



Thank you for choosing Continental American Insurance Company

1.800.433.3036

www.aflacgroupinsurance.com

Your Group Policy Number is:

0000013215

Product:

Hospital Indemnity

Your Policy is Effective :

01/01/2013

Your State of Issue is:

Georgia



DEKALB COUNTY (GA)
1300 COMMERCE DR
DECATUR GA 30030-3222



July 10, 2026

DEKALB COUNTY (GA)
1300 COMMERCE DR
DECATUR GA 30030-3222

**Re: Your DEKALB COUNTY (GA) Group Hospital Indemnity Coverage
Policy No.: 0000013215**

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

Please call the toll-free number above with any questions about this coverage.

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 31 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 31-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.

CONTRACT

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

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

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

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

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

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Please call the toll-free number above with any questions about this coverage.

Group Supplemental Hospital Indemnity Policy

THIS LIMITED PLAN PROVIDES SUPPLEMENTAL BENEFITS ONLY. IT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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 Supplemental Hospital Indemnity 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. 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 material printed by the Company on the following pages is part of the Plan. This Plan is delivered in and 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,

A handwritten signature in black ink that reads "Virgil R. Miller".

Virgil R. Miller, President

A handwritten signature in black ink that reads "J. Matthew Loudermilk".

J. Matthew Loudermilk, Secretary

Group Supplemental Hospital Indemnity 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

Eligibility

An Employee is eligible to be covered under this Plan if they are included in the class that is eligible for coverage, as shown on the Master Application.

If this coverage is offered to members of a union, references to "Employee" throughout the Plan documents shall be considered to refer to union members.

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

- **Employee Coverage** - We insure only the Employee.
- **Employee and Spouse Coverage** - We insure the Employee and Spouse (as defined in the applicable rider).
- **Employee and Children Coverage** - We insure the Employee and any Dependent Children (as defined in the applicable rider).
- **Family Coverage** - We insure the Employee, Spouse, and any Dependent Children (as defined in the applicable rider).

We will not insure anyone specifically excluded from coverage by Endorsement to the Certificate or by application, even if that person would otherwise be eligible for coverage.

Details for adding Insureds to Plan coverage are outlined in the Effective Date section.

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. The Employee must enroll within 31 days of the date they first become eligible for coverage. *The first premium must have been paid for coverage to become effective.*

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

- The date shown on the Certificate Schedule.

If Employee and Spouse, Employee and Children, or Family Coverage is offered:

- A Dependent may be added to the Plan after the Employee's Effective Date within 31 days of a Life Event or during an approved enrollment period. Dependent coverage will begin on the first of the month following the Life Event if notice was provided within 31 days after the Life Event.
- If Dependent Child Rider coverage is **already in force**, no additional notice or premium is required to add another Dependent Child.
- If Dependent Spouse Rider or Dependent Child Rider coverage is **not** in force, the Employee must complete an Application to add a Dependent to the Plan. The Company will assign a Dependent Rider 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.
- If Dependent Child Rider 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 date of decree of adoption, for 60 days. To extend coverage beyond 60 days with no gap in coverage, the Employee must contact the Company within the 60-day time period following the child's birth or adoption. No premium is due for the first 60 days of newborn/newly adopted coverage.

A day begins at 12:01 a.m. standard time at the Employee's place of residence.

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 Policyholder fails to perform any of the obligations that relate to the contract 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.
- At any time after the end of the first premium year.

To do this, the Company must provide at least 31 days written notice to the Policyholder. The written notice requirement does not apply to cancellations for nonpayment of premiums.

The **Policyholder** has the right to cancel the Plan on any premium due date.

- To do this, the Policyholder must give the Company at least 31 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 accepts 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.

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.
- The date the Employee no longer belongs to an eligible class.

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

Portability Privilege

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

To keep their coverage in force, the Employee must:

- Notify the Company within 31 days after the date their coverage would otherwise terminate. They may notify us by sending written notice to P.O. Box 84078, Columbus, GA 31993-9102 or by calling the Customer Service number at 800.433.3036, and
- Pay the required premium directly to the Company no later than 31 days after the date their coverage would otherwise terminate and on each premium due date thereafter.

The Employee's ported coverage will end on the earliest of the following dates:

- 31 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 Plan is terminated.

