



INVITATION TO NEGOTIATE
002-18
EMPLOYEE BENEFITS INSURANCE PLANS

ATTACHMENT 18
GROUP HOSPITAL INDEMNITY POLICY

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

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

Pregnancy will not be covered if conception was before the Effective Date. Pregnancy will be covered as any other sickness when date of conception is after the Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss contributed to, caused by, or resulting from: 1. War – declared or undeclared or military conflicts, participation in an insurrection or riot, or civil commotion. This exclusion does not include acts or terrorism. We will return the prorated premium for any period not covered by this certificate when the insured is 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. 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. 5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. 6. Aviation - operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those, which are not motor-driven. 7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician. 8. Illegal Activities or participation in an illegal occupation. 9. Sports - participating in any organized sport: professional or semi-professional. 10. Custodial care. This is care meant simply to help people who cannot take care of themselves.11. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications. 12. Services performed by a relative. 13. Services related to sex change, sterilization, in vitro fertilization, and reversal of a vasectomy or tubule ligation.14. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance. 15. Elective abortion. 16. Treatment, services, or supplies received outside the United States and its possessions or Canada. 17. Dental services or treatment. 18. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery. 19. Injury or Sickness that was paid by Worker’s Compensation. 20. Mental or emotional disorders without demonstrable organic disease. 21. Substance abuse.

TERMS YOU NEED TO KNOW

Covered Person -If the certificate is issued as: Individual coverage, the Covered Person means you; Employee/Spouse coverage, Covered Person means you and your legal spouse; Single Parent Familycoverage, Covered

Person means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage; Family coverage, Covered Person means you and your spouse and covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

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

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

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

Covered Sickness - An illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any Injury which occurs while the certificate is in force and is not excluded by name or specific description in the certificate.

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

A hospital is not a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

A hospital intensive care unit is not any of the followin step down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the certificate.

PORTABILITY

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

TERMINATION

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.

EXTENSION OF BENEFITS

Termination of the insurance on any Employee shall not prejudice his or her rights regarding any claim arising prior thereto. Benefits will be paid up to the applicable benefit maximum. If you have a covered accident or covered sickness, but do not have a claim/loss until after the Plan is terminated, benefits will be paid up to the applicable benefit maximum for that covered accident or sickness.

EFFECTIVE DATE

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

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

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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CA8500.1-MP (FL).

Peace of Mind and Real Cash Benefits



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GROUP HOSPITAL INDEMNITY

Supplemental Hospital Indemnity
Policy Series CA8500.1-MP (FL)



Will your major medical insurance cover all of your bills?

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

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

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



COVERAGE WORK SHEET

PAYROLL DEDUCTION

Deductions Begin: _____

Effective date: _____

Total Deduction: _____

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

BENEFITS

HOSPITAL CONFINEMENT (UP TO 30 DAYS PER CONFINEMENT)

Plan A - \$450 per day • Plan B - \$800 per day • Plan C - \$1,000 per day

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

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

HOSPITAL ADMISSION

Plan A - \$250 per admission • Plan B - \$500 per admission • Plan C - \$750 per admission

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

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

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

Plan A - \$450 per day • Plan B - \$700 per day • Plan C - \$900 per day

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

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

SURGICAL AND ANESTHESIA BENEFIT

Plan A - N/A • Plan B - Surgery up to \$500; Anesthesia up to \$125 • Plan C - Surgery up to \$1,500; Anesthesia up to \$375

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

HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT

Plan A - \$50 • Plan B - \$50 • Plan C - \$75

If you are injured in a covered accident or have treatment as the result of a covered sickness, we will pay the benefit as shown per visit for Physician's charges, Laboratory fees, X-rays and Injections/Medications. Maximum 6 visits per calendar year.

WELLNESS BENEFIT

Plan A and B - \$50 per calendar year, Plan C - \$100 per calendar year

We will pay this benefit when an insured visits a doctor and is neither sick nor injured.

ACCIDENTAL DEATH BENEFIT

Plan A - \$5,000 • Plan B - \$7,500 • Plan C - \$10,000

We will pay this benefit if an insured is injured in a covered accident and the injury results in death within 90 days after the covered accident.

MEDICAL FEES BENEFIT

All Plans - \$300 per accident

If an insured is injured in a covered accident and receives treatment from a physician within one year after the accident, we will pay the amount shown for: 1. emergency room services and supplies; 2. x-rays; 3. appliances; 4. physician services.

We will pay for these services the amount shown for medical fees, for each covered accident. This benefit is payable if an insured received initial treatment within 60 days after the accident. If an insured received treatment for a covered accident as stated above, at a facility where no charges are made (for example, a government or Veterans Administration Hospital), we will pay the amount shown in the Benefit Schedule for each day an insured is treated in this facility for this benefit.