



Thank you for choosing Continental American Insurance Company

1.800.433.3036

www.aflacgroupinsurance.com

Your Group Policy Number is: CTR0040608589
Product: Accident
Your Policy is Effective : 01/01/2026
Your State of Issue is: Florida

CHARLOTTE COUNTY PUBLIC SCHOOLS
CHARLOTTE COUNTY PUBLIC SCHOOLS
1445 EDUCATION WAY
PORT CHARLOTTE FL 33948-1052

MPMAIL



January 15, 2026

CHARLOTTE COUNTY PUBLIC SCHOOLS
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1445 EDUCATION WAY
PORT CHARLOTTE FL 33948-1052

**Re: Your CHARLOTTE COUNTY PUBLIC SCHOOLS Group Accident Coverage
Policy No.: CTR0040608589**

Welcome to the Aflac family!

Thank you so much for adding Aflac coverage in your employee benefits offering. We take commitments to our accounts very seriously and promise to be there when you and your employees need us. Enclosed, you'll find:

A Master Policy packet for the Aflac group plan you've chosen to make available to your employees. Each packet includes:

- A master policy, which indicates your group coverage effective date and other coverage details,
- A copy of your master application, **and**
- A copy of your employees' coverage certificate. **(We'll let employees know they can request copies of their certificates from you, so please be sure to make the coverage documents available. Of course, employees are also welcome to call us directly to request copies of their certificates.)**

If you have any questions about your group plan or your employees' coverage, please reach out to your account manager, or give us a call at 1.866.319.8089 Monday through Friday, from 9 a.m. to 7 p.m. Eastern time.

Again, welcome to the Aflac family!

MPCOVLET_A

Continental American Insurance Company • Columbia, South Carolina • 1.800.433.3036 toll-free

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 New York, group coverage is underwritten by American Family Life Assurance Company of New York (22 Corporate Woods Boulevard, Suite 2, Albany, New York 12211), and customer service is administered by CAIC.



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Continuation of Coverage Endorsement

This Endorsement is part of the Policy and Certificate to which it is attached. This Endorsement is subject to all the definitions, terms, and other provisions of the Policy and Certificate to which it is attached, unless those terms are inconsistent with this Endorsement.

EFFECTIVE DATE

If issued at the same time as the Certificate, this Endorsement becomes effective when the Certificate becomes effective. If issued after the Certificate, this Endorsement will have a later Effective Date.

The following provisions are added after the Portability Privilege provision in your Certificate:

CONTINUATION OF COVERAGE

If the Group Policy is terminated by the Policyholder and is not replaced with another group policy you may apply to continue the coverage you had on the Group Policy termination date. This includes any in-force Spouse or Dependent Child coverage. The Group Policy will be continued as if the Group Policy is in force for those who have applied to continue their coverage under this provision. The members will continue to have coverage, with their Certificates remaining in force.

The Company will apply the same benefits and plan provisions as shown in your Certificate on the date you are eligible to continue coverage under this provision. Your continued coverage is subject to all of the provisions, exclusions and limitations of the Group Policy.

To keep your Certificate in force, you must:

- Apply to the Company in writing under this Continuation of Coverage provision within 31 days after the date your Certificate would terminate, **and**
- Pay the required premium no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter to the Company at our Customer Service Center in Columbus, Georgia.

PREMIUMS

Initial premium rates will be based on the rates in effect at the time you apply to continue your coverage. Premium rates can be changed by the Company at any time upon 45 days written notice to you. Any such change will be applied to all Certificates in your class and will not be based on your or your Spouse and Dependent Children's health or other individual factors.

You may decrease, but not increase, the amount of your coverage, and the amount of your Spouse's coverage, if any.

TERMINATION

Your continued coverage, including any in-force Spouse or Dependent Child coverage, will end:

- 31 days after the date you fail to pay any required premium.

- When coverage is terminated by the Company. We will provide you a 45-day advance written notice of any termination.
- On the date you die (unless your Spouse elects to become the Primary Insured under the Successor Insured provision, if applicable).

Once continued coverage is cancelled it cannot be reinstated. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was active. If the Company accepts premium beyond a date, age, or event specified for termination, coverage shall continue during the period for which premiums was accepted.

CONTRACT

This Endorsement is part of the Certificate. It will terminate when:

- The Certificate terminates, or
- Premiums are no longer paid for this Endorsement.

Coverage under this Endorsement may also terminate on any date requested by the Policyholder or Certificate holder and shall be without prejudice to any prior claims which originated prior to the Effective Date of termination.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Group Accidental Injury Insurance Policy

This limited Plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

This Plan provides the benefits listed in the Benefit Schedule. Please read it carefully.

The Policyholder as shown on the Policy Schedule applied for coverage under this Group Accidental Injury Insurance Policy (the "Plan"). This Plan is issued by Continental American Insurance Company (the "Company," "CAIC," "we," "us," or "our"). Based on the Master Application and the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages. (Please note that male pronouns--such as "he," "him," and "his"--are used for both males and females, unless the context clearly shows otherwise.) The Policyholder may add new Insureds from time to time, according to the Plan's terms.

You will notice that certain words and phrases (including some medical terms and the names of Plan documents) in this document are capitalized. The capitalized words refer to terms with very specific definitions as they apply to this insurance Plan.

This Plan is a legal contract between the Company and the Policyholder. All matter printed or written by the Company on the following pages is part of this Plan. This Plan is delivered in and is governed by the laws of the jurisdiction shown on the Policy Schedule.

In witness whereof, the Company executes this Plan at its home office in Columbia, South Carolina, on the Effective Date.

Signed for the Company at its Home Office,

Virgil R. Miller, President

J. Matthew Loudermilk, Secretary

Group Accidental Injury Insurance Non-Participating

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.

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SECTION I - ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION

PRIMARY INSURED

Eligibility

An Employee is eligible to be covered under this Plan if he is Actively at Work for the Policyholder and included in the class that is eligible for coverage, as shown on the Master Application.

When an Employee ends employment with the Employer and his coverage would otherwise terminate, that Employee may elect to continue his coverage under this Plan. Please see the Portability Privilege provision for further details.

Insureds are defined as those who might be eligible for coverage under this Plan in the following categories:

- **Family Coverage** - We insure the Employee, Spouse, and any Dependent Children.

Employees should refer to *Type of Coverage* in their Certificate Schedule to determine who is covered under the Certificate.

Details for adding Insureds to Plan coverage are outlined in the Effective Date provision and the Dependent Coverage - Effective Date provision.

Effective Date

The Plan's Effective Date is shown on the Policy Schedule. This Plan becomes effective on the Policy Effective Date at 12:01 a.m., as determined by the Policyholder's address.

An eligible Employee must enroll in this Plan and agree to pay the required premiums for coverage to become effective. He must enroll within 31 days of the date he first becomes eligible for coverage. *The first premium must have been paid for coverage to become effective.*

The Employee's Effective Date is the date his insurance takes effect. After we receive and approve the Application, that date is either:

- The date shown on the Certificate Schedule if the Employee is Actively at Work on that date, or
- The date the Employee returns to an Actively-at-Work status if he was not Actively at Work on the date shown on the Certificate Schedule.

Termination of an Employee's Insurance

An Employee's insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 31st day after the premium due date (the last day of the Grace Period), if the premium has not been paid.

If an Insured's coverage terminates, we will provide benefits for valid claims that arose while his coverage was active.

DEPENDENT COVERAGE

Eligibility

Dependents may be eligible for coverage under this Plan. **Employees should refer to the Type of Coverage on their Certificate Schedule to determine Dependent eligibility.** A **Dependent** is the Spouse of an Employee or the Dependent Child of an Employee. An eligible Spouse must be at least age 18.

Dependent Child or **Dependent Children** means an Employee's or an Employee's Spouse's natural children, step-children, grandchildren who are in the Employee's legal custody and residing with the Employee, foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. However, we will continue coverage for Dependent Children insured under the Plan after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. The Employee or the Employee's Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

Children Placed for Adoption are children for whom the Employee has entered a decree of adoption or for whom he has initiated adoption proceedings. A decree of adoption must be entered within one year from the date proceedings were initiated, unless extended by order of the court. The Employee must continue to have custody pursuant to the decree of the court.

Effective Date

- A Dependent may be added to the Plan after the Employee's Effective Date within 31 days after a Life Event or during an approved enrollment period.
- If Employee and Children **or** Family Coverage is already in force, no additional notice or premium is required to add another Dependent Child.
- If Dependent Spouse or Dependent Child coverage is **not** in force, the Employee must complete an Application to add a Dependent to the Plan. The Company will assign a Dependent Effective Date for a Dependent's coverage after approving the Application. For Dependent coverage to become effective, the premium for the Dependent must be included in the premium payment. Spouse and Dependent Child coverage will begin on the date of the Life Event if notice was provided within 31 days after the Life Event.
- If Dependent Child coverage is not already in force, newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered from the earlier of a) placement for adoption, b) the date of entry of an order granting custody of the child for the purposes of adoption, or c) the effective date of adoption, for 60 days. Newly placed foster children are automatically covered from placement in the foster home. To extend coverage beyond 60 days with no gap in coverage, the Employee must apply to the Company within the 60-day time period following the child's birth, adoption, or placement. No premium is due for the first 60 days of newborn/newly adopted/newly placed coverage.