If the Employee qualifies for this Portability Privilege, then the Company will apply the same Benefits, Premium Rate, and Plan Provisions as shown in their 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 by check to P.O. Box 641629, Pittsburgh, PA 15264-1629, by ACH, or by a third-party administrator or bill pay facilitator. The Policyholder or

the Policyholder's designated facilitator are solely responsible for making payroll deductions, collecting premium, managing premium, reimbursing Certificateholders, as applicable, and managing any associated tax filings or withholdings. The first premiums are due in the month following 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 31-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.

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. 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 means an Employee is currently performing, in the usual manner, all the customary duties of their job on a day that is one of their scheduled workdays for wage or profit. This performance of duties must be done at:

- The Employee's usual place of employment;
- The Policyholder's place of business;
- An alternate place approved by the Policyholder; or
- A place to which the Policyholder's business requires them to travel.

The Employee will be deemed to be Actively at Work during weekends or Policyholder-approved vacations, holidays, or business closures if they were Actively at Work on the last scheduled workday preceding such time off.

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.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital or Hospital Intensive Care Unit on the advice of a Doctor.

Dependent means an Employee's Spouse or Dependent Children, as defined in the applicable rider, who have been accepted for coverage.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of their 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.

Domestic Partner is a person of either gender who is in a legally recognized and registered domestic partnership, reciprocal beneficiary relationship, or similar relationship with the Employee, who is listed on the Employee's Application. The term "Spouse," wherever used, will also refer to Domestic Partner.

Domestic Partner is a person of either gender who is in a legally recognized and registered domestic partnership, reciprocal beneficiary relationship, or similar relationship with the Employee, who is listed on the Employee's Application. The term "Spouse," wherever used, will also refer to Domestic Partner.

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 not meeting the definition of Hospital as defined in this Plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A Rehabilitation Facility,
- A facility for the Treatment of alcoholism or drug addiction, or
- An assisted living facility.

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 not meeting the definition of Hospital Intensive Care Unit as defined in this Plan, including but not limited to private monitored rooms, surgical recovery rooms, Observation Units, and the following step-down units:

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

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 the Employee to make changes to benefits at times other than their enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

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

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

Related Accidental Injury or Sickness or Related Condition is one that is in correlation to, or occurs as a result of, the initial Accidental Injury or Sickness, and would not otherwise have been sustained if that initial condition had not occurred.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury. A **Covered Sickness** is one that is not excluded by name, specific description, or any other provision in this Plan. For a benefit to be payable, loss arising from the Covered Sickness must occur while the applicable Insured's coverage is in force.

Spouse is the Employee's legal wife or husband, including a legally-recognized same-sex Spouse.

Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Diagnosis must be made, and Treatment must be received in the United States or its territories.

SECTION IV – BENEFIT PROVISIONS

HOSPITALIZATION CATEGORY

Hospital Admission Benefit

We will pay this benefit when an Insured is admitted to a Hospital and Confined because of a Covered Accidental Injury or Covered Sickness. To be eligible to receive this benefit for Accidental Injuries resulting from a Covered Accident, an Insured must be admitted to a Hospital within six 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 for emergency room Treatment or outpatient Treatment. We will not pay benefits for Hospital Admission of a newborn child following his birth. However, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, they are Confined as a result of a Covered Accidental Injury or Covered Sickness (including congenital defects, birth abnormalities, and/or premature birth).

We will pay this benefit once per period of Hospital Confinement. We will only pay this benefit 1 time for each Covered Accident or Covered Sickness per Calendar Year. If an Insured is Confined to the Hospital because of the same or Related Accidental Injury or Sickness, we will not pay this benefit again in the same Calendar Year.

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 or Covered Sickness. To be eligible to receive this benefit for Accidental Injuries resulting from a Covered Accident, the Insured must be Confined to a Hospital within six 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 resulting from Covered Sicknesses or

from Covered Accidental Injuries received in the same Covered Accident.

If we pay benefits for Confinement and the Insured becomes Confined again within six months because of the same or a Related Condition, 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, more than one Covered Sickness, or a Covered Accidental Injury and a Covered Sickness.

