

Peace of Mind *and*
Real Cash Benefits



GROUP ACCIDENT INSURANCE

AC1^G



We've got you under our wing.®

GROUP ACCIDENT INSURANCE

Policy Series CA7700-MP

AC1^G

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.



FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for spouse and/or dependent children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed Issue (No underwriting required to qualify for coverage.)
- Payroll Deduction (Premiums are paid by convenient payroll deduction.)
- Portable Coverage (Employees can continue coverage when they leave employment, see back of brochure for guidelines.)

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FACT
MILLION

The number of people who in 2005 sought medical attention for an injury; 2.8 million people were hospitalized for injuries.*

* Injury Facts 2008, National Safety Council

HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
<p>HOSPITAL ADMISSION</p> <p>We will pay this benefit when an insured is 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, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	\$1,000	\$1,000	\$1,000
<p>HOSPITAL CONFINEMENT (per day)</p> <p>We will provide this benefit when due to a Covered Accident on the first day of hospital confinement for up to 365 days per Covered Accident. Hospital confinement must begin within 90 days from the date of the accident.</p>	\$200	\$200	\$200
<p>HOSPITAL INTENSIVE CARE (per day)</p> <p>This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.</p>	\$400	\$400	\$400
<p>MEDICAL FEES (for each accident)</p> <p>If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.</p>	\$125	\$125	\$75
<p>PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)</p> <p>Quadriplegia</p> <p>Paraplegia</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	\$10,000	\$5,000
ACCIDENTAL COMMON CARRIER DEATH (plane, train, or boat or ship)	\$100,000	\$50,000	\$15,000
SINGLE DISMEMBERMENT	\$6,250	\$2,500	\$1,250
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
<p>If the Accidental Common Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.</p> <p><i>Accidental Injury</i> means bodily injury caused solely by or as the result of a Covered Accident.</p> <p><i>Covered Accident</i> means an accident which occurs on or after the Effective Date, while the certificate is in force and which is not specifically excluded.</p>			

MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD		
FRACTURES (closed reduction):				
Hip/Thigh	\$4,500	\$4,000	<ul style="list-style-type: none"> • Open reduction is paid at 150% of closed reduction • Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction. • Chip fractures are paid at 10% of the fracture benefit. 	
Vertebrae (except processes)	\$4,050	\$3,600		
Pelvis	\$3,600	\$3,200		
Skull (depressed)	\$3,375	\$3,000		
Leg	\$2,700	\$2,400		
Forearm/Hand/Wrist	\$2,250	\$2,000		
Foot/Ankle/Knee Cap	\$2,250	\$2,000		
Shoulder Blade/Collar Bone	\$1,800	\$1,600		
Lower Jaw (mandible)	\$1,800	\$1,600		
Skull (simple)	\$1,575	\$1,400		
Upper Arm/Upper Jaw	\$1,575	\$1,400	<ul style="list-style-type: none"> • Partial dislocations are paid at 25% of the dislocation benefit. 	
Facial Bones (except teeth)	\$1,350	\$1,200		
Vertebral Processes	\$900	\$800		
Coccyx/Rib/Finger/Toe	\$360	\$320		
DISLOCATIONS (closed reduction):				
Hip	\$3,600	\$2,700		
Knee (not knee cap)	\$2,600	\$1,950		
Shoulder	\$2,000	\$1,500		
Foot/Ankle	\$1,600	\$1,200		
Hand	\$1,400	\$1,050		
Lower Jaw	\$1,200	\$900		
Wrist	\$1,000	\$750		
Elbow	\$800	\$600		
Finger/Toe	\$320	\$240		

SPECIFIC INJURIES

	EMPLOYEE//SPOUSE//CHILD		EMPLOYEE//SPOUSE//CHILD
RUPTURED DISC			
(treatment within 60 days; surgical repair within one year)			
Injury occurring during first certificate year	\$100		
Injury occurring after first certificate year	\$400		
TENDONS/LIGAMENTS		\$400 (Single)	
(within 60 days; surgical repair within 90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.			
TORN KNEE CARTILAGE		\$600 (Multiple)	
(treatment within 60 days; surgical repair within one year)			
Injury occurring during first certificate year	\$100		
Injury occurring after first certificate year	\$400		
EYE INJURIES			
Treatment and surgical repair within 90 days	\$250		
Removal of foreign body	\$50		
CONCUSSION		\$200	
(a head injury resulting in electroencephalogram abnormality)			
COMA (lasting 30 days or more)		\$10,000	
			EMERGENCY DENTAL WORK (per accident)
			Repaired with crown \$150
			Resulting in extraction \$50
			BURNS (treatment within 72 hours and based on percent of body surface burned):
			Second-Degree Burns
			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
			Third-Degree Burns
			Less than 10% \$500
			At least 10%, but less than 25% \$3,000
			At least 25%, but less than 35% \$7,000
			35% or more \$10,000
			First-Degree burns are not covered.
			LACERATIONS (treatment and repair within 72 hours):
			Under 2" long \$50
			2" to 6" long \$200
			Over 6" long \$400
			Lacerations not requiring stitches \$25
			Multiple Lacerations: We will pay for the largest single laceration requiring stitches.

ADDITIONAL BENEFITS

	EMPLOYEE//SPOUSE//CHILD
AMBULANCE	\$100
AIR AMBULANCE If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.	\$500
BLOOD/PLASMA If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	\$100
APPLIANCES We will pay this benefit when an insured is 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
INTERNAL INJURIES (resulting in open abdominal or thoracic surgery)	\$1,000
ACCIDENT FOLLOW-UP TREATMENT 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.	\$25
EXPLORATORY SURGERY (without repair, i.e., arthroscopy)	\$250
PROSTHESIS If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.	\$500
PHYSICAL THERAPY 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.	\$25
TRANSPORTATION If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.	\$300 (train/plane) \$150 (bus)
FAMILY LODGING BENEFIT (per night) If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the Insured's local physician.	\$100
WELLNESS BENEFIT (per 12-month period) 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 annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.	\$60

LIMITATIONS AND EXCLUSIONS

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

- 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 when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- 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.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Participating in any professional or semiprofessional organized sport.
- Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician.
- Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.

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.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for loss that is caused by, that is contributed to, or that results from a pre-existing condition for 12 months after the effective date of your certificate and attached riders, as applicable.

Pre-Existing Condition means within the 12-month period prior

to the effective date of a certificate and attached riders, as applicable, (1) those conditions for which medical advice or treatment was received or recommended or (2) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

A claim for benefits for loss starting after 12 months from the effective date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

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. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

PORTABLE COVERAGE

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

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

TERMINATION

Your coverage will terminate on the earliest of (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date you cease to meet the definition of an employee as defined in the master policy, (4) the premium due date which falls on or first follows your 70th birthday, or (5) the date you are no longer a member of the class eligible.

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.

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

Underwritten by:
Continental American Insurance Company

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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 CA7700-MP.