Termination of Dependent Insurance

Dependent coverage will terminate on the earliest of the following:

- When the Certificate terminates,
- On the premium due date following the date we receive the Employee's written request to terminate Dependent coverage,
- When premiums are no longer paid for Dependent coverage (subject to the Grace Period),
- For Spouse coverage, when the Insured no longer meets the definition of Spouse because of annulment or divorce, or
- For Dependent Child coverage, when the Child no longer qualifies as a Dependent because he reaches age 26 or other reason. (Dependent Children who reach age 26 will have coverage continued until the last day of the month in which they turn age 26.)

Plan Termination

The **Company** has the right to cancel the Plan on any premium due date for the following reasons:

- The premium is not paid before the end of the Grace Period,
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder,
- The number of participating Employees changes by 25% or more,
- The Policyholder fails to perform any of the obligations that relate to this Policy or that are required by applicable law,
- The Policyholder no longer offers coverage to a particular class of Employees,
- The Policyholder no longer serves a class of Employees who reside in a particular geographical area, or
- The Policyholder does not provide timely information that is reasonably required.

The Company will give the Policyholder 45 days' written notice prior to Policy termination.

The **Policyholder** has the right to cancel the Plan at any time.

- To do this, the Policyholder must give the Company at least 45 days' written notice.
- The Plan will end on the date in the written notice or the date the Company receives the notice, whichever is later.

All outstanding premiums are due upon Plan termination. If the Company receives premium payments after the Plan terminates, this will not reinstate the Plan.

The Policyholder has the sole responsibility of notifying Certificateholders in writing of the Plan's termination as soon as reasonably possible. If the Plan terminates, it--and all Certificates and Riders issued under the Plan--will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

Portability Privilege

When an Employee is no longer a member of an eligible class and his coverage would otherwise end, he may elect to continue his coverage under this Plan. He may continue the coverage he had on the date his Certificate would otherwise terminate, including any in-force Spouse or Dependent Child coverage, without any additional underwriting requirements.

The following conditions must be met for an Employee to keep his Certificate in force:

- Within 45 days after the date his coverage would otherwise terminate, the Employee must notify the Company. Notification may be via written notice sent to P.O. Box 84079, Columbus, GA 31993-9101 or by calling the Customer Service number at 800.433.3036, and
- The Employee must pay the required premium directly to the Company no later than 45 days after the date his coverage would otherwise terminate and on each premium due date thereafter.

Insurance will end on the earlier of these dates:

- 45 days after the premium due date (the last day of the Grace Period), if the premium has not been paid, or
- The date the Group Policy is terminated.

However, coverage may not be continued if:

- The Employee failed to pay any required premium, or
- This Group Policy terminates.

Notification of any changes in the Plan will be provided directly to each Insured by the Company.

If the Employee qualifies for this Portability Privilege, then the Company will apply the same Benefits and Plan Provisions as shown in his previously-issued Certificate. Notification of any changes in the Plan will be provided directly by the Company.

SECTION II - PREMIUM PROVISIONS

Premium Payments

Premiums should be paid to the Company at its Home Office in Columbia, South Carolina. The first premiums are due on the Plan's Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period provision.

Premium Changes

Unless we have agreed in writing not to increase premiums, the premium may change:

- On the Group Policy Anniversary Date based on renewal underwriting. (The Group Policy Anniversary Date is shown on the Policy Schedule and falls on the same date each year thereafter.)
- Whenever the terms or conditions of the Plan are modified. The new premium rates will apply only to premiums due on or after the rate change takes effect.

We will provide the Policyholder a 45-day advance written notice of any change in premiums.

Grace Period

This Plan has a 31-day Grace Period. If a premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Plan. If the Plan is discontinued, the Plan's termination date will be the latest date for which premium has been paid.

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SECTION III - DEFINITIONS

When the terms below are used in this Plan, the following definitions apply:

Accidental Injury means accidental bodily damage to an Insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. A **Covered Accidental Injury** is an Accidental Injury that occurs while coverage is in force. 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.

Actively at Work refers to an Employee's ability to perform his regular employment duties for a full normal workday. The Employee may perform these activities either at his employer's regular place of business or at a location where he is required to travel to perform the regular duties of his employment.

Calendar Year means the period beginning on the Policy Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Claimant means a person who is authorized to make a claim under the Certificate.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and:

- Is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or
- Is a duly qualified medical practitioner according to the laws and regulations in the state in which Treatment is made.

A Doctor **does not** include the Insured or an Insured's Family Member.

For the purposes of this definition, **Family Member** includes the Employee's Spouse as well as the following members of the Employee's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-Family Members and Family-Members-in-law.

Employee is a person who meets Eligibility requirements under **Section I - Eligibility, Effective Date, and Termination** and who is covered under this Plan. The Employee is the Primary Insured under this Plan.

Hospital means a place that meets all of the following criteria:

- Is legally licensed and operated as a Hospital,
- Provides overnight care of injured and sick people,
- Is supervised by a Doctor,
- Has full-time nurses supervised by a registered nurse, and
- Has on-site use of X-ray equipment, laboratory, and surgical facilities.

The term *Hospital* specifically excludes any facility, as listed below, not meeting the definition of Hospital as defined in this Plan:

- 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.

Hospital Intensive Care Unit means a place that meets all of the following criteria:

- Is a specifically designated area of the Hospital called a Hospital Intensive Care Unit;
- Provides the highest level of medical care;

- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit 24 hours a day; and
- Has a Doctor assigned to the Hospital Intensive Care Unit on a full-time basis.

The term *Hospital Intensive Care Unit* specifically excludes any type of facility, as listed below, not meeting the definition of Hospital Intensive Care Unit as defined in this Plan. :

- Private monitored rooms,
- Surgical recovery rooms,
- Observation units, and
- The following step-down units:
 - o A progressive care unit,
 - o A sub-acute intensive care unit, or
 - o An intermediate care unit.

Intermediate Intensive Care Step-Down Unit means any of the following:

- A progressive care unit,
- A sub-acute intensive care unit,
- An intermediate care unit, or
- A pre- or post-intensive care unit.

An Intermediate Intensive Care Step-Down Unit is **not** a Hospital Intensive Care Unit as defined in this Plan.

Life Event means an event that qualifies an Employee to make changes to benefits at times other than his enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

Spouse is an Employee's legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with the Employee.

Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does **not** include Telemedicine Services.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

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SECTION IV - BENEFIT PROVISIONS

Initial Treatment Category

Initial Treatment Benefit

We will pay the amount shown in the Benefit Schedule if an Insured receives Initial Treatment for a Covered Accidental Injury. This benefit is payable for Initial Treatment received under the care of a Doctor when an Insured visits a(n):

- Hospital emergency room without X-Ray
- Urgent Care facility without X-Ray
- Doctor's office or facility (other than a Hospital emergency room or Urgent Care) without X-Ray

Initial Treatment means the first Treatment an Insured receives for a Covered Accidental Injury.

The Initial Treatment must be received within 168 hours after the Covered Accident for benefits to be payable. This benefit is not payable for Telemedicine services.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Traumatic Brain Injury Benefit

We will pay the amount shown in the Benefit Schedule if the Insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a Covered Accident. *Traumatic Brain Injury (TBI)* is an injury that is caused by a traumatic blow to the head, neck, or shoulders; and results in neurological deficit. To qualify as TBI, the neurological deficit must require:

- Treatment by a neurologist, and
- Prescribed course of physical, speech, and/or occupational therapy under the direction of a neurologist.

The diagnosis must be made within 6 Months after the accident for a benefit to be payable.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Burns Benefit

We will pay the amount shown in the Benefit Schedule if the Insured has burns in a Covered Accident. We will pay the Burns Benefit according to the percentage of body surface burned. The Insured must be treated for burns by a Doctor within 6 Months after the accident for a benefit to be payable. First-degree burns are not covered.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Dislocation Benefit

Dislocation refers to a completely separated joint. If a joint is dislocated in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the amount shown in the Benefit Schedule.

If the dislocation requires open reduction, we will pay 200.00% of the amount shown in the Benefit Schedule.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the Insured dislocated a joint before the Effective Date of his Certificate and then dislocates the same joint again, it will not be covered by this Plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one Covered Accident. For each covered dislocation, we will pay the amounts shown in the Benefit Schedule. However, we will pay no more than 200.00% of the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a Doctor diagnoses and treats the Accidental Injury as a partial dislocation, we will pay 25.00% of the amount shown in the Benefit Schedule for the affected joint. (*Partial dislocation* includes subluxation.)

Laceration Benefit

We will pay the amount shown in the Benefit Schedule if an Insured receives a laceration in a Covered Accident. The laceration must be repaired with stitches by a Doctor within 168 Hours after the accident for a benefit to be payable. (*Stitches* can also include liquid skin adhesive.) The amount paid will be based on the length of the laceration. (Receiving stitches to repair a laceration is not payable under the Outpatient Surgery and Anesthesia Benefit or Inpatient Surgery and Anesthesia Benefit, if any.)

The Insured may receive Treatment for a laceration that does not require stitches. However, if that laceration is treated by a Doctor within 168 Hours after the Covered Accident, we will pay the amount shown in the Benefit Schedule.