Hospital Intensive Care Benefit

If an Insured is Confined in a Hospital Intensive Care Unit because of a Covered Accidental Injury or Covered Sickness, we will pay the daily benefit amount shown in the Benefit Schedule. To be eligible to receive this benefit for Accidental Injuries resulting from a Covered Accident, an Insured must be admitted to a Hospital Intensive Care Unit within six 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, more than one Covered Sickness, or a Covered Accidental Injury and a Covered Sickness.

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 six months because of the same or a Related Condition, we will treat this Confinement as the same period of Confinement.

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

SECTION V – EXCLUSIONS

Exclusions

We will not pay for loss due to:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the Certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony, or 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.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy or, tubal ligation.
- **Elective Abortion** – the termination of a pregnancy at the request of the pregnant individual for non-medical reasons or complications arising from such procedure.
- Dental Services or Treatment.
- **Cosmetic Surgery**, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness or is related to or results from a congenital disease or anomaly of a covered Dependent Child.
 - Congenital defects in newborns.

SECTION VI – CLAIM PROVISIONS

Notice of Claim

Written Notice of Claim must be given to us:

- Within 60 days after the Covered Accidental Injury or Covered Sickness, 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 10 working 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, Georgia, 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, Georgia, 31993-9103

Proof of Loss must be given to us within 90 days of the Covered Accidental Injury or Covered Sickness. 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 and three months after the Covered Accidental Injury or Covered Sickness, except in the absence of the Claimant's legal mental capacity.

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. After receiving the appropriate information, we will pay, deny, or settle all clean claims* within 15 working days for electronic claims and 30 calendar days for paper claims. If payment is not made within the time prescribed above, the Claimant is entitled to interest at the rate prescribed by law.

*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 Policyholder.

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
- The Employee's right to ask for a review of the claim.

Appeals Procedure

Before filing any lawsuit—and 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 they have sent us written Proof of Loss, or
- More than 3 years from the time written proof is required to be given.

SECTION VII – GENERAL PROVISIONS

Entire Contract Changes

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

- The Policy;
- The Certificate(s) of Insurance;
- The Application of the Policyholder, a copy of which is attached to and made part of the Policy when issued; and
- The Applications, if any, of each Employee; and
- Any Riders, Endorsements, or Amendments to the Policy or Certificate.

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 the Employee dies while covered under their Certificate and their Spouse is also insured under this Plan at the time of the Employee's death, then their 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 31 days after the date of the Employee's death; and
- Pay the required premium to the Company no later than 31 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.

Incontestability

Any statement made by the Policyholder and/or affiliated employers is considered a representation and not a warranty. We will not use such statements to reduce or deny a claim or cancel insurance, unless

it is in a written application which has been made a part of the Policy.

Any statement made, in the absence of fraud or intentional misrepresentation of material fact, by the Policyholder and/or affiliated employers is considered a representation and not a warranty. We will not use such statements to reduce or deny a claim or cancel insurance, unless it is in a written application which has been made a part of the Policy.

We will not use such statements to contest the insurance under the Policy after the Policy has been in effect for two years from its Effective Date or the last date of reinstatement, except in the case of fraud, where permitted by applicable law of the governing jurisdiction. For any applied for increases in coverage, a new two-year contestability period is applicable to the amount of the applied for increase.

No statement will be used to contest the insurance under the Policy unless the statement is material to the risk accepted by us.

Clerical Error

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

Certificate of Insurance

We will furnish the Policyholder or the Policyholder's designee with a Certificate of Insurance for delivery to each Insured. The Certificate of Insurance describes the benefits and rights under the Certificate of Insurance. A Certificateholder's benefits and rights under the Policy will not be less than those stated in the Certificateholder's Certificate of Insurance. It is the Policyholder's responsibility to deliver the Certificate of Insurance to the Certificateholder. Upon the Certificateholder's request, the Policyholder or its plan administrator will deliver a paper copy of the Certificate of Insurance to the Certificateholder.

Required Information

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

Compliance with Economic Sanctions Law or Regulation

Notwithstanding any other terms under this Policy, we will not provide coverage, nor will we make any payments or provide any service or benefit to any Insured, beneficiary, or third party who may have any rights under the Policy to the extent that such coverage, payment, service, benefit, or any business or activity of an Insured would violate any applicable trade or economic sanctions law or regulation.

