

CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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Your employer is providing *BenExtend* to help with out-of-pocket medical and non-medical expenses. This supplemental insurance product pays cash benefits directly to you (unless otherwise assigned) for covered accidental injuries, critical illnesses and hospitalizations. Use the benefits however you see fit, whether it's deductibles and copays or groceries and the power bill.

BenExtend coverage is available to you at no cost. Ask your employer for complete details, definitions, limitations and exclusions.

BENEFITS OVERVIEW

MID PLAN

HOSPITAL CONFINEMENT (per day) – maximum of 31 days per confinement for each covered sickness or accident for each insured			
• Days 1-4		\$300	
• Days 5-10		\$225	
• Days 11-31		\$75	
INITIAL TREATMENT once per accident, within seven days of the accident		\$150	
AMBULANCE once per day, within 90 days of the accident		\$300	
MAJOR DIAGNOSTIC TESTING once per accident, within six months of the accident		\$300	
LACERATIONS once per accident, within seven days of the accident		\$100	
APPLIANCES within six months of the accident			
• Cane, Ankle Brace		\$30	
• Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar		\$75	
• Wheelchair, Knee Scooter, Body Jacket, Back Brace		\$300	
FRACTURES within 90 days of the accident; payable based on schedule of benefits			
Hip/Thigh	\$2,500	Shoulder Blade/Collar Bone	\$1,000
Sternum	\$2,250	Lower Jaw (mandible)	\$1,000
Vertebrae (except processes)	\$2,250	Skull (simple)	\$875
Pelvis	\$2,000	Upper Arm/Upper Jaw	\$875
Skull (depressed)	\$1,875	Facial Bones (except teeth)	\$750
Leg	\$1,500	Sacral/Sacrum	\$500
Forearm/Hand/Wrist	\$1,250	Vertebral Processes	\$500
Foot/Ankle/Kneecap	\$1,250	Coccyx/Rib/Finger/Toe	\$200

COVERED CRITICAL ILLNESSES AND ADDITIONAL BENEFITS

\$3,000

- Cancer (Internal or Invasive)^
- Heart Attack^
- Major Organ Transplant^
- Kidney Failure (End-Stage Renal Failure)^
- Stroke^
- Bone Marrow Transplant (Stem Cell Transplant)^ Sudden Cardiac Arrest^
- Non-Invasive Cancer+
- Coronary Artery Bypass Surgery+
- Skin Cancer: \$250 (once per calendar year)

^ 100% of Face Amount/Benefit Payable

+ 25% of Face Amount/Benefit Payable

Initial Diagnosis – We will pay up to 100% of the face amount upon diagnosis of a covered critical illness.

Additional Diagnosis – Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence – Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

BenExtend® Limitations and Exclusions

Hospital Indemnity Benefits Exclusions

We will not pay 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.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a Family Member.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

Accident Benefits Exclusions

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 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.
- 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.
- 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 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.
- An injury arising from any employment.
- An injury or sickness covered by Worker's Compensation.

Critical Illness Benefits Limitations and Exclusions

Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

Exclusions

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- Suicide – committing or attempting to commit suicide, while sane or insane
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job
- Participation in Aggressive Conflict of any kind, including:
 - War (declared or undeclared) or military conflicts
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
- Illegal substance abuse, which includes the following:
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

BenExtend Mid 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. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company.

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This information provides a brief description of coverage and is not a contract. Read the certificate carefully for exact terms and conditions. This is subject to the terms, conditions, and limitations of Policy Series 81000.

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