



Georgia®

Department of
Administrative Services



Aflac Group Critical Illness and Accident Insurance

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To enroll go to www.GaBreeze.ga.gov or by calling the GaBreeze Call Center at 1-877-342-7339.

GROUP CRITICAL ILLNESS INSURANCE PLAN

A critical illness plan helps prepare you for the added costs of battling a critical illness.

The good news is that many people with critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that may pile up.

FEATURES

- ▶ **Lump Sum Benefits payable upon initial diagnosis of a covered critical illness.**
- ▶ **Employee and spouse benefit amounts available from \$5,000 to \$50,000.**
- ▶ **Dependent child benefits** Each Dependent Child is covered at 50% of the primary insured amount at no additional charge. Additional benefits for Dependent Children rider is available and includes benefits for Cystic Fibrosis / Cerebral Palsy / Cleft Lip or Cleft Palate / Down Syndrome / Spina Bifida.
- ▶ **Coverage is portable, with certain stipulations. That means you can take it with you if you change jobs or retire.**
- ▶ **Waiver of Premium Benefit** if a covered critical illness causes an insured to be totally disabled for 90 days, we will waive the premium payments for this coverage for the first 90 days of total disability.

GUARANTEED-ISSUE

NO HEALTH QUESTIONS ASKED!

- ▶ **EMPLOYEE** Up to \$30,000
- ▶ **SPOUSE** Up to \$30,000

Notice: You should have comprehensive health coverage before purchasing this type of coverage.

PLAN BENEFITS

FIRST OCCURRENCE BENEFIT

A lump sum benefit is payable upon initial diagnosis of a covered critical illness.

ADDITIONAL OCCURRENCE BENEFIT

If you collect full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay 50% of the benefit amount for each additional illness. Occurrences must be separated by at least 12 months and not caused by or contributed to by a critical illness for which benefits have been paid.

RE-OCCURRENCE BENEFIT

If you collect full benefits for a covered critical illness and are later diagnosed with the same condition, we will pay 50% of the benefit again. The two dates of diagnosis must be separated by at least 12 months or 12 months treatment free for Cancer. Cancer that has spread (metastasized), even though there is a new tumor, will not be considered an additional occurrence unless you have been treatment free for 12 months.

\$100 HEALTH SCREENING BENEFIT

An insured (employee/spouse) may receive a maximum of \$100 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. This benefit is only payable for health Screening Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest x-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL

ADDITIONAL BENEFITS FOR DEPENDENT CHILDREN RIDER

Cystic Fibrosis	100% of applicable Face Amount
Cerebral Palsy	100% of applicable Face Amount
Cleft Lip or Cleft Palate	100% of applicable Face Amount
Down Syndrome	100% of applicable Face Amount
Spina Bifida	100% of applicable Face Amount

COVERED CRITICAL ILLNESSES*

	PERCENTAGE OF FACE AMOUNT
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
MAJOR ORGAN TRANSPLANT	100%
END-STAGE RENAL FAILURE	100%
COMA	100%
PARALYSIS	100%
SEVERE BURNS	100%
LOSS OF SIGHT/HEARING/SPEECH	100%
ALZHEIMER'S DISEASE	25%
CARCINOMA IN SITU	25%
CORONARY ARTERY BYPASS SURGERY	25%

NOTE: For Coronary Artery Bypass Surgery payment of this partial benefit will reduce the heart attack benefit by 25%. For Carcinoma in situ payment of this partial benefit will reduce the cancer benefit by 25%.

Benefits for Coma, Paralysis, Severe Burns, Loss of Sight, Hearing, Speech, and Alzheimer's Disease are found in the Specified Critical Illness Rider.

*All covered conditions are subject to the definitions found in your certificate.

