Aflac Group Accident Insurance

Accident protection made for you.

Aflac | YaleNewHavenHealth



BENEFITS OVERVIEW	HIGH	LOW
INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Treatment must be received under the care of a doctor.		
Hospital emergency room with X-ray	$300	$150
Hospital emergency room without X-ray	$200	$100
Urgent care facility with X-ray	$300	$150
Urgent Care Facility without X-ray	$200	$100
Doctor's office facility (other than a hospital emergency room or urgent care) with X-ray	$300	$150
Doctor's office facility (other than a hospital emergency room or urgent care) without X-ray	$200	$100
MEDICALLY NECESSARY AMBULANCE (within 90 days after the accident) We will pay the lesser of either the billed charges or the rate established by the CT Department of Public Health. As required by Connecticut Title 38a-525(b)(1) this benefit will be paid directly to the ambulance provider if the provider has not received payment for such service from any other source. Ambulance service includes air ambulance service.	Included	Included
MAJOR DIAGNOSTIC TESTING (1 per accident, within 6 months after the accident) CT/CAT scan, MRI or EEG Exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or ambulatory surgical center.	$200	$100
EMERGENCY ROOM OBSERVATION (maximum of one 24-hour period per accident (Low Plan only), within 7 days after the accident) Payable when an insured: • Receives treatment in a hospital emergency room, and • Is held in a hospital for observation without being admitted as an inpatient.	$100 Each 24 Hour Period $50 Less than 24 hours, but at least 4 hours	$50 Each 24 Hour Period $25 Less than 24 hours, but at least 4 hours
PRESCRIPTIONS (2 times per accident, within 6 months after the accident) This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).	$10	$5
BLOOD/PLASMA/PLATELETS (1 per accident, within 6 months after the accident)	$300	$225

BENEFITS OVERVIEW	HIGH	LOW
PAIN MANAGEMENT (1 per accident, within 6 months after the accident) Payable when an insured is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine and the pain management is administered in a hospital or doctors office. This benefit is not payable for an epidural administered during a surgical procedure.	$100	$50
CONCUSSION (once per accident, within 6 months after the accident)	$500	$250
TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	$5,000	$2,500
COMA (once per accident)	$10,000	$5,000
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable for injury to natural teeth.	$300 Extraction $300 Repair with a crown	$150 Extraction $150 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable according to the percentage of body surface burned. First degree burns are not covered.		
Second Degree		
Less than 10%	$100	$37.50
At least 10% but less than 25%	$200	$75
At least 25% but less than 35%	$500	$187.50
35% or more	$1,000	$375
Third Degree		
Less than 10%	$1,000	$375
At least 10% but less than 25%	$5,000	$1,875
At least 25% but less than 35%	$10,000	$3,750
35% or more	$20,000	$7,500
EYE INJURIES Payable for eye injuries if a doctor removes a foreign body from the eye, with or without anesthesia.	$250	$125
FRACTURES (once per accident, within 90 days after the accident) This benefit is not payable for stress fractures.	Closed reduction up to: $5,375 Open reduction up to: $10,750 Chip fracture: 25% of the closed reduction amount Multiple fractures: max of 200% of the highest amount.	Closed reduction up to: $3,000 Open reduction up to: $6,000 Chip fracture: 25% of the closed reduction amount Multiple fractures: max of 200% of the highest amount.

BENEFITS OVERVIEW	HIGH	LOW
DISLOCATIONS (once per accident, within 90 days after the accident) We will not pay for recurring dislocations of the same joint.	Closed reduction up to:$4,625 Open reduction up to:$9,250 Partial dislocation: 25% of the closed reduction amount Multiple dislocations: max of 200% of the highest amount	Closed reduction up to:$3,125 Open reduction up to:$6,250 Partial dislocation: 25% of the closed reduction amount Multiple dislocations: max of 200% of the highest amount
LACERATIONS (once per accident, within 7 days after the accident) For multiple lacerations, we will pay a maximum of 200% of the largest benefit payable. Lacerations requiring stitches (including liquid skin adhesive):		
Over 15 centimeters	$600	$400
5-15 centimeters	$300	$200
Under 5 centimeters	$100	$50
Lacerations not requiring stitches	$50	$25
OUTPATIENT SURGERY AND ANESTHESIA (per day, maximum of 1 procedures per accident / performed in hospital or ambulatory surgical center, within one year after the accident) Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	$750	$500
FACILITIES FEE FOR OUTPATIENT SURGERY (payable once per each eligible surgery, performed in hospital or ambulatory surgical center, within one year after the accident)	$100	$50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of 1 procedures per accident, within one year of the accident) Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.	$50	$25
INPATIENT SURGERY AND ANESTHESIA (per day, maximum of 1 procedures per accident / within one year after the accident) If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	$1,250	$1,000
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.		

BENEFITS OVERVIEW	HIGH	LOW
TRANSPORTATION (greater than 100 miles from the insured's residence, 1 per accident, within 6 months after the accident) Payable for transportation if an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.	$400 Plane $400 Any ground transportation	$400 Plane $400 Any ground transportation
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.		

