

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



TREATMENT BENEFITS

BENEFIT AMOUNT

OUTPATIENT DOCTOR'S OFFICE VISIT (maximum of 6 visits per calendar year for each insured)

We will pay the amount shown for each day that an insured visits a doctor's office. This benefit is not payable for visits to a chiropractor's office.

\$25

TELEMEDICINE SERVICES (maximum of 6 per calendar year for each insured)

We will pay the benefit amount shown for each day that, because of a covered accidental injury or covered sickness, an insured seeks medical advice from a doctor via telemedicine services. The telemedicine services must be provided in lieu of an outpatient doctor's office visit.

\$15

CHIROPRACTOR VISIT (maximum of 4 visits per calendar year for each insured)

We will pay the amount shown for each day that an insured receives services from a chiropractor for treatment of a covered accidental injury or because of a covered sickness. Visits to a chiropractor's office are not payable under the outpatient doctor's office visit benefit.

\$20

MAJOR DIAGNOSTIC EXAMS (once per covered sickness or accident per calendar year)

We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams:

- Computerized Tomography (CT/CAT scan)
- Magnetic Resonance Imaging (MRI)
- Electroencephalography (EEG)

\$150

OUT OF HOSPITAL PRESCRIPTION DRUG (maximum of \$100 per calendar year for each insured)

We will pay the amount shown for each day an insured has a prescription filled. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the insured.

This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) 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; (d) immunization agents, biological sera, blood or blood plasma; or (e) infertility medication, except where required by law.

\$20

HOSPITAL EMERGENCY ROOM VISIT (maximum of 5 visits per calendar year for each insured)

We will pay the amount shown for each day that an insured visits a hospital emergency room due to a covered accidental injury or for treatment due to a covered sickness.

\$100

EMERGENCY ROOM OBSERVATION (1 visit for each covered sickness or accident per calendar year, maximum of 5 total visits per calendar year for each insured)

We will pay the amount shown for each period of observation that, because of a covered accidental injury or covered sickness, 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

REHABILITATION FACILITY per day (maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured)

We will pay the amount shown for each day that, due to a covered accidental injury or a covered sickness, an insured receives treatment as an inpatient at a rehabilitation facility. 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.

\$75



Residents of Massachusetts are not eligible for these benefits.

TERMS YOU NEED TO KNOW

Chiropractor means a person, other than the insured or the insured's family member, who

- Is licensed as a chiropractor in the state in which treatment is received, and
- While working under the scope of his license, uses manual or mechanical means to detect or correct disorders of structural imbalance, distortion, or subluxation of the musculoskeletal system and the nervous system for the purpose of removing nerve interference and related effects. The interference must result from or relate to distortion, misalignment, or subluxation of or in the vertebral column.

Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

Observation Unit means a unit in which observation services are given through hospital outpatient services to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the emergency department or another area of the hospital.

For a complete list of limitations and exclusions please refer to the brochure.

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This piece is intended to be used in conjunction with the product brochure for Policy Series C80000 and is subject to the terms, conditions, and limitations of the plan.

Continental American Insurance Company • Columbia, South Carolina