GROUP ACCIDENT INSURANCE PLAN

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

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

- Ambulance rides
- Crutches
- Stitches
- Wheelchairs
- Surgery and anesthesia
- Casts
- Emergency room visits
- Bandages

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

FEATURES

- ▶ **24-Hour coverage.**
- ▶ **Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).**
- ▶ **Pays regardless of any other insurance plans you may have.**
- ▶ **No limit on the number of claims.**
- ▶ **Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.**

HOSPITAL BENEFITS EMPLOYEE//SPOUSE//CHILD

HOSPITAL ADMISSION We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident (for at least 24 hours within six months of the date of the accident). We will pay this benefit once per calendar year, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient surgery or treatment.	\$1,000
HOSPITAL CONFINEMENT [per day] We will provide this benefit on the first day of hospital confinement for up to 365 days per Covered Accident when an insured is confined to a hospital due to a Covered Accident. Hospital confinement must begin for at least 24 hours within 90 days from the date of the accident. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room Treatment or outpatient surgery or Treatment.	\$250
HOSPITAL INTENSIVE CARE [per day] This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.	\$500
MEDICAL FEES [for each accident] If an insured is injured in a Covered Accident and receives treatment up to one year after the accident, we will pay up to the applicable amount for doctor services and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 72 hours after the accident.	\$200

MAJOR INJURIES EMPLOYEE//SPOUSE//CHILD

FRACTURES (closed reduction):

Hip/Thigh
 Vertebrae (except processes)
 Pelvis
 Skull (depressed)
 Leg
 Forearm/Hand/Wrist
 Foot/Ankle/Knee Cap
 Shoulder Blade/Collar Bone
 Lower Jaw (mandible)
 Skull (simple)
 Upper Arm/Upper Jaw
 Facial Bones (except teeth)
 Vertebral Processes
 Coccyx/Rib/Finger/Toe

DISLOCATIONS (closed reduction):

Hip
 Knee (not knee cap)
 Shoulder
 Foot/Ankle
 Hand
 Lower Jaw
 Wrist
 Elbow
 Finger/Toe

Open reduction is paid at 150% of closed reduction.

Multiple fractures or dislocations will be paid the appropriate amount for each fracture or dislocation. However, we will pay no more than 150% of the benefit amount for the bone fractured or the dislocated joint which has the highest dollar amount.

Chip fractures are paid at 10% of the fracture benefit.

Partial dislocations are paid at 25% of the dislocation benefit.

A fracture is a break in the bone which can be seen by X-ray. If you fracture a bone in a covered accident, and it is diagnosed and treated by a doctor, we will pay the appropriate amount shown.

Dislocation means a completely separated joint. If you dislocate a joint 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.

\$4,500
 \$4,050
 \$3,600
 \$3,375
 \$2,700
 \$2,250
 \$2,250
 \$1,800
 \$1,800
 \$1,575
 \$1,575
 \$1,350
 \$900
 \$360

\$4,050
 \$2,925
 \$2,250
 \$1,800
 \$1,575
 \$1,350
 \$1,125
 \$900
 \$360

SINGLE DISMEMBERMENT

\$6,250

DOUBLE DISMEMBERMENT

\$25,000

LOSS OF ONE OR MORE FINGERS OR TOES

\$1,250

PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)

\$100

Accidental Injury or Injuries means bodily Injury or Injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of Covered Accident.

Covered Accident means an unforeseen and unexpected traumatic event resulting in bodily Injury. An event meets the qualifications of Covered Accident if it: occurs on or after the Plan's Effective Date; occurs while coverage is in force; and is not specifically excluded.

\$1,000 GUNSHOT WOUND BENEFIT EMPLOYEE ONLY

We will pay this benefit if you receive a gunshot wound in a Covered Accident, if You did not intentionally shoot yourself, and the gunshot wound does not cause you to die.

We will pay the amount shown in the Benefit Schedule once per Covered Accident if the gunshot wound is caused by a shot from a Conventional Firearm, the gunshot wound requires treatment by a Doctor within 24 hours after the Covered Accident, and the gunshot wound requires you to be admitted to a hospital.

If you are shot more than once in a 24-hour period, we will pay benefits only for the first wound.

If, within 90 days, you lose a finger/toe, a hand/foot, or the sight of an eye or eyes, or die as the result of the same Covered Accident, we will pay only one benefit. We will pay the largest applicable benefit.

If you receive a fracture or a dislocation as the result of the same Covered Accident, we will pay the amount shown plus one-half of the Fracture Benefit or the Dislocation Benefit shown for the bone or joint involved. However, we will not pay more than \$1,500 for each Covered Accident.

The Gunshot Wound Benefit is not available for your Spouse and/or Dependent Children.