Delegation and Subcontracting

The Policyholder acknowledges and agrees that we may enter into arrangements with third parties to delegate functions under the Policy such as we determine appropriate in our determination and as consistent with applicable laws and regulations. The Policyholder also acknowledges that our arrangements with third-party vendors are subject to change in accordance with applicable laws and regulations.

Money Payable

All monies payable by or to us will be paid in United States dollars.

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.

Other Insurance with Us

If the Primary Insured is covered under more than one Hospital Indemnity Plan, only the one Plan chosen by the Employee, the Employee's beneficiary, or the Employee's estate, as applicable, will be effective. We will pay benefits under the chosen Plan for valid claims since the Effective Date. We will also return all premiums paid for the canceled Plans from the date of duplication, less any benefits paid under these Plans from such date.

POLICY SCHEDULE

Group Policyholder:	DEKALB COUNTY (GA)
Group Policy Number:	0000013215
Group Policy Effective Date:	01/01/2013
Group Policy Anniversary Date:	July 1, 2027
Jurisdiction:	Georgia

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

BENEFIT SCHEDULE

	Primary Insured
HOSPITALIZATION CATEGORY	
Hospital Admission Benefit	\$1,000.00 per admission
<i>Payable once per admission</i>	
<i>Maximum per Insured per each Covered Accident</i>	1 time per Calendar Year
<i>Maximum per Insured per each Covered Sickness</i>	1 time per Calendar Year
Hospital Confinement Benefit	\$100.00 per day
<i>Maximum Confinement period</i>	31 days per Covered Sickness or Covered Accident
Hospital Intensive Care Benefit	\$200.00 per day
<i>Maximum Confinement period</i>	10 days per Covered Sickness or Covered Accident

INCORPORATION OF RIDER PROVISIONS

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

Rider Name

Dependent Spouse Benefit Rider

Dependent Children Benefit Rider

Form Number

C80321GA

C80322

SCHEDULE OF PREMIUMS

RATES TABLE FOR: DEKALB COUNTY (GA) / HOSPITAL INDEMNITY

DEDUCTION FREQUENCY	:	Monthly (12pp / yr)
EMPLOYEE COST	:	\$7.60
EMPLOYEE AND SPOUSE COST	:	\$17.34
EMPLOYEE AND DEPENDENT COST	:	\$12.88
FAMILY COST	:	\$22.62



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Please call the toll-free number above with any questions about this coverage.

Dependent Spouse Benefit Rider To Certificate of Insurance for Group Supplemental Hospital Indemnity 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. Dependent Spouse coverage will become effective on the Effective Date of the Rider if the Dependent Spouse is Active on that date. Otherwise, the Effective Date will be deferred until the day following the date they become Active.

DEFINITIONS

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

Active refers to a Dependent Spouse who is not confined in a Hospital and who is able to carry on regular activities customary of a person in good health of the same age and gender.

Dependent Spouse is your legal wife or husband, including a legally-recognized same-sex spouse, who is at least age 18 and is listed on your Application.

BENEFITS

If a Dependent Spouse qualifies for benefits because of a Covered Accidental Injury or Covered Sickness, we will provide the benefits shown in the Benefit Schedule issued with this Rider. The only benefits for which a Dependent Spouse is eligible are those shown in the Dependent Spouse Benefit Rider Benefit Schedule.

GENERAL PROVISIONS

Incontestability

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 Supplemental Hospital Indemnity Policy. It will terminate:

- When the Certificate terminates,
- On the premium due date following the date the covered Spouse no longer qualifies as a Dependent,
- On the premium due date following the date we receive your written request to terminate coverage for your Spouse, or
- When premiums are no longer paid for this Rider.

If your Dependent Spouse's coverage terminates, we will provide benefits for valid claims that arose

while Dependent Spouse coverage was active.

Signed for the Company at its Home Office,

A handwritten signature in cursive script that reads "Virgil R. Miller".

Virgil R. Miller, President

A handwritten signature in cursive script that reads "J. Matthew Loudermilk".

J. Matthew Loudermilk, Secretary

DEPENDENT SPOUSE BENEFIT RIDER BENEFIT SCHEDULE

	Spouse
HOSPITALIZATION CATEGORY	
Hospital Admission Benefit	\$1,000.00 per admission
<i>Payable once per admission</i>	
<i>Maximum per Insured per each Covered Accident</i>	1 time per Calendar Year
<i>Maximum per Insured per each Covered Sickness</i>	1 time per Calendar Year
Hospital Confinement Benefit	\$100.00 per day
<i>Maximum Confinement period</i>	31 days per Covered Sickness or Covered Accident
Hospital Intensive Care Benefit	\$200.00 per day
<i>Maximum Confinement period</i>	10 days per Covered Sickness or Covered Accident



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Please call the toll-free number above with any questions about this coverage.