AFTER CARE BENEFITS	HIGH	LOW
APPLIANCES (1 per accident within 6 months after the accident)	Cane $150 Ankle Brace $150 Walking Boot $150 Walker $150 Crutches $150 Leg Brace $150 Cervical Collar $150 Wheelchair $150 Knee Scooter $150 Body Jacket $150 Back Brace $150	Cane $50 Ankle Brace $50 Walking Boot $50 Walker $50 Crutches $50 Leg Brace $50 Cervical Collar $50 Wheelchair $50 Knee Scooter $50 Body Jacket $50 Back Brace $50
ACCIDENT FOLLOW-UP TREATMENT (maximum of 10 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	$100	$50
POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident)	$200	$100
REHABILITATION UNIT (maximum of 30 days per confinement, no more than 60 days total per calendar year for each insured) For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	$100 per day	$50 per day
THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable when an insured has doctor-prescribed therapy in one of the following categories: physical therapy, occupational therapy and speech therapy by a licensed therapist.	$100	$50

AFTER CARE BENEFITS	HIGH	LOW
CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if an insured receives acupuncture or chiropractic treatment.	$100	$50
HOME HEALTH CARE BENEFIT (maximum number of 80 payments per calendar year or any continuous 12-month period) Payable when an insured is admitted for a hospital confinement and later requires Home Health Care for treatment due to a covered accidental injury. In the case of an insured diagnosed by a doctor as terminally ill with a prognosis of six months or less to live, the calendar year benefit for Medical Social Services may not exceed $200. Each visit by a representative of a Home Health Agency shall be considered as one Home Health Care visit: four hours of home health aide service shall be considered as one Home Health Care visit. The Home Health Care Benefit is not payable for the same days that the Hospital Confinement Benefit, Emergency Room Observation Benefit, Therapy Benefit, or Rehabilitation Unit Benefit are paid. The highest eligible benefit will be paid.	$25 per day	$25 per day

HOSPITALIZATION BENEFITS	HIGH	LOW
HOSPITAL ADMISSION (once per accident, within 6 months after the accident) This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	$3,000 per confinement	$1,500 per confinement
HOSPITAL CONFINEMENT* (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	$200 per day	$100 per day
HOSPITAL INTENSIVE CARE* (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. This benefit is payable in addition to the Hospital Confinement Benefit.	$200 per day	$100 per day
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT* (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. This benefit is payable in addition to the Hospital Confinement Benefit.	$200 per day	$100 per day

HOSPITALIZATION BENEFITS	HIGH	LOW
*If benefits are paid for confinement to a hospital, intensive care unit and/or intermediate intensive care step-down unit and the insured is confined again with 6 months due to the same accidental injury, it will be treated as the same period of confinement.		
FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor.	$150 per day	$100 per day
LIFE CHANGING EVENTS BENEFITS		
PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days.	Paraplegia $5,000 Quadriplegia $10,000	Paraplegia $1,000 Quadriplegia $2,000
PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device) This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. *We will pay this benefit again once to cover the repair or replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	$1,000	$400
RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.	$2,000	$1,000
ORGANIZED ATHLETIC ACTIVITY RIDER		
An additional percentage of the benefit amount payable under the accident plan when injuries are sustained while participating in an organized athletic event.	25%	25%

ACCIDENTAL INGESTION OF CONTROLLED DRUGS	HIGH	LOW
HOSPITAL CONFINEMENT (maximum of 30 days per calendar year) Payable when an insured accidentally ingests or consumes a controlled drug. This benefit is paid in lieu of the Hospital Confinement Benefit, if applicable to the plan.	$200 per day	$100 per day
OUTPATIENT (once per calendar year) Payable for the reasonable charges for treatment deemed necessary under generally accepted medical standards when an insured accidentally ingests or consumes a controlled drug. Controlled Drug is defined by Chapter 420b, subdivision (8) of section 21a-240 of Connecticut Law, as now or hereafter amended.	Up to $500 for Employee $500 for Spouse $500 for Children	Up to $250 for Employee $250 for Spouse $250 for Children

EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from:

• 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 taking part in an insurrection, riot, civil commotion, or civil state of belligerence. (A riot can be defined as a public uproar, disturbance, or outbreak.) War does not include acts of terrorism.

• Suicide – committing or attempting to commit suicide, while sane or insane.

• 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.
- 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

• 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.

• Felonious Occupation – voluntarily participating in, committing, or attempting to commit a felony.

• Sports – participating in any organized sport in a professional or semiprofessional capacity for pay or profit.

• 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.

For 24-Hour Coverage, the following exclusions will not apply:

• An injury arising from any employment.

• An injury or sickness covered by worker's compensation.

ORGANIZED ATHLETIC ACTIVITY RIDER EXCLUSIONS

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating, coaching, or racing any type vehicle in an organized event. This benefit is also not payable for accidental injuries that occur during or are due to physical education classes.

DEFINITIONS

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

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.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting thedefinition 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.

An intermediate intensive care step-down unit is not a

hospital intensive care unit as defined in the plan. Rehabilitation Facility is not a facility for the treatment of alcoholism or drug addiction.

ORGANIZED ATHLETIC ACTIVITY RIDER

Organized Athletic Activity means an athletic competition or supervised organized practice for an athletic competition. Organized Athletic Activities take place on a regularly occurring and scheduled basis, often during a pre-determined season. The competition must be governed by a set of written rules and officiated by someone certified to act in that capacity. The competition must also be overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must take place on a regulation playing surface. Participation must be on an amateur basis.

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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The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract.

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 Series C70000.