

# Group Accident Insurance



## What is Accident Insurance?

Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day – from the soccer field to the beach and the highway in-between. The new Aflac® Group Accident Insurance provides benefits due to covered accidents for initial care, injuries and follow-up care. Benefits are paid directly to the employee (unless otherwise assigned), in addition to any other coverage they have.

## Premium Rates\* (pretax)

Coverage	BI-WEEKLY Premium
Employee	\$8.01
Employee & Spouse	\$13.38
Employee & Child(ren)	\$16.88
Family	\$22.25

## Plan Features

- Coverage for injuries on or off the job
- Guaranteed issue – No medical questions
- Level premiums – Rates do not increase with age
- No limitations for pre-existing conditions
- Portable coverage – Employees can continue coverage if they terminate or retire, provided the master group contract is in effect (see certificate for complete details)
- \$50 annual wellness benefit (available for all insureds twice per calendar year)

\* Rates shown may be different than the rates deducted based on the premium schedule shown on the enrollment site. Final rates will be included in your confirmation statement when your enrollment is complete

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## Plan Benefits

Initial Accident Treatment Category - High	Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident			
ER/Urgent Care	\$200	\$200	\$200
ER/Urgent Care with X-Ray	\$250	\$250	\$250
Doctor's Office	\$100	\$100	\$100
Doctor's Office with X-Ray	\$150	\$150	\$150
<b>Ambulance</b> - once per day, within 90 days of the accident <i>Maximum number of payments per covered accident: No Maximum</i>			
Ground	\$400	\$400	\$400
Air	\$1,200	\$1,200	\$1,200
<b>Major Diagnostic Testing</b> - within six months of the accident <i>Maximum number of diagnostic tests per covered accident: 1</i>			
	\$200	\$200	\$200
<b>Emergency Room Observation</b> - within 7 days of the accident <i>Maximum number of 24-hour periods of observation per covered accident: No Maximum</i>			
Short Observation Period (4-24 Hours)	\$50	\$50	\$50
Long Observation Period (24+ Hours)	\$100	\$100	\$100
<b>Prescriptions</b> - within six months of the accident <i>Maximum number of filled prescriptions per covered accident: 2</i>			
	\$5	\$5	\$5
<b>Pain Management</b> - within six months of the accident <i>Maximum number of payments per covered accident: 1</i>			
	\$100	\$100	\$100
<b>Blood/Plasma/Platelets</b> - within six months of the accident <i>Maximum number of days per covered accident: 3</i>			
	\$200	\$200	\$200
<b>Concussion</b> - once per accident, within six months of the accident			
	\$500	\$500	\$500
<b>Traumatic Brain Injury</b> - once per accident, within six months of the accident			
	\$5,000	\$5,000	\$5,000
<b>Coma</b> - once per accident We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident			
	\$10,000	\$10,000	\$10,000
<b>Burns</b> - once per accident, within 6 months of the accident			
<b>Second Degree Burns</b>			
Less than 10%	\$100	\$100	\$100
At least 10%, but less than 25%	\$200	\$200	\$200
At least 25%, but less than 35%	\$500	\$500	\$500
35% or more	\$1,000	\$1,000	\$1,000
<b>Third Degree Burns</b>			
Less than 10%	\$1,000	\$1,000	\$1,000
At least 10%, but less than 25%	\$5,000	\$5,000	\$5,000
At least 25%, but less than 35%	\$10,000	\$10,000	\$10,000
35% or more	\$20,000	\$20,000	\$20,000

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Initial Accident Treatment Category - High	Employee	Spouse	Child
<b>Emergency Dental Work</b> - once per accident, within 6 months of the accident			
Repair with Crown	\$200	\$200	\$200
Extraction	\$50	\$50	\$50
<b>Eye Injury</b> - Removal of a foreign body	\$250	\$250	\$250

<b>Dislocations</b> - once per accident, within 90 days of the accident						
Dislocation	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Hand	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Lower Jaw	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Wrist	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
Elbow	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

<b>Fracture</b> - once per covered accident, within 90 days of the accident						
Fracture	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$8,000	\$8,000	\$8,000	\$4,000	\$4,000	\$4,000
Pelvis	\$7,200	\$7,200	\$7,200	\$3,600	\$3,600	\$3,600
Vertebrae/Sternum	\$6,400	\$6,400	\$6,400	\$3,200	\$3,200	\$3,200
Skull (Depressed)	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Leg	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Forearm/Hand/Wrist	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Foot/Ankle/Kneecap	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Shoulder Blade/Collar Bone	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Lower Jaw	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Skull (Simple)	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Upper Arm/Upper Jaw	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Facial Bones (except teeth)	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Vertebral Processes/Sacrum	\$1,600	\$1,600	\$1,600	\$800	\$800	\$800
Coccyx/Rib/Finger/Toe	\$640	\$640	\$640	\$320	\$320	\$320

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Initial Accident Treatment Category - High	Employee	Spouse	Child
<b>Lacerations</b> - once per accident, within 7 days of the accident			
Lacerations requiring stitches			
Under 5 centimeters	\$100	\$100	\$100
5 to 15 centimeters	\$400	\$400	\$400
Over 15 centimeters	\$800	\$800	\$800
Lacerations not requiring stitches	\$50	\$50	\$50