Dependent Children Benefit Rider To Certificate of Insurance for Group Supplemental Hospital Indemnity 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. Dependent Child coverage will become effective on the Effective Date of the Rider if the Dependent Child is Active on that date. Otherwise, the Effective Date will be deferred until the day following the date he becomes Active.

DEFINITIONS

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

Active refers to a Dependent Child who is not confined in a Hospital and who is able to carry on regular activities customary of a person in good health of the same age and gender.

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 or who 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 End 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 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 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.

Your natural Dependent Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

BENEFITS

If a Dependent Child qualifies for benefits because of a Covered Accidental Injury or Covered Sickness, we will provide the benefits shown in the Benefit Schedule issued with this Rider. The only benefits for which a Dependent Child is eligible are those shown in the Dependent Children Benefit Rider Benefit Schedule.

GENERAL PROVISIONS

Incontestability

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 Supplemental Hospital Indemnity Policy. It will terminate:

- When the Certificate terminates,
- On the premium due date following the date the covered Child no longer qualifies as a Dependent,
- When the covered Dependent Child reaches age 26 (details in the **Definitions** section of this Rider),
- On the premium due date following the date we receive your written request to terminate coverage for your Child, or
- When premiums are no longer paid for this Rider.

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

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary

DEPENDENT CHILDREN BENEFIT RIDER BENEFIT SCHEDULE

	Child
HOSPITALIZATION CATEGORY	
Hospital Admission Benefit	\$1,000.00 per admission
<i>Payable once per admission</i>	
<i>Maximum per Insured per each Covered Accident</i>	1 time per Calendar Year
<i>Maximum per Insured per each Covered Sickness</i>	1 time per Calendar Year
Hospital Confinement Benefit	\$100.00 per day
<i>Maximum Confinement period</i>	31 days per Covered Sickness or Covered Accident
Hospital Intensive Care Benefit	\$200.00 per day
<i>Maximum Confinement period</i>	10 days per Covered Sickness or Covered Accident

CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

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

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

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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



CONTINENTAL AMERICAN INSURANCE COMPANY

**Columbia, South Carolina
800.433.3036**

Please call the toll-free number above with any questions about this coverage.

Certificate of Insurance For Group Supplemental Hospital Indemnity Policy

THIS LIMITED PLAN PROVIDES SUPPLEMENTAL BENEFITS ONLY. IT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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

Policyholder applied for coverage under this Group Supplemental Hospital Indemnity 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.

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 Supplemental Hospital Indemnity 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.

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

Eligibility

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

If this coverage is offered to members of a union, references to “Employee” throughout the Plan documents shall be considered to refer to union members.

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

- **Employee Coverage** - We insure only the Employee.
- **Employee and Spouse Coverage** - We insure the Employee and Spouse (as defined in the applicable rider).
- **Employee and Children Coverage** - We insure the Employee and any Dependent Children (as defined in the applicable rider).
- **Family Coverage** - We insure the Employee, Spouse, and any Dependent Children (as defined in the applicable rider).

Details for adding Insureds to your coverage are outlined in the Effective Date section.

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:

- The date shown on the Certificate Schedule.

If Employee and Spouse, Employee and Children, or Family Coverage is offered:

- A Dependent may be added to the Plan after the Employee's Effective Date within 31 days of a Life Event or during an approved enrollment period. Dependent coverage will begin on the first of the month following the Life Event if notice was provided within 31 days after the Life Event.
- If Dependent Child Rider coverage is **already in force**, no additional notice or premium is required to add another Dependent Child.
- If Dependent Spouse Rider or Dependent Child Rider coverage is **not** in force, the Employee must complete an Application to add a Dependent to the Plan. The Company will assign a Dependent Rider 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.
- If Dependent Child Rider 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 date of decree of adoption, for 60 days. To extend coverage beyond 60 days with no gap in coverage, the Employee must contact the Company within the 60-day time period following the child's birth or adoption. No premium is due for the first 60 days of newborn/newly adopted coverage.