GROUP ACCIDENT INSURANCE PLAN

ACCIDENT BENEFITS EMPLOYEE//SPOUSE//CHILD

<p>ACCIDENT FOLLOW-UP TREATMENT We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, the insured must receive doctor-prescribed follow-up treatment, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.</p>	\$35
<p>AMBULANCE AIR AMBULANCE If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.</p>	\$200 \$1,500
<p>APPLIANCES We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.</p>	\$100
<p>BLOOD/PLASMA If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.</p>	\$200
<p>BURNS (treatment within 72 hours and based on percent of body surface burned): Second-Degree Burns Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more</p> <p>Third-Degree Burns Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more First-degree burns are not covered.</p>	\$100 \$200 \$500 \$1,000 \$500 \$3,000 \$7,000 \$10,000
<p>CATASTROPHIC ACCIDENT We will provide this benefit due to an accidental injury that results in the loss and irrecoverable use of sight (in both eyes), hearing (in both ears), speech, arms or legs. Benefit reduces by 50% at age 65. Benefit payable after 365 day elimination period.</p>	\$100,000
<p>COMA (a state of profound unconsciousness lasting more than 30 days)</p>	\$10,000
<p>CONCUSSION A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably.) Must be diagnosed by a doctor.</p>	\$200
<p>EMERGENCY DENTAL WORK (to sound natural teeth per accident) Repaired with crown Resulting in extraction</p>	\$150 \$50
<p>EYE INJURIES Treatment and surgical repair within 90 days Removal of foreign body</p>	\$250 \$50
<p>EXPLORATORY SURGERY without repair (i.e., arthroscopy)</p>	\$250
<p>FAMILY LODGING BENEFIT (per night) If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.</p>	\$100
<p>INTERNAL INJURIES (resulting in open abdominal or thoracic surgery)</p>	\$1,000

ACCIDENT BENEFITS

EMPLOYEE//SPOUSE//CHILD

<p>LACERATIONS (treatment and repair within 72 hours): Under 2" long 2" to 5" long Lacerations not requiring stitches Multiple Lacerations: We will pay for the largest single laceration requiring stitches.</p>	<p>\$50 \$200 \$25</p>
<p>MAJOR DIAGNOSTIC EXAMS BENEFIT We will pay the amount shown in the Benefit Schedule if, because of Injuries sustained in a Covered Accident, the Insured requires one of the following exams, and a charge is incurred: computerized tomography (CT scan); computerized axial tomography (CAT); magnetic resonance imaging (MRI); electroencephalography (EEG). These exams must be performed in a Hospital or a Doctor's office. This benefit is limited to one payment per Covered Accident.</p>	<p>\$200</p>
<p>PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days) Quadriplegia Paraplegia</p>	<p>\$10,000 \$5,000</p>
<p>PHYSICAL THERAPY We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the Covered Accident or discharge from the hospital. Treatment must take place within six months after the accident and be prescribed by a doctor. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.</p>	<p>\$50</p>
<p>PROSTHESIS If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.</p>	<p>\$500</p>
<p>REHABILITATION UNIT BENEFIT (per day) We will pay the appropriate amount shown for injuries received in a Covered Accident if the Insured is admitted for a Hospital Confinement, is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment, and incurs a charge. This benefit is limited to 30 days for each Insured per period of Hospital confinement. This benefit is also limited to a Calendar Year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.</p>	<p>\$150</p>
<p>RUPTURED DISC (treatment within 60 days; surgical repair within one year) Injury occurring during first certificate year Injury occurring after first certificate year</p>	<p>\$100 \$400</p>
<p>TRANSPORTATION If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.</p>	<p>(train/plane) \$300 (bus) \$150</p>
<p>TENDONS/LIGAMENTS (within 60 days; surgical repair within 90 days) If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number of tendons or ligaments repaired. We will only pay one benefit.</p>	<p>\$400</p>
<p>TORN KNEE CARTILAGE (treatment within 60 days; surgical repair within one year) Injury occurring during first certificate year Injury occurring after first certificate year</p>	<p>\$100 \$400</p>
<p>WELLNESS BENEFIT (per 12-month period) After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.</p>	<p>\$60</p>

LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

GROUP CRITICAL ILLNESS

Notice: You should have comprehensive health coverage before purchasing this type of coverage.

If you are eligible for Medicare, review the Guide To Health Insurance For People with Medicare.

The date of diagnosis of a Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 12 months and it is not caused by or contributed to by a Critical Illness for which benefits have been paid. The date of diagnosis of a Critical Illness must be separated from the date of diagnosis of a subsequent same Critical Illness by at least 12 months, or at least 12 months Treatment Free for Cancer. Cancer that has spread (metastasized) even though there is a new tumor will not be considered an additional occurrence unless the Insured has been Treatment Free for at least 12 months.

The applicable benefit amount will be paid if the date of diagnosis occurs while the Insured's coverage is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to: 1. Intentionally self-inflicted injury or action; 2. Suicide or attempted suicide while sane or insane; 3. Illegal activities or participation in an illegal occupation; 4. War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of civil belligerence; 5. Substance abuse. 6. Diagnosis must be made in the United States.

Definitions

Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are non-invasive such as: 1. Pre-malignant tumors or polyps; 2. Carcinoma in Situ; 3. Any skin Cancers except melanomas; 4. Basal cell carcinoma and squamous cell carcinoma of the skin; and 5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways: 1. Pathological Diagnosis - A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Certified Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology. 2. Clinical Diagnosis - A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms. We will pay benefits for a Clinical Diagnosis only if: 1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and 2. there is medical evidence to support the diagnosis; and 3. a doctor is treating an Insured for Cancer and/or Carcinoma in Situ.

Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria: 1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which first manifested on or after

an Insured's Effective Date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela following an initial diagnosis. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Renal Failure (Kidney Failure) means the end stage Renal Failure presenting as chronic, irreversible failure of both of your kidneys to function. The kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal Failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery – undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.

Major Organ Transplant – Having a Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Insured means an employee of the State of Georgia.

Spouse is the Insured's legal wife or husband. The coverage amount available to the Insured's spouse will be equal to or less than, but not in excess of, the Insured's benefit amount.

Dependent Children – means the employee's natural children, step children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Natural Children born after the effective date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

However, if any Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

Actively at Work-to be considered "actively at work" an insured must perform for a full normal workday the regular duties of his employment at the regular place of business of his employer or at a location to which he may be required to travel to perform the regular duties of his employment.

Date of Diagnosis - The date of diagnosis is: 1. For Cancer and or/or Carcinoma in Situ: The day the tissue specimen, blood samples and /or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based. This includes recurrence of a previously diagnosed cancer provided the Insured is free of any signs or symptoms and is treatment free for that cancer for 12 consecutive months. 2. For Heart Attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition. 3. For Stroke: The date a Stroke occurred based on documented neurological deficits and neuro-imaging studies. 4. For end stage Renal Failure: The date that your doctor recommends that you begin renal dialysis. 5. For Major Organ Transplant surgery or Coronary Artery Bypass Surgery: The date the surgery occurs for covered transplants or covered Coronary Artery Bypass Surgery.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Treatment Free means a period of time without the consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs

and medicines. For the purpose of this definition "treatment" does not include maintenance drug therapy or routine follow-up visits to verify if cancer or carcinoma in situ has returned.

SPECIFIED CRITICAL ILLNESS RIDER

Date of Diagnosis is defined for each Specified Critical Illness as follows:

- Advanced Alzheimer's Disease – The date a Doctor Diagnoses you as incapacitated due to Alzheimer's disease.
- Coma: The first day of the period for which a Doctor confirms a Coma has lasted for 7 consecutive days.
- Loss of Sight, Speech, or Hearing: The date the loss is objectively determined by a Doctor to be total and irreversible.
- Paralysis: The date a Doctor establishes the Diagnosis of Paralysis on clinical and/or laboratory findings as supported by medical records (based on the Paralysis definition).
- Severe Burn: The date the burn takes place.

Specified Critical Illness is one of the illnesses defined below and shown in the Rider Schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the Insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is Diagnosed by a psychiatrist or neurologist as Alzheimer's Disease. To be incapacitated due to Alzheimer's Disease, the Insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Coma means a state of unconsciousness for 7 consecutive days with:

- No reaction to external stimuli,
- No reaction to internal needs, and
- The use of life support systems.

Loss of Sight, Speech, or Hearing

- Loss of Sight means the total and irreversible loss of all sight in both eyes.
- Loss of Speech means the total and permanent loss of the ability to speak.
- Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of Hearing does not include hearing loss that can be corrected by the use of a hearing aid or device.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs as a result of a Covered Accident or disease. This must be supported by neurological evidence.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a Doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.

EXCLUSIONS

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

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

ADDITIONAL BENEFITS FOR DEPENDENT CHILDREN RIDER

Specified Critical Illness is one of the following illnesses defined below and shown in the Rider Schedule:

Cystic Fibrosis is a hereditary chronic disease of the exocrine glands. This disease is characterized by the production of viscid mucus that obstructs the pancreatic ducts and bronchi, leading to infection and fibrosis.

Cerebral Palsy is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral Palsy can be characterized by stiffness and movement difficulties, involuntary and uncontrolled movements, or a disturbed sense.

- Spastic Cerebral Palsy is characterized by stiffness and movement difficulties.
- Athetoid Cerebral Palsy is characterized by involuntary and uncontrolled movements.
- Ataxic Cerebral Palsy is characterized by a disturbed sense of balance and depth perception.

Cleft Lip occurs when there is an opening (one or two vertical fissures) in the lip. A Cleft Palate occurs when the two sides of a palate do not join, resulting in an opening in the roof of the mouth or soft tissue in the back of the mouth. Sometimes, an opening in the bones of the upper jaw or upper gum accompanies a Cleft Palate.

A Cleft Lip or Palate can occur on one or both sides of the face. If a Child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

Down Syndrome is a chromosomal condition characterized by the presence of an extra copy of genetic material on the 21st chromosome, either in whole or part.

Spina Bifida refers to any birth defect involving incomplete closure of the spine. This includes:

- Spina Bifida Cystica, which is a condition where a cyst protrudes through the defect in the vertebral arch.
- Spina Bifida Occulta, which is a condition where the bones of the spine do not close, but the spinal cord and meninges remain in place. Skin usually covers the defect.
- Meningocele, which is a condition where the tissue covering the spinal cord sticks out of the spinal defect, but the spinal cord remains in place.
- Myelomeningocele, which is a condition where the unfused portion of the spinal column allows the spinal cord to protrude through an opening. The meningeal membranes that cover the spinal cord form a sac enclosing the spinal elements.

EXCLUSIONS

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

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

YOU MAY CONTINUE YOUR COVER AGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

GROUP ACCIDENT

We will not pay benefits for Injury, Total Disability, or death contributed to, caused by, or resulting from: War – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by his Certificate when the Insured is in such service; 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 any related medical/surgical Treatment or diagnostic procedures for such illness; Self-Inflicted

Injuries – injuring or attempting to injure yourself intentionally; Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.); Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job; Sports – participating in any professional or semi-professional organized sport; 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.

CATASTROPHIC ACCIDENT RIDER EXCLUSIONS AND DEFINITIONS

The Catastrophic Accident benefit will be payable once per lifetime for each insured in this plan.

In addition to the exclusions listed in the Exclusion provision of the plan, we will also not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of any insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

DEFINITIONS

Catastrophic Accident Elimination Period is the period of days after the date of a Covered Accident for which no

benefits are payable under this rider. This period of days is shown on the Rider Schedule.

Catastrophic Loss refers to an injury from a Covered Accident that causes total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss of use of one arm and one leg; or
- Loss of sight of both eyes; or
- Loss of hearing in both ears; or
- Loss of the ability to speak.

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Note:

- The loss of use of an arm means the functional loss of the entire arm from the shoulder to the hand.
- The loss of use of a leg means the functional loss of the entire leg from the hip to the foot.
- The loss of sight means both eyes are totally blind and that no sight can be restored.
- The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid, or device.
- The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

Group Accident and Critical Illness insurance is underwritten by Continental American Insurance Company (CAIC) is a wholly-owned subsidiary of Aflac Incorporated. CAIC underwrites group coverage but is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

This brochure is a brief description of coverage, not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CAI2800GA 9/09 and CAI78DAS00GA.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

To enroll go to
www.GaBreeze.ga.gov
or by calling the
GaBreeze Call Center at
1-877-342-7339.