If the Insured suffers multiple lacerations in a Covered Accident, and the lacerations are repaired with stitches by a Doctor within 168 Hours after the accident, we will pay this benefit based on the largest single laceration that requires stitches, as shown in the Benefit Schedule. However, we will pay no more than 200.00% of the benefit amount for the laceration that has the higher dollar amount.

Fracture Benefit

Fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the appropriate amount shown in the Benefit Schedule.

If the fracture requires open reduction, we will pay 200.00% of the amount shown in the Benefit Schedule.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If these fractures occur in any one Covered Accident, we will pay the appropriate amounts shown in the Benefit Schedule for each fracture. However, we will pay no more than 200.00% of the benefit amount for the bone fractured that has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a Doctor diagnoses the fracture as a chip fracture, we will pay 25.00% of the amount shown in the Benefit Schedule for the affected bone.

Fracture does not include stress fractures, which are tiny cracks in a bone that can arise by the repetitive application of force, or from normal use of a weakened bone. Benefits are not payable for stress fractures.

Hospitalization Category

Hospital Admission Benefit

We will pay this benefit when an Insured is admitted to a Hospital and confined as an inpatient because of a Covered Accidental Injury. To be eligible to receive this benefit, an Insured must be admitted to a Hospital within 6 Months of the date of the Covered Accident.

We will pay the Hospital Admission Benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room Treatment or outpatient Treatment. We will pay this benefit once per period of Hospital Confinement.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Hospital Confinement Benefit

We will pay the amount shown in the Benefit Schedule for each day that an Insured is confined to a Hospital as an inpatient as the result of a Covered Accidental Injury. To be eligible to receive this benefit, the Insured must be confined to a Hospital within 6 Months of the date of the Covered Accident.

The length of time shown for Hospital Confinement in the Benefit Schedule is the maximum period for which an Insured can collect benefits for Hospital Confinements from Covered Accidental Injuries received in the same Covered Accident. This benefit is not payable for confinement to an observation unit or a Rehabilitation Facility.

If we pay benefits for confinement and the Insured becomes confined again within 6 Months because of the same Accidental Injury, we will treat this confinement as the same period of confinement.

This benefit is payable for only one Hospital Confinement at a time, even if it is caused by more than one Covered Accidental Injury.

Hospital Intensive Care Benefit

If an Insured is confined in a Hospital Intensive Care Unit because of a Covered Accidental Injury, we will pay the daily benefit amount shown in the Benefit Schedule. To be eligible to receive this benefit an Insured must be admitted to a Hospital Intensive Care Unit within 6 Months of the date of the Covered Accident.

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown on the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit at a time, even if it is caused by more than one Covered Accidental Injury.

If we pay benefits for confinement in a Hospital Intensive Care Unit and an Insured becomes confined to a Hospital Intensive Care Unit again within 6 Months because of the same Accidental Injury, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

Intermediate Intensive Care Step-Down Unit Benefit

If an Insured is confined in an Intermediate Intensive Care Step-Down Unit because of a Covered Accidental Injury, we will pay the daily benefit amount shown on the Benefit Schedule. The Insured must be admitted to an Intermediate Intensive Care Step-Down Unit within 6 Months of the date of the Covered Accident.

We will pay this amount for each day of such confinement, not to exceed the maximum benefit period shown in the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time, even if it is caused by more than one Covered Accidental Injury.

If we pay benefits for confinement in a Hospital's Intermediate Intensive Care Step-Down Unit and the Insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within 6 Months because of the same condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

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Life Change Events Category

Dismemberment Benefit

We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident, the Insured:

- Is injured, and
- Loses a hand, a foot, or sight within 6 Months after the accident as a result of the Injury.

If the Insured loses one hand, one foot, or the sight of one eye in a Covered Accident, we will pay the single loss benefit shown in the Benefit Schedule.

If the Insured loses both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double loss benefit shown in the Benefit Schedule.

If the Insured loses one or more fingers or toes in a Covered Accident, we will pay the finger/toe benefit shown in the Benefit Schedule.

Dismemberment means:

- **Loss of a hand** -The hand is removed at or above the wrist joint; or
- **Loss of a foot** -The foot is removed at or above the ankle; or
- **Loss of sight**-At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable); **or**
- **Loss of a finger/toe**-The finger or toe is removed at or above the joint where it is attached to the hand or foot.

If the Insured does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown in the Benefit Schedule.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

If the Dismemberment Benefit is paid and the Insured later dies as a result of the same Covered Accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

Paralysis Benefit

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident:

- The Insured is injured,
- The Accidental Injury causes paralysis which lasts more than 90 days, and
- The paralysis is diagnosed by a Doctor within 6 Months after the accident.

The amount paid will be based on the number of limbs paralyzed.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Prosthesis Benefit

We will pay the amount shown in the Benefit Schedule when an Insured receives a Prosthetic Device, prescribed by a Doctor, as a result of a Covered Accidental Injury.

For the purposes of this benefit, **Prosthetic Device/Prosthesis** means an artificial device designed to replace a missing part of the body.

This benefit is not payable for:

- Hearing aids, wigs, or dental aids (to include false teeth).
- Repair or replacement of Prosthetic Devices.*
- Joint replacements.

The amount paid will be based on the number (single or multiple) of Prosthetics received.

* We will pay this benefit again **once** to cover the replacement of a Prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Residence/Vehicle Modification Benefit

We will pay the amount shown on the Benefit Schedule 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.

The modification must occur within one year after the accident.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

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SECTION V - 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:
 - o Allergic reactions
 - o Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings
 - o An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
 - o 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.
- **Driving** – driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- An Injury arising from any employment.
- An Injury or sickness covered by Worker's Compensation.

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SECTION VI - CLAIM PROVISIONS

Notice of Claim

The Insured must give written notice of claim:

- Within 60 days after a Covered Accidental Injury, or
- As soon as reasonably possible.

When we receive written Notice of Claim, we will send a claim form. If the Claimant does not receive the claim form within 15 days after the notice is sent, written Proof of Loss can be sent to us without waiting for the form. Notice must include the Employee's name and the Certificate number. Notice can be mailed to the Company at the following address:

P.O. Box 84075, Columbus, GA 31993-9103

Proof of Loss

Proof of Loss refers to documentation that supports a claim. (This information is often found in standardized medical documents, such as Hospital bills and operative reports. It can include a statement by the treating Doctor.) Proof of Loss establishes the nature and extent of the loss, the Company's obligation to pay the claim, and the Claimant's right to receive payment.

The Claimant must provide Proof of Loss to the Company at the following address:

P.O. Box 84075, Columbus, GA 31993-9103

Proof of Loss must be given to us within 90 days of the Covered Accidental Injury. Failure to give Proof of Loss within such time shall not invalidate or reduce any claim if such Proof of Loss is given as soon as reasonably possible. The Company will not accept Proof of Loss any later than one year after the Covered Accidental Injury unless the Claimant was legally incapacitated.

The Claimant will be responsible for the cost of obtaining a completed claim form. We may request additional Proof of Loss, such as records from Hospitals or Doctors. The Claimant will be responsible for the cost of obtaining these records.

We may require authorizations to obtain medical and psychiatric information as well as non-medical information, including personal financial information.

When we receive the claim and due Proof of Loss, we will review the Proof of Loss. If we approve the claim, we will pay the benefits subject to the terms of the Certificate.

Physical Examination and Autopsy

The Company may have an Insured examined as often as reasonably necessary while a claim is pending. In the case of death, the Company may also require an autopsy, unless prohibited by law. The Company will cover all costs for exams and/or autopsy.

Time of Payment of Claims

Benefits payable under the Certificate will be paid after we receive due Proof of Loss acceptable to us. We will pay, deny, or settle all clean claims* within 30 calendar days after receiving the appropriate information.

*Clean claims contain all information and/or documentation needed for processing. These claims do not require further information from the provider, the Employee, or the employer.

Payment of Claims

We will pay all benefits to the Employee unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

- To any approved assignee,
- To the Employee's beneficiary,
- To the Employee's surviving Spouse,
- To the Employee's estate.

Unpaid Premium

When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

Changing of Beneficiary

A change in beneficiary must be submitted in writing to our Home Office in a form acceptable to us and signed by the Employee. Unless otherwise specified by the Employee, a change in beneficiary will take effect on the date the notice of change is signed. We will not be liable for any action taken before notice is received and recorded at the Home Office.

Claim Review

If a claim is denied, the Employee will be given written notice of:

- The reason for the denial,
- The Plan provision that supports the denial, and
- His right to ask for a review of the claim.

Appeals Procedure

No later than 60 days after notice of denial of a claim, the Employee, the Claimant, or an authorized representative of either must appeal any denial of benefits under the Plan by sending a written request for review of the denial to our Home Office.

Legal Action

The Employee may not take Legal Action against us for benefits under this Plan:

- Within 60 days after he has sent us written Proof of Loss, or
- After the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be given.

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SECTION VII - GENERAL PROVISIONS

Entire Contract Changes

This insurance is provided under a contract of Group Accidental Injury Insurance with the Policyholder. The Entire Contract of Insurance is made up of:

- The Policy;
- The Certificates of Insurance;
- The Application of the Policyholder, a copy of which is attached to and made part of the Policy when issued; and
- Any Riders, Endorsements, or Amendments to the Policy or Certificate.

All statements (excluding fraudulent ones) that the Policyholder or an Insured has made in the Application will be considered representations, not warranties. The Company will not void insurance or reduce benefits as a result of statements made on the Application without sending Application copies.

Changes to the Plan:

- Will not be valid unless approved in writing by an officer of the Company,
- Must be noted on or attached to the Contract, and
- May not be made by any insurance agent or producer (nor can an agent or producer waive any Plan provisions).

Misstatement of Age

If an age has been misstated on the Application, the benefits will be those that the paid premium would have purchased at the correct age.

Successor Insured

If an Employee dies while covered under his Certificate and his Spouse is also insured under this Plan at the time of the Employee's death, then his surviving Spouse may elect to become the Primary Insured. This would include continuation of any Dependent Child Rider coverage that is in force at that time.

To become the Primary Insured and keep coverage in force, the surviving Spouse must:

- Notify the Company in writing within 45 days after the date of the Employee's death; and
- Pay the required premium to the Company no later than 45 days after the date of the Employee's death, and on each premium due date thereafter.

If the Certificate does not cover a surviving Spouse, the Certificate will terminate on the next premium due date following the Employee's death.

Time Limit on Certain Defenses

After two years from the Employee's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Employee's Application. This does not apply to fraudulent misstatements.

Clerical Error

Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error, the Company will make a premium adjustment.

Individual Certificates

The Company will make available to the Policyholder a Certificate for Employees. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, and
- The rights and privileges under the Plan.

Required Information

The Policyholder will be responsible for furnishing all information and proofs that the Company may reasonably require with regard to the Plan.

Conformity with State Statutes

This Plan was issued on its Effective Date in the state noted on the Master Application. Any Plan provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.

POLICY SCHEDULE

Group Policyholder: CHARLOTTE COUNTY PUBLIC SCHOOLS
Group Policy Number: CTR0040608589
Group Policy Effective Date: January 1, 2026
Group Policy Anniversary Date: January 1, 2027
Jurisdiction: Florida

Non-Occupational Coverage

*Initial premium includes the premium for any Riders purchased at the same time as the coverage provided by an Employee's Certificate.

This Plan is delivered in and governed by the laws of the jurisdiction shown above.

BENEFIT SCHEDULE

Initial Treatment Category - Custom

	Primary Insured	Spouse	Child
Initial Treatment Benefit			
<i>Hospital emergency room without X-Ray</i>	\$350.00	\$350.00	\$350.00
<i>Urgent Care facility without X-Ray</i>	\$300.00	\$300.00	\$300.00
<i>Office or facility (other than a Hospital emergency room or Urgent Care) without X-Ray</i>	\$200.00	\$200.00	\$200.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Traumatic Brain Injury Benefit			
	\$5,000.00	\$5,000.00	\$5,000.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Burns Benefit			
<i>Second Degree</i>			
Less than 10%	\$100.00	\$100.00	\$100.00
At least 10% but less than 25%	\$250.00	\$250.00	\$250.00
At least 25% but less than 35%	\$600.00	\$600.00	\$600.00
35% or more	\$1,250.00	\$1,250.00	\$1,250.00
<i>Third Degree</i>			
Less than 10%	\$1,250.00	\$1,250.00	\$1,250.00
At least 10% but less than 25%	\$6,000.00	\$6,000.00	\$6,000.00
At least 25% but less than 35%	\$10,000.00	\$10,000.00	\$10,000.00
35% or more	\$22,500.00	\$22,500.00	\$22,500.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Dislocation Benefit			
Hip	\$6,000.00	\$6,000.00	\$6,000.00
Knee (not knee cap)	\$3,500.00	\$3,500.00	\$3,500.00
Shoulder	\$3,000.00	\$3,000.00	\$3,000.00
Foot/ankle	\$2,000.00	\$2,000.00	\$2,000.00
Hand	\$1,500.00	\$1,500.00	\$1,500.00
Lower jaw	\$1,000.00	\$1,000.00	\$1,000.00
Wrist	\$1,000.00	\$1,000.00	\$1,000.00
Elbow	\$1,000.00	\$1,000.00	\$1,000.00
Finger/toe	\$250.00	\$250.00	\$250.00
Laceration Benefit			
Over 15 centimeters	\$750.00	\$750.00	\$750.00
5 to 15 centimeters	\$500.00	\$500.00	\$500.00
Under 5 centimeters	\$100.00	\$100.00	\$100.00
Lacerations not requiring stitches	\$50.00	\$50.00	\$50.00
Fracture Benefit			
Hip/thigh	\$7,500.00	\$7,500.00	\$7,500.00
Vertebrae	\$6,500.00	\$6,500.00	\$6,500.00
Pelvis	\$6,000.00	\$6,000.00	\$6,000.00
Skull (depressed)	\$4,500.00	\$4,500.00	\$4,500.00
Skull (simple)	\$1,500.00	\$1,500.00	\$1,500.00
Leg	\$4,500.00	\$4,500.00	\$4,500.00
Foot/ankle/knee cap	\$3,000.00	\$3,000.00	\$3,000.00
Forearm/hand/wrist	\$2,750.00	\$2,750.00	\$2,750.00
Lower jaw	\$3,000.00	\$3,000.00	\$3,000.00
Shoulder blade/collar bone	\$3,000.00	\$3,000.00	\$3,000.00
Upper arm/upper jaw	\$1,500.00	\$1,500.00	\$1,500.00
Facial bones (except teeth)	\$1,500.00	\$1,500.00	\$1,500.00
Vertebral processes	\$1,000.00	\$1,000.00	\$1,000.00
Coccyx/rib/finger/toe	\$350.00	\$350.00	\$350.00
Sternum	\$6,500.00	\$6,500.00	\$6,500.00
Sacral/Sacrum	\$1,000.00	\$1,000.00	\$1,000.00

Hospitalization Category - Custom

	Primary Insured	Spouse	Child
Hospital Admission Benefit	\$1,200.00	\$1,200.00	\$1,200.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Hospital Confinement Benefit	\$300.00/day	\$300.00/day	\$300.00/day
<i>Maximum Benefit Period: 365 days</i>			
Hospital Intensive Care Benefit	\$400.00/day	\$400.00/day	\$400.00/day
<i>Maximum Benefit Period: 30 days</i>			
Intermediate Intensive Care Step-Down Unit Benefit	\$250.00/day	\$250.00/day	\$250.00/day
<i>Maximum Benefit Period: 30 days</i>			

Life Change Events Category - Custom

	Primary Insured	Spouse	Child
Dismemberment Benefit			
<i>Loss of hand, foot, or sight</i>			
Single loss	\$10,000.00	\$5,000.00	\$2,500.00
Double loss	\$20,000.00	\$10,000.00	\$5,000.00
Loss of one or more fingers or toes	\$1,500.00	\$750.00	\$350.00
Partial amputation of finger or toe	\$200.00	\$200.00	\$200.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Paralysis			
Four limbs (quadriplegia)	\$10,000.00	\$10,000.00	\$10,000.00
Two limbs (paraplegia)	\$5,000.00	\$5,000.00	\$5,000.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Prosthesis Benefit			
Single	\$3,000.00	\$3,000.00	\$3,000.00
Multiple	\$6,000.00	\$6,000.00	\$6,000.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Residence/Vehicle Modification Benefit	\$2,500.00		\$2,500.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1		1

INCORPORATION OF RIDER PROVISIONS

The attached listed Riders are made a part of this Plan.

Rider Name

Wellness Rider
Organized Athletic Activity Rider
Accidental Death Rider

Form Number

C70301FL
C70304FL
C70305FL

SCHEDULE OF PREMIUMS

RATES TABLE FOR: CHARLOTTE COUNTY PUBLIC SCHOOLS / ACCIDENT

DEDUCTION FREQUENCY	:	Monthly (12pp / yr)
EMPLOYEE COST	:	\$7.31
EMPLOYEE AND SPOUSE COST	:	\$12.78
EMPLOYEE AND DEPENDENT COST	:	\$15.79
FAMILY COST	:	\$21.26



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina

800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Amendment to Policy and Certificate of Insurance for Group Accidental Injury

This Amendment is subject to all of the provisions of the Policy and Certificate to which it is attached. Additions or changes have been made to the Policy and Certificate and are indicated below.

EFFECTIVE DATE

If issued at the same time as the Certificate, this Amendment becomes effective at the same time as the Certificate. If issued after the Certificate, this Amendment will have a later Effective Date.

The Termination of Your Insurance provision is deleted and replaced with the following:

Termination of Your Insurance

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 45th day after the premium due date (the last day of the Grace Period), if the premium has not been paid.

If an Insured's coverage terminates, we will provide benefits for valid claims that arose while his coverage was active. If the Company accepts premium beyond a date, age, or event specified for termination, coverage shall continue during the period for which premiums was accepted.

The Company will give the Policyholder 45 days' written notice prior to policy termination.

The definition of Dependent Child or Dependent Children is deleted and replaced with the following:

Dependent Child or Dependent Children means your or your Spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. Coverage may be provided for the children of custodial and non-custodial parents. However, we will continue coverage for Dependent Children insured under the Plan after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. You or your Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

The insurance on any Dependent Child will terminate on the last day of the month in which the Dependent Child turns age 26; it is your responsibility to notify us in writing when coverage on a Dependent Child terminates. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under this Plan. When coverage on all Dependent Children terminates, you must notify the Company, in writing, and elect whether to continue this Plan on an Employee or Employee and Spouse Coverage basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium.

Children Placed for Adoption

"Placement, or being placed, for adoption" means the assumption and retention of a legal obligation for total or partial support of a child by a person with whom the child has been placed in anticipation of the child's adoption. The child's placement for adoption with the person terminates upon the termination of the legal obligation."

CONTRACT

This Amendment is part of the Policy and Certificate and will terminate when the Policy or Certificate terminates.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY
 Columbia, South Carolina
 800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Wellness Rider
To Certificate of Insurance for Group Accidental Injury Insurance Policy

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- We have accepted your Application, and
- You have paid the additional premium for this Rider.

This Rider is subject to all the definitions, exclusions, limitations, terms, and other provisions of the Certificate to which it is attached, unless those terms are inconsistent with this Rider.

EFFECTIVE DATE

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date.

WELLNESS BENEFIT

We will pay the amount shown in the Benefit Schedule for the following:

- | | | |
|-------------------------|--------------------------|-------------------|
| • Annual physical exams | • eye examinations | • PSA tests |
| • mammograms | • immunizations | • Ultrasounds |
| • pap smears | • flexible sigmoidoscopy | • blood screening |

This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is limited to the maximum number of payments shown in the Benefit Schedule.

GENERAL PROVISIONS

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Application. This does not apply to fraudulent misstatements.

CONTRACT

This Rider is part of the Group Accidental Injury Insurance Policy. It will terminate when:

- The Certificate terminates, or
- Premiums are no longer paid for this Rider.

Signed for the Company at its Home Office,

Virgil R. Miller

Virgil R. Miller, President

J. Matthew Loudermilk

J. Matthew Loudermilk, Secretary

WELLNESS RIDER BENEFITS SCHEDULE

	Primary Insured	Spouse	Child
Wellness	\$50.00	\$50.00	\$50.00
Maximum number of payments per Calendar Year, per Insured	1	1	1



CONTINENTAL AMERICAN INSURANCE COMPANY
Columbia, South Carolina
800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Organized Athletic Activity Rider
To Certificate of Insurance for Group Accidental Injury Insurance Policy

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- We have accepted your Application, and
- You have paid the additional premium for this Rider.

This Rider is subject to all the definitions, exclusions, limitations, terms, and other provisions of the Certificate to which it is attached, unless those terms are inconsistent with this Rider.

EFFECTIVE DATE

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date.

DEFINITIONS

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.

ORGANIZED ATHLETIC ACTIVITY BENEFIT

We will pay an additional 10.00% percent of the benefit amount payable under this Plan for Covered Accidental Injuries sustained while participating in an Organized Athletic Activity.

This benefit is limited to \$1,000.00 per Accident.

LIMITATIONS

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 or coaching; or racing any type vehicle in an organized event. Refer to your Certificate for other limitations or exclusions applicable to this coverage.

This benefit is also not payable for Accidental Injuries which occur during or are due to physical education classes.

GENERAL PROVISIONS

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Application. This does not apply to fraudulent misstatements.

CONTRACT

This Rider is part of the Group Accidental Injury Insurance Policy. It will terminate when:

- The Certificate terminates, or

- Premiums are no longer paid for this Rider.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary

ORGANIZED ATHLETIC ACTIVITY RIDER BENEFITS SCHEDULE

	Primary Insured	Spouse	Child
Organized Athletic Activity Benefit			
<i>Percentage of Benefit Amount Payable</i>	10.00%	10.00%	10.00%
<i>Maximum amount per Accident</i>	\$1,000.00	\$1,000.00	\$1,000.00



CONTINENTAL AMERICAN INSURANCE COMPANY
Columbia, South Carolina
800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Accidental Death Rider
To Certificate of Insurance for Group Accidental Injury Insurance Policy

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- We have accepted your Application, and
- You have paid the additional premium for this Rider.

This Rider is subject to all the definitions, exclusions, limitations, terms, and other provisions of the Certificate to which it is attached, unless those terms are inconsistent with this Rider.

EFFECTIVE DATE

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

Common Carrier means:

- An airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;
- A railroad train that is licensed and operated for passenger service only; or
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

BENEFITS

Accidental Death Benefit

We will pay the amount shown in the Rider Schedule if, because of a Covered Accident:

- The Insured is injured, and
- The Injury causes the Insured to die within 90 days after the accident.

We will pay the Accidental Death Benefit in addition to the Accidental Common-Carrier Death Benefit.

Accidental Common-Carrier Death Benefit

We will pay the amount shown in the Rider Schedule if the Insured:

- Is a fare-paying passenger on a Common Carrier,
- Is injured in a Covered Accident, and
- Dies within 90 days after the Covered Accident.

We will pay the Accidental Common-Carrier Death Benefit in addition to the Accidental Death Benefit.

GENERAL PROVISIONS

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Application. This does not apply to fraudulent misstatements.

CONTRACT

This Rider is part of the Group Accidental Injury Insurance Policy. It will terminate when:

- The Certificate terminates, or
- Premiums are no longer paid for this Rider.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary

ACCIDENTAL DEATH RIDER BENEFITS SCHEDULE

	Primary Insured	Spouse	Child
Accidental Death	\$50,000.00	\$25,000.00	\$10,000.00
Accidental Common-Carrier Death	\$100,000.00	\$50,000.00	\$20,000.00



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina

800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Certificate of Insurance For Group Accidental Injury Insurance Policy

This limited Plan provides supplemental benefits only. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

This Plan provides the benefits listed in the Benefit Schedule. Please read it carefully.

Your Employer (the "Policyholder") applied for coverage under this Group Accidental Injury Insurance Policy (the "Plan"). This Plan is issued by Continental American Insurance Company (the "Company," "CAIC," "we," "us," or "our"). For the purposes of this Plan, "you" (including "your" and "yours") refers to you. Based on the application process and the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages. (Please note that male pronouns - such as "he," "him," and "his" - are used for both males and females, unless the context clearly shows otherwise.)

You will notice that certain words and phrases (including some medical terms and the names of Plan documents) in this document are capitalized. The capitalized words refer to terms with very specific definitions as they apply to this insurance Plan.

We certify that you are insured under the Group Accidental Injury Insurance Policy (the "Plan"). The Plan was issued to the Policyholder. The Certificate is subject to the Definitions, Exclusions, and other provisions of the Plan.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

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Section I	-	Eligibility, Effective Date, and Termination
Section II	-	Premium Provisions
Section III	-	Definitions
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Section VII	-	General Provisions

SECTION I - ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION

PRIMARY INSURED

Eligibility

You are eligible to be covered under this Plan if you are Actively at Work for the Policyholder and included in the class that is eligible for coverage, as shown on the Master Application.

When you end employment with the Employer and your coverage would otherwise terminate, you may elect to continue your coverage under this Plan. Please see the **Portability Privilege** provision for further details.

Insureds are defined as those who might be eligible for coverage under this Plan in the following categories:

- **Family Coverage** - We insure the Employee, Spouse, and any Dependent Children.

You should refer to *Type of Coverage* in your Certificate Schedule to determine who is covered under this Certificate.

Details for adding Insureds to Plan coverage are outlined in the Dependent Coverage – Effective Date provision.

Effective Date

Your Employee Effective Date is shown on the Certificate Schedule.

Your Employee Effective Date is the date your insurance takes effect. After we receive and approve the Application, that date is either:

- The date shown on the Certificate Schedule if you are Actively at Work on that date, or
- The date you return to an Actively-at-Work status if you were not Actively at Work on the date shown on the Certificate Schedule.

Termination of Your Insurance

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 31st day after the premium due date (the last day of the Grace Period), if the premium has not been paid.

If an Insured's coverage terminates, we will provide benefits for valid claims that arose while his coverage was active.

DEPENDENT COVERAGE

Eligibility

Dependents may be eligible for coverage under this Plan. **You should refer to the Type of Coverage on the Certificate Schedule to determine Dependent eligibility.** A **Dependent** is your Spouse or Dependent Child. An eligible Spouse must be at least age 18.

Dependent Child or **Dependent Children** means your or your Spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. However, we will continue coverage for Dependent Children insured under the Plan after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. You or your Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

Children Placed for Adoption are children for whom you have entered a decree of adoption or for whom you have initiated adoption proceedings. A decree of adoption must be entered within one year from the date proceedings were initiated, unless extended by order of the court. You must continue to have custody pursuant to the decree of the court.

Effective Date

- A Dependent may be added to the Plan after the Employee's Effective Date within 31 days after a Life Event or during an approved enrollment period.
- If Employee and Children **or** Family Coverage is already in force, no additional notice or premium is required to add another Dependent Child.
- If Dependent Spouse or Dependent Child coverage is **not** in force, the Employee must complete an Application to add a Dependent to the Plan. The Company will assign a Dependent Effective Date for a Dependent's coverage after approving the Application. For Dependent coverage to become effective, the premium for the Dependent must be included in the premium payment. Spouse and Dependent Child coverage will begin on the date of the Life Event if notice was provided within 31 days after the Life Event.
- If Dependent Child coverage is not already in force, newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered from the earlier of a) placement for adoption, b) the date of entry of an order granting custody of the child for the purposes of adoption, or c) the effective date of adoption, for 60 days. Newly placed foster children are automatically covered from placement in the foster home. To extend coverage beyond 60 days with no gap in coverage, the Employee must apply to the Company within the 60-day time period following the child's birth, adoption, or placement. No premium is due for the first 60 days of newborn/newly adopted/newly placed coverage.