A day begins at 12:01 a.m. standard time at the Employee's place of residence.

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 Policyholder fails to perform any of the obligations that relate to the contract 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.
- At any time after the end of the first premium year.

To do this, the Company must provide at least 31 days written notice to the Policyholder. The written

notice requirement does not apply to cancellations for nonpayment of premiums.

The **Policyholder** has the right to cancel the Plan on any premium due date.

- To do this, the Policyholder must give the Company at least 31 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 accepts 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.

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.
- The date you no longer belong to an eligible class.

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

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 Dependent Spouse Rider or Dependent Child Rider coverage, without any additional underwriting requirements.

To keep your coverage in force, you must:

- Notify the Company within 31 days after the date your coverage would otherwise terminate. You may notify us by sending written notice to P.O. Box 84078, Columbus, GA 31993-9102 or by calling the Customer Service number at 800.433.3036, and
- Pay the required premium directly to the Company no later than 31 days after the date your coverage would otherwise terminate and on each premium due date thereafter.

Your ported coverage will end on the earliest of the following dates:

- 31 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 Plan is terminated.

If you qualify for this Portability Privilege, then the Company will apply the same Benefits, Premium Rate, 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 by check to P.O. Box 641629, Pittsburgh, PA 15264-1629, by ACH, or by a third-party administrator or bill pay facilitator. The Policyholder or the Policyholder's designated facilitator are solely responsible for making payroll deductions, collecting premium, managing premium, reimbursing Certificateholders, as applicable, and managing any associated tax filings or withholdings. The first premiums are due in the month following 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 31-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.

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. 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 means you are currently performing, in the usual manner, all the customary duties of your job on a day that is one of your scheduled workdays for wage or profit. This performance of duties must be done at:

- Your usual place of employment;
- The Policyholder's place of business;
- An alternate place approved by the Policyholder; or
- A place to which the Policyholder's business requires you to travel.

You will be deemed to be Actively at Work during weekends or Policyholder-approved vacations, holidays, or business closures if you were Actively at Work on the last scheduled workday preceding such time off.

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.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital or Hospital Intensive Care Unit on the advice of a Doctor.

Dependent means your Spouse or Dependent Children, as defined in the applicable rider, who have been accepted for coverage.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of their 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.

Domestic Partner is a person of either gender who is in a legally recognized and registered domestic partnership, reciprocal beneficiary relationship, or similar relationship with the Employee, who is listed on the Employee's Application. The term "Spouse," wherever used, will also refer to Domestic Partner.

Domestic Partner is a person of either gender who is in a legally recognized and registered domestic partnership, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your Application. The term "Spouse," wherever used, will also refer to Domestic Partner.

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 not meeting the definition of Hospital as defined in this Plan, including but not limited to:

- A nursing home,
- An extended care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A Rehabilitation Facility,
- A facility for the Treatment of alcoholism or drug addiction, or
- An assisted living facility.

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 not meeting the definition of Hospital Intensive Care Unit as defined in this Plan, including but not limited to private monitored rooms, surgical recovery rooms, Observation Units, and the following step-down units:

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

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 you to make changes to benefits at times other than your enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

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

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

Related Accidental Injury or Sickness or Related Condition is one that is in correlation to, or occurs as a result of, the initial Accidental Injury or Sickness, and would not otherwise have been sustained if that initial condition had not occurred.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury. A **Covered Sickness** is one that is not excluded by name, specific description, or any other provision in this Plan. For a benefit to be payable, loss arising from the Covered Sickness must occur while the applicable Insured's coverage is in force.

Spouse is your legal wife or husband, including a legally-recognized same-sex Spouse.

Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Diagnosis must be made, and Treatment must be received in the United States or its territories.

SECTION IV – BENEFIT PROVISIONS

HOSPITALIZATION CATEGORY

Hospital Admission Benefit

We will pay this benefit when an Insured is admitted to a Hospital and Confined because of a Covered Accidental Injury or Covered Sickness. To be eligible to receive this benefit for Accidental Injuries resulting from a Covered Accident, an Insured must be admitted to a Hospital within six 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 for emergency room Treatment or outpatient Treatment. We will not pay benefits for Hospital Admission of a newