addison's Disease): The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.
- Cystic Fibrosis: The date a doctor diagnoses an insured as having cystic fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor diagnoses an insured as having cerebral palsy and where such diagnosis is supported by medical records.
- Diphtheria: The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor diagnoses an insured as having encephalitis and where such diagnosis is supported by medical records.
- Huntington's Chorea: The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the Insured.
- Malaria: The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.
- Muscular Dystrophy: The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.
- Myasthenia Gravis: The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.
- Osteomyelitis: The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.
- Poliomyelitis: The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.
- Rabies: The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.
- Systemic Lupus: The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.
- Tetanus: The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.
- Tuberculosis: The date a Doctor Diagnoses an Insured as having Tuberculosis

by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

Human Coronavirus means a severe type of virus having a lipid envelope studded with club-shaped spike proteins that infects humans, leading to an upper respiratory infection or pneumonia, and spread through the air by coughing, sneezing, close personal contact, or touching a contaminated object or surface. This does not include the following Human Coronaviruses: 229E, NL63, OC43, and HKU1.

Hospital means a place that meets all of the following criteria:

- Is legally licensed and operated as a hospital,
- Provides overnight care of injured and sick people,
- Is supervised by a Doctor,
- Has full-time nurses supervised by a registered nurse, and
- Has on-site use of X-ray equipment, laboratory, and surgical facilities.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in this Plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the Treatment of alcoholism or drug addiction, or
- An assisted living facility.

Hospital Intensive Care Unit means a place that meets all of the following criteria:

- Is a specifically designated area of the Hospital called a Hospital Intensive Care Unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit 24 hours a day; and
- Has a Doctor assigned to the Hospital Intensive Care Unit on a full-time basis.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in this Plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or
- An intermediate care unit.

ACCIDENT (applicable to policy form series CAI7700TX THCP)

WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

1. 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.

2. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
3. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
4. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
5. 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.
6. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
7. Sports - participating in any professional or semi-professional organized sport.
8. Suicide - committing or attempting to commit suicide, while sane or insane.
9. 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.
10. 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.

A doctor or physician does not include you or a member of your immediate family.

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.

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

A certificate may have been issued as a replacement for a certificate previously issued under the plan.

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.

Before the "applies to all plans" add this for the Cat rider for Accident:

CATASTROPHIC ACCIDENT RIDER EXCLUSIONS

The Catastrophic Accident Benefit will be payable once per lifetime for each insured covered under the rider.

In addition to the exclusions listed in the Exclusions provision of the policy, we will also not pay the Catastrophic Accident Benefit for injuries that are caused by or are the result of any insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

The benefits provided in this rider are reduced by any benefits paid under the AD&D or Paralysis Benefits of the base plan.

DEFINITIONS

Catastrophic Accident Elimination Period means the period of days shown on the Rider Schedule after the date of a Covered Accident during which no benefits are payable under this rider.

Catastrophic Loss means an injury resulting from a Covered Accident that causes total and irrecoverable: (1) loss of both hands or both feet; or (2)

loss or loss of use of both arms or both legs; or (3) loss of one hand and one foot; or (4) loss or loss of use of one arm and one leg; or (5) loss of sight of both eyes; or (6) loss of the hearing of both ears; or (7) loss of the ability to speak

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. The loss of use of a leg means the loss of function of the entire leg from the hip to the foot. The loss of sight means both eyes are totally blind and that no sight can be restored. The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid, or device. The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device.

APPLIES TO ALL PLANS:

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

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

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Continental American Insurance Company • Columbia, South Carolina

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

Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form Number HCP3000TX, HCP8500TX 09, CAI7700TX THCP, and C21100TX.