Termination of Dependent Insurance

Dependent coverage will terminate on the earliest of the following:

- When the Certificate terminates,
- On the premium due date following the date we receive your written request to terminate Dependent coverage,
- When premiums are no longer paid for Dependent coverage (subject to the Grace Period),
- For Spouse coverage, when the Insured no longer meets the definition of Spouse because of annulment or divorce, or
- For Dependent Child coverage, when the Child no longer qualifies as a Dependent because he reaches age 26 or other reason. (Dependent Children who reach age 26 will have coverage continued until the last day of the month in which they turn age 26.)

Plan Termination

The **Company** has the right to cancel the Plan on any premium due date for the following reasons:

- The premium is not paid before the end of the Grace Period,
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder,
- The number of participating Employees changes by 25% or more,
- The Policyholder fails to perform any of the obligations that relate to this Policy or that are required by applicable law,
- The Policyholder no longer offers coverage to a particular class of Employees,
- The Policyholder no longer serves a class of Employees who reside in a particular geographical area, or
- The Policyholder does not provide timely information that is reasonably required.

The Company will give the Policyholder 45 days' written notice prior to Policy termination.

The **Policyholder** has the right to cancel the Plan at any time.

- To do this, the Policyholder must give the Company at least 45 days' written notice.
- The Plan will end on the date in the written notice or the date the Company receives the notice, whichever is later.

All outstanding premiums are due upon Plan termination. If the Company receives premium payments after the Plan terminates, this will not reinstate the Plan.

The Policyholder has the sole responsibility of notifying Certificateholders in writing of the Plan's termination as soon as reasonably possible. If the Plan terminates, it--and all Certificates and Riders issued under the Plan--will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

Portability Privilege

When you are no longer a member of an eligible class and your coverage would otherwise end, you may elect to continue your coverage under this Plan. You may continue the coverage you had on the date your Certificate would otherwise terminate, including any in-force Spouse or Dependent Child coverage, without any additional underwriting requirements.

The following conditions must be met for you to keep your Certificate in force:

- Within 45 days after the date your coverage would otherwise terminate, you must notify the Company. Notification may be via written notice sent to P.O. Box 84079, Columbus, GA 31993-9101 or by calling the Customer Service number at 800.433.3036, and
- You must pay the required premium directly to the Company no later than 45 days after the date your coverage would otherwise terminate and on each premium due date thereafter.

Insurance will end on the earlier of these dates:

- 45 days after the premium due date (the last day of the Grace Period), if the premium has not been paid, or
- The date the Group Policy is terminated.

However, coverage may not be continued if:

- You failed to pay any required premium, or
- This Group Policy terminates.

Notification of any changes in the Plan will be provided directly to each Insured by the Company.

If you qualify for this Portability Privilege, then the Company will apply the same Benefits and Plan Provisions as shown in your previously-issued Certificate. Notification of any changes in the Plan will be provided directly by the Company.

SECTION II - PREMIUM PROVISIONS

Premium Payments

Premiums should be paid to the Company at its Home Office in Columbia, South Carolina. The first premiums are due on the Plan's Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period provision.

Premium Changes

Unless we have agreed in writing not to increase premiums, the premium may change:

- On the Group Policy Anniversary Date based on renewal underwriting. (The Group Policy Anniversary Date is shown on the Policy Schedule and falls on the same date each year thereafter.)
- Whenever the terms or conditions of the Plan are modified. The new premium rates will apply only to premiums due on or after the rate change takes effect.

We will provide the Policyholder a 45-day advance written notice of any change in premiums.

Grace Period

This Plan has a 31-day Grace Period. If a premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Plan. If the Plan is discontinued, the Plan's termination date will be the latest date for which premium has been paid.

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SECTION III - DEFINITIONS

When the terms below are used in this Plan, the following definitions apply:

Accidental Injury means accidental bodily damage to an Insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. A **Covered Accidental Injury** is an Accidental Injury that occurs while coverage is in force. 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.

Actively at Work refers to an Employee's ability to perform his regular employment duties for a full normal workday. The Employee may perform these activities either at his employer's regular place of business or at a location where he is required to travel to perform the regular duties of his employment.

Calendar Year means the period beginning on the Policy Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Claimant means a person who is authorized to make a claim under the Certificate.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and:

- Is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or
- Is a duly qualified medical practitioner according to the laws and regulations in the state in which Treatment is made.

A Doctor **does not** include the Insured or an Insured's Family Member.

For the purposes of this definition, **Family Member** includes the Employee's Spouse as well as the following members of the Employee's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-Family Members and Family-Members-in-law.

Employee is a person who meets Eligibility requirements under **Section I - Eligibility, Effective Date, and Termination** and who is covered under this Plan. The Employee is the Primary Insured under this Plan.

Hospital means a place that meets all of the following criteria:

- Is legally licensed and operated as a Hospital,
- Provides overnight care of injured and sick people,
- Is supervised by a Doctor,
- Has full-time nurses supervised by a registered nurse, and
- Has on-site use of X-ray equipment, laboratory, and surgical facilities.

The term *Hospital* specifically excludes any facility, as listed below, not meeting the definition of Hospital as defined in this Plan:

- 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.

Hospital Intensive Care Unit means a place that meets all of the following criteria:

- Is a specifically designated area of the Hospital called a Hospital Intensive Care Unit;
- Provides the highest level of medical care;

- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit 24 hours a day; and
- Has a Doctor assigned to the Hospital Intensive Care Unit on a full-time basis.

The term *Hospital Intensive Care Unit* specifically excludes any type of facility, as listed below, not meeting the definition of Hospital Intensive Care Unit as defined in this Plan. :

- Private monitored rooms,
- Surgical recovery rooms,
- Observation units, and
- The following step-down units:
 - o A progressive care unit,
 - o A sub-acute intensive care unit, or
 - o An intermediate care unit.

Intermediate Intensive Care Step-Down Unit means any of the following:

- A progressive care unit,
- A sub-acute intensive care unit,
- An intermediate care unit, or
- A pre- or post-intensive care unit.

An Intermediate Intensive Care Step-Down Unit is **not** a Hospital Intensive Care Unit as defined in this Plan.

Life Event means an event that qualifies an Employee to make changes to benefits at times other than his enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

Spouse is an Employee's legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with the Employee.

Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does **not** include Telemedicine Services.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

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SECTION IV - BENEFIT PROVISIONS

Initial Treatment Category

Initial Treatment Benefit

We will pay the amount shown in the Benefit Schedule if an Insured receives Initial Treatment for a Covered Accidental Injury. This benefit is payable for Initial Treatment received under the care of a Doctor when an Insured visits a(n):

- Hospital emergency room without X-Ray
- Urgent Care facility without X-Ray
- Doctor's office or facility (other than a Hospital emergency room or Urgent Care) without X-Ray

Initial Treatment means the first Treatment an Insured receives for a Covered Accidental Injury.

The Initial Treatment must be received within 168 Hours after the Covered Accident for benefits to be payable. This benefit is not payable for Telemedicine services.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Traumatic Brain Injury Benefit

We will pay the amount shown in the Benefit Schedule if the Insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a Covered Accident. *Traumatic Brain Injury (TBI)* is an injury that is caused by a traumatic blow to the head, neck, or shoulders; and results in neurological deficit. To qualify as TBI, the neurological deficit must require:

- Treatment by a neurologist, and
- Prescribed course of physical, speech, and/or occupational therapy under the direction of a neurologist.

The diagnosis must be made within 6 Months after the accident for a benefit to be payable.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Burns Benefit

We will pay the amount shown in the Benefit Schedule if the Insured has burns in a Covered Accident. We will pay the Burns Benefit according to the percentage of body surface burned. The Insured must be treated for burns by a Doctor within 6 Months after the accident for a benefit to be payable. First-degree burns are not covered.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Dislocation Benefit

Dislocation refers to a completely separated joint. If a joint is dislocated in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the amount shown in the Benefit Schedule.

If the dislocation requires open reduction, we will pay 200.00% of the amount shown in the Benefit Schedule.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the Insured dislocated a joint before the Effective Date of his Certificate and then dislocates the same joint again, it will not be covered by this Plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one Covered Accident. For each covered dislocation, we will pay the amounts shown in the Benefit Schedule. However, we will pay no more than 200.00% of the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a Doctor diagnoses and treats the Accidental Injury as a partial dislocation, we will pay 25.00% of the amount shown in the Benefit Schedule for the affected joint. (*Partial dislocation* includes subluxation.)

Laceration Benefit

We will pay the amount shown in the Benefit Schedule if an Insured receives a laceration in a Covered Accident. The laceration must be repaired with stitches by a Doctor within 168 Hours after the accident for a benefit to be payable. (*Stitches* can also include liquid skin adhesive.) The amount paid will be based on the length of the laceration. (Receiving stitches to repair a laceration is not payable under the Outpatient Surgery and Anesthesia Benefit or Inpatient Surgery and Anesthesia Benefit, if any.)