<b>Outpatient Surgery and Anesthesia (per day)</b> - within 1 year of the accident			
Performed in a Hospital or Ambulatory Surgical Center Maximum number of payments per covered accident: No Maximum	\$400	\$400	\$400
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum number of payments per covered accident: 2	\$50	\$50	\$50
<b>Facilities Fee for Outpatient Surgery</b> - within one year of the accident Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center). Maximum number of payments per covered accident: 5	\$100	\$100	\$100
<b>Inpatient Surgery and Anesthesia (per day)</b> - within one year of the accident Maximum number of payments per covered accident: No Maximum	\$1,000	\$1,000	\$1,000
<b>Transportation</b> - within 6 months of the accident Maximum number of payments per covered accident: 3 Minimum Required Distance (miles): 100			
Plane	\$500	\$500	\$500
Any ground transportation	\$200	\$200	\$200

(Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.)

Hospital Category - High	Employee	Spouse	Child
<b>Hospital Admission</b> (per confinement) - once per accident, within six months of the accident Maximum number of admissions per covered accident: 1	\$1,250	\$1,250	\$1,250
<b>Hospital Confinement</b> (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 365	\$300	\$300	\$300
<b>Hospital Intensive Care</b> (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 30	\$400	\$400	\$400
<b>Intermediate Intensive Care Step-Down Unit</b> (per day) - within six months of the accident Maximum days of confinement per covered accident: 30	\$200	\$200	\$200
<b>Family Member Lodging</b> (per day) - within six months of the accident Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$200	\$200	\$200

# Group Accident Insurance

## Plan Benefits

After Care Category - High	Employee	Spouse	Child
<b>Appliances</b> - within 6 months of the accident <i>Maximum number of appliances per covered accident: No Maximum</i>			
Cane	\$40	\$40	\$40
Ankle Brace	\$40	\$40	\$40
Walking Boot	\$100	\$100	\$100
Walker	\$100	\$100	\$100
Crutches	\$100	\$100	\$100
Leg Brace	\$100	\$100	\$100
Cervical Collar	\$100	\$100	\$100
Wheelchair	\$400	\$400	\$400
Knee Scooter	\$400	\$400	\$400
Body Jacket	\$400	\$400	\$400
Back Brace	\$400	\$400	\$400
<b>Accident Follow-Up Treatment</b> - within 6 months of the accident			
Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6	\$50	\$50	\$50
<b>Post Traumatic Stress Disorder (PTSD)</b> - once per accident, within 6 months of the accident	\$200	\$200	\$200
<b>Rehabilitation Unit</b> (per day) Maximum number of days per confinement: 31 No more than 62 days total per calendar year for each insured	\$100	\$100	\$100
<b>Therapy</b> - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 10	\$50	\$50	\$50
<b>Chiropractic or Alternative Therapy</b> - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6	\$30	\$30	\$30
Life-Changing Events Category - High	Employee	Spouse	Child
<b>Dismemberment</b> - once per accident, within 6 months of the accident			
Single Loss	\$12,500	\$5,000	\$2,500
Double Loss	\$25,000	\$10,000	\$5,000
Loss of one or more fingers or toes	\$1,250	\$500	\$250
Partial Dismemberment (includes at least one joint of a finger or toe)	\$125	\$125	\$125
<b>Paralysis</b> - once per accident, diagnosed by a doctor within 6 months of the accident			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000
<b>Prosthesis</b> - once per accident Maximum number of prosthetic devices per covered accident: 2	\$3,000	\$3,000	\$3,000
<b>Prosthesis Repair/Replacement</b> - once per prosthetic device, within three years of initial Prosthesis payment	\$3,000	\$3,000	\$3,000
<b>Residence/Vehicle Modification</b> - once per accident, within one year of the accident	\$2,000	\$2,000	\$2,000

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## Wellness Benefits

A \$50 benefit is payable for the following wellness tests performed as a result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

- Annual physical exams
- Flexible Sigmoidoscopy
- Mammograms
- PSA Tests
- Pap Smears
- Ultrasounds
- Eye Examinations
- Blood Screening
- Immunizations

This benefit is payable twice per calendar year per insured.

## Limitations and Exclusions

Benefits will not be paid for loss due to:

- War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- Suicide - committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally.
- Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation - voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Sports - participating in any organized sport in a professional or semi-professional capacity.
- Sickness – having any disease or bodily/mental illness or degenerative process.

We also will not pay benefits for:

- Allergic reactions.
- Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings.
- In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings.
- An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness.
- Any related medical/surgical treatment or diagnostic procedures for such illness.
- Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

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This is a brief product overview only. The plans have limitations and exclusions that may affect benefits payable. Refer to the plans for complete details, limitations, and exclusions. AGC1804300 IV 910/18

[www.FortLauderdale.gov/benefits](http://www.FortLauderdale.gov/benefits) or [LauderShare](http://LauderShare)