The Insured may receive Treatment for a laceration that does not require stitches. However, if that laceration is treated by a Doctor within 168 Hours after the Covered Accident, we will pay the amount shown in the Benefit Schedule.

If the Insured suffers multiple lacerations in a Covered Accident, and the lacerations are repaired with stitches by a Doctor within 168 Hours after the accident, we will pay this benefit based on the largest single laceration that requires stitches, as shown in the Benefit Schedule. However, we will pay no more than 200.00% of the benefit amount for the laceration that has the higher dollar amount.

Fracture Benefit

Fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the appropriate amount shown in the Benefit Schedule.

If the fracture requires open reduction, we will pay 200.00% of the amount shown in the Benefit Schedule.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If these fractures occur in any one Covered Accident, we will pay the appropriate amounts shown in the Benefit Schedule for each fracture. However, we will pay no more than 200.00% of the benefit amount for the bone fractured that has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a Doctor diagnoses the fracture as a chip fracture, we will pay 25.00% of the amount shown in the Benefit Schedule for the affected bone.

Fracture does not include stress fractures, which are tiny cracks in a bone that can arise by the repetitive application of force, or from normal use of a weakened bone. Benefits are not payable for stress fractures.

Hospitalization Category

Hospital Admission Benefit

We will pay this benefit when an Insured is admitted to a Hospital and confined as an inpatient because of a Covered Accidental Injury. To be eligible to receive this benefit, an Insured must be admitted to a Hospital within 6 Months of the date of the Covered Accident.

We will pay the Hospital Admission Benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room Treatment or outpatient Treatment. We will pay this benefit once per period of Hospital Confinement.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Hospital Confinement Benefit

We will pay the amount shown in the Benefit Schedule for each day that an Insured is confined to a Hospital as an inpatient as the result of a Covered Accidental Injury. To be eligible to receive this benefit, the Insured must be confined to a Hospital within 6 Months of the date of the Covered Accident.

The length of time shown for Hospital Confinement in the Benefit Schedule is the maximum period for which an Insured can collect benefits for Hospital Confinements from Covered Accidental Injuries received in the same Covered Accident. This benefit is not payable for confinement to an observation unit or a Rehabilitation Facility.

If we pay benefits for confinement and the Insured becomes confined again within 6 Months because of the same Accidental Injury, we will treat this confinement as the same period of confinement.

This benefit is payable for only one Hospital Confinement at a time, even if it is caused by more than one Covered Accidental Injury.

Hospital Intensive Care Benefit

If an Insured is confined in a Hospital Intensive Care Unit because of a Covered Accidental Injury, we will pay the daily benefit amount shown in the Benefit Schedule. To be eligible to receive this benefit an Insured must be admitted to a Hospital Intensive Care Unit within 6 Months of the date of the Covered Accident.

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown on the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit at a time, even if it is caused by more than one Covered Accidental Injury.

If we pay benefits for confinement in a Hospital Intensive Care Unit and an Insured becomes confined to a Hospital Intensive Care Unit again within 6 Months because of the same Accidental Injury, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

Intermediate Intensive Care Step-Down Unit Benefit

If an Insured is confined in an Intermediate Intensive Care Step-Down Unit because of a Covered Accidental Injury, we will pay the daily benefit amount shown on the Benefit Schedule. The Insured must be admitted to an Intermediate Intensive Care Step-Down Unit within 6 Months of the date of the Covered Accident.

We will pay this amount for each day of such confinement, not to exceed the maximum benefit period shown in the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time, even if it is caused by more than one Covered Accidental Injury.

If we pay benefits for confinement in a Hospital's Intermediate Intensive Care Step-Down Unit and the Insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within 6 Months because of the same condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

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Life Change Events Category

Dismemberment Benefit

We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident, the Insured:

- Is injured, and
- Loses a hand, a foot, or sight within 6 Months after the accident as a result of the Injury.

If the Insured loses one hand, one foot, or the sight of one eye in a Covered Accident, we will pay the single loss benefit shown in the Benefit Schedule.

If the Insured loses both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double loss benefit shown in the Benefit Schedule.

If the Insured loses one or more fingers or toes in a Covered Accident, we will pay the finger/toe benefit shown in the Benefit Schedule.

Dismemberment means:

- **Loss of a hand** -The hand is removed at or above the wrist joint; or
- **Loss of a foot** -The foot is removed at or above the ankle; or
- **Loss of sight**-At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable); **or**
- **Loss of a finger/toe**-The finger or toe is removed at or above the joint where it is attached to the hand or foot.

If the Insured does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown in the Benefit Schedule.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

If the Dismemberment Benefit is paid and the Insured later dies as a result of the same Covered Accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

Paralysis Benefit

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident:

- The Insured is injured,
- The Accidental Injury causes paralysis which lasts more than 90 days, and
- The paralysis is diagnosed by a Doctor within 6 Months after the accident.

The amount paid will be based on the number of limbs paralyzed.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Prosthesis Benefit

We will pay the amount shown in the Benefit Schedule when an Insured receives a Prosthetic Device, prescribed by a Doctor, as a result of a Covered Accidental Injury.

For the purposes of this benefit, **Prosthetic Device/Prosthesis** means an artificial device designed to replace a missing part of the body.

This benefit is not payable for:

- Hearing aids, wigs, or dental aids (to include false teeth).
- Repair or replacement of Prosthetic Devices.*
- Joint replacements.

The amount paid will be based on the number (single or multiple) of Prosthetics received.

* We will pay this benefit again **once** to cover the replacement of a Prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

Residence/Vehicle Modification Benefit

We will pay the amount shown on the Benefit Schedule 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.

The modification must occur within one year after the accident.

This benefit is limited to the maximum number of payments per Covered Accident, per Insured, shown in the Benefit Schedule.

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SECTION V - 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:
 - o Allergic reactions
 - o Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings
 - o An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
 - o 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.
- **Driving** – driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- An Injury arising from any employment.
- An Injury or sickness covered by Worker's Compensation.

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SECTION VI - CLAIM PROVISIONS

Notice of Claim

The Insured must give written notice of claim:

- Within 60 days after a Covered Accidental Injury, or
- As soon as reasonably possible.

When we receive written Notice of Claim, we will send a claim form. If the Claimant does not receive the claim form within 15 days after the notice is sent, written Proof of Loss can be sent to us without waiting for the form. Notice must include the Employee's name and the Certificate number. Notice can be mailed to the Company at the following address:

P.O. Box 84075, Columbus, GA 31993-9103

Proof of Loss

Proof of Loss refers to documentation that supports a claim. (This information is often found in standardized medical documents, such as Hospital bills and operative reports. It can include a statement by the treating Doctor.) Proof of Loss establishes the nature and extent of the loss, the Company's obligation to pay the claim, and the Claimant's right to receive payment.

The Claimant must provide Proof of Loss to the Company at the following address:

P.O. Box 84075, Columbus, GA 31993-9103

Proof of Loss must be given to us within 90 days of the Covered Accidental Injury. Failure to give Proof of Loss within such time shall not invalidate or reduce any claim if such Proof of Loss is given as soon as reasonably possible. The Company will not accept Proof of Loss any later than one year after the Covered Accidental Injury unless the Claimant was legally incapacitated.

The Claimant will be responsible for the cost of obtaining a completed claim form. We may request additional Proof of Loss, such as records from Hospitals or Doctors. The Claimant will be responsible for the cost of obtaining these records.

We may require authorizations to obtain medical and psychiatric information as well as non-medical information, including personal financial information.

When we receive the claim and due Proof of Loss, we will review the Proof of Loss. If we approve the claim, we will pay the benefits subject to the terms of the Certificate.

Physical Examination and Autopsy

The Company may have an Insured examined as often as reasonably necessary while a claim is pending. In the case of death, the Company may also require an autopsy, unless prohibited by law. The Company will cover all costs for exams and/or autopsy.

Time of Payment of Claims

Benefits payable under the Certificate will be paid after we receive due Proof of Loss acceptable to us. We will pay, deny, or settle all clean claims* within 30 calendar days after receiving the appropriate information.

*Clean claims contain all information and/or documentation needed for processing. These claims do not require further information from the provider, the Employee, or the employer.

Payment of Claims

We will pay all benefits to the Employee unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

- To any approved assignee,
- To the Employee's beneficiary,
- To the Employee's surviving Spouse,
- To the Employee's estate.

Unpaid Premium

When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

Changing of Beneficiary

A change in beneficiary must be submitted in writing to our Home Office in a form acceptable to us and signed by the Employee. Unless otherwise specified by the Employee, a change in beneficiary will take effect on the date the notice of change is signed. We will not be liable for any action taken before notice is received and recorded at the Home Office.

Claim Review

If a claim is denied, the Employee will be given written notice of:

- The reason for the denial,
- The Plan provision that supports the denial, and
- His right to ask for a review of the claim.

Appeals Procedure

No later than 60 days after notice of denial of a claim--the Employee, the Claimant, or an authorized representative of either must appeal any denial of benefits under the Plan by sending a written request for review of the denial to our Home Office.

Legal Action

The Employee may not take Legal Action against us for benefits under this Plan:

- Within 60 days after he has sent us written Proof of Loss, or
- After the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be given.

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SECTION VII - GENERAL PROVISIONS

Entire Contract Changes

This insurance is provided under a contract of Group Accidental Injury Insurance with the Policyholder. The Entire Contract of Insurance is made up of:

- The Policy;
- The Certificates of Insurance;
- The Application of the Policyholder, a copy of which is attached to and made part of the Policy when issued; and
- Any Riders, Endorsements, or Amendments to the Policy or Certificate.

All statements (excluding fraudulent ones) that the Policyholder or an Insured has made in the Application will be considered representations, not warranties. The Company will not void insurance or reduce benefits as a result of statements made on the Application without sending Application copies.

Changes to the Plan:

- Will not be valid unless approved in writing by an officer of the Company,
- Must be noted on or attached to the Contract, and
- May not be made by any insurance agent or producer (nor can an agent or producer waive any Plan provisions).

Misstatement of Age

If an age has been misstated on the Application, the benefits will be those that the paid premium would have purchased at the correct age.

Successor Insured

If an Employee dies while covered under his Certificate and his Spouse is also insured under this Plan at the time of the Employee's death, then his surviving Spouse may elect to become the Primary Insured. This would include continuation of any Dependent Child Rider coverage that is in force at that time.

To become the Primary Insured and keep coverage in force, the surviving Spouse must:

- Notify the Company in writing within 45 days after the date of the Employee's death; and
- Pay the required premium to the Company no later than 45 days after the date of the Employee's death, and on each premium due date thereafter.

If the Certificate does not cover a surviving Spouse, the Certificate will terminate on the next premium due date following the Employee's death.

Time Limit on Certain Defenses

After two years from the Employee's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Employee's Application. This does not apply to fraudulent misstatements.

Clerical Error

Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error, the Company will make a premium adjustment.

Individual Certificates

The Company will make available to the Policyholder a Certificate for Employees. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, and
- The rights and privileges under the Plan.

Required Information

The Policyholder will be responsible for furnishing all information and proofs that the Company may reasonably require with regard to the Plan.

Conformity with State Statutes

This Plan was issued on its Effective Date in the state noted on the Master Application. Any Plan provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.

BENEFIT SCHEDULE

Initial Treatment Category - Custom

	Primary Insured	Spouse	Child
Initial Treatment Benefit			
<i>Hospital emergency room without X-Ray</i>	\$350.00	\$350.00	\$350.00
<i>Urgent Care facility without X-Ray</i>	\$300.00	\$300.00	\$300.00
<i>Office or facility (other than a Hospital emergency room or Urgent Care) without X-Ray</i>	\$200.00	\$200.00	\$200.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Traumatic Brain Injury Benefit			
	\$5,000.00	\$5,000.00	\$5,000.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Burns Benefit			
<i>Second Degree</i>			
Less than 10%	\$100.00	\$100.00	\$100.00
At least 10% but less than 25%	\$250.00	\$250.00	\$250.00
At least 25% but less than 35%	\$600.00	\$600.00	\$600.00
35% or more	\$1,250.00	\$1,250.00	\$1,250.00
<i>Third Degree</i>			
Less than 10%	\$1,250.00	\$1,250.00	\$1,250.00
At least 10% but less than 25%	\$6,000.00	\$6,000.00	\$6,000.00
At least 25% but less than 35%	\$10,000.00	\$10,000.00	\$10,000.00
35% or more	\$22,500.00	\$22,500.00	\$22,500.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Dislocation Benefit			
Hip	\$6,000.00	\$6,000.00	\$6,000.00
Knee (not knee cap)	\$3,500.00	\$3,500.00	\$3,500.00
Shoulder	\$3,000.00	\$3,000.00	\$3,000.00
Foot/ankle	\$2,000.00	\$2,000.00	\$2,000.00
Hand	\$1,500.00	\$1,500.00	\$1,500.00
Lower jaw	\$1,000.00	\$1,000.00	\$1,000.00
Wrist	\$1,000.00	\$1,000.00	\$1,000.00
Elbow	\$1,000.00	\$1,000.00	\$1,000.00
Finger/toe	\$250.00	\$250.00	\$250.00
Laceration Benefit			
Over 15 centimeters	\$750.00	\$750.00	\$750.00
5 to 15 centimeters	\$500.00	\$500.00	\$500.00
Under 5 centimeters	\$100.00	\$100.00	\$100.00
Lacerations not requiring stitches	\$50.00	\$50.00	\$50.00
Fracture Benefit			
Hip/thigh	\$7,500.00	\$7,500.00	\$7,500.00
Vertebrae	\$6,500.00	\$6,500.00	\$6,500.00
Pelvis	\$6,000.00	\$6,000.00	\$6,000.00
Skull (depressed)	\$4,500.00	\$4,500.00	\$4,500.00
Skull (simple)	\$1,500.00	\$1,500.00	\$1,500.00
Leg	\$4,500.00	\$4,500.00	\$4,500.00
Foot/ankle/knee cap	\$3,000.00	\$3,000.00	\$3,000.00
Forearm/hand/wrist	\$2,750.00	\$2,750.00	\$2,750.00
Lower jaw	\$3,000.00	\$3,000.00	\$3,000.00
Shoulder blade/collar bone	\$3,000.00	\$3,000.00	\$3,000.00
Upper arm/upper jaw	\$1,500.00	\$1,500.00	\$1,500.00
Facial bones (except teeth)	\$1,500.00	\$1,500.00	\$1,500.00
Vertebral processes	\$1,000.00	\$1,000.00	\$1,000.00
Coccyx/rib/finger/toe	\$350.00	\$350.00	\$350.00
Sternum	\$6,500.00	\$6,500.00	\$6,500.00
Sacral/Sacrum	\$1,000.00	\$1,000.00	\$1,000.00

Hospitalization Category - Custom

	Primary Insured	Spouse	Child
Hospital Admission Benefit	\$1,200.00	\$1,200.00	\$1,200.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Hospital Confinement Benefit	\$300.00/day	\$300.00/day	\$300.00/day
<i>Maximum Benefit Period: 365 days</i>			
Hospital Intensive Care Benefit	\$400.00/day	\$400.00/day	\$400.00/day
<i>Maximum Benefit Period: 30 days</i>			
Intermediate Intensive Care Step-Down Unit Benefit	\$250.00/day	\$250.00/day	\$250.00/day
<i>Maximum Benefit Period: 30 days</i>			

Life Change Events Category - Custom

	Primary Insured	Spouse	Child
Dismemberment Benefit			
<i>Loss of hand, foot, or sight</i>			
Single loss	\$10,000.00	\$5,000.00	\$2,500.00
Double loss	\$20,000.00	\$10,000.00	\$5,000.00
Loss of one or more fingers or toes	\$1,500.00	\$750.00	\$350.00
Partial amputation of finger or toe	\$200.00	\$200.00	\$200.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Paralysis			
Four limbs (quadriplegia)	\$10,000.00	\$10,000.00	\$10,000.00
Two limbs (paraplegia)	\$5,000.00	\$5,000.00	\$5,000.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Prosthesis Benefit			
Single	\$3,000.00	\$3,000.00	\$3,000.00
Multiple	\$6,000.00	\$6,000.00	\$6,000.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1	1	1
Residence/Vehicle Modification Benefit	\$2,500.00		\$2,500.00
<i>Maximum number of payments per Covered Accident, per Insured</i>	1		1



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina

800.433.3036

The telephone number above is provided for making inquiries, obtaining information regarding coverage, and assistance in resolving complaints.

Amendment to Policy and Certificate of Insurance for Group Accidental Injury

This Amendment is subject to all of the provisions of the Policy and Certificate to which it is attached. Additions or changes have been made to the Policy and Certificate and are indicated below.

EFFECTIVE DATE

If issued at the same time as the Certificate, this Amendment becomes effective at the same time as the Certificate. If issued after the Certificate, this Amendment will have a later Effective Date.

The Termination of Your Insurance provision is deleted and replaced with the following:

Termination of Your Insurance

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 45th day after the premium due date (the last day of the Grace Period), if the premium has not been paid.

If an Insured's coverage terminates, we will provide benefits for valid claims that arose while his coverage was active. If the Company accepts premium beyond a date, age, or event specified for termination, coverage shall continue during the period for which premiums was accepted.

The Company will give the Policyholder 45 days' written notice prior to policy termination.

The definition of Dependent Child or Dependent Children is deleted and replaced with the following:

Dependent Child or Dependent Children means your or your Spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. Coverage may be provided for the children of custodial and non-custodial parents. However, we will continue coverage for Dependent Children insured under the Plan after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. You or your Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

The insurance on any Dependent Child will terminate on the last day of the month in which the Dependent Child turns age 26; it is your responsibility to notify us in writing when coverage on a Dependent Child terminates. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under this Plan. When coverage on all Dependent Children terminates, you must notify the Company, in writing, and elect whether to continue this Plan on an Employee or Employee and Spouse Coverage basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium.

Children Placed for Adoption

"Placement, or being placed, for adoption" means the assumption and retention of a legal obligation for total or partial support of a child by a person with whom the child has been placed in anticipation of the child's adoption. The child's placement for adoption with the person terminates upon the termination of the legal obligation."

CONTRACT

This Amendment is part of the Policy and Certificate and will terminate when the Policy or Certificate terminates.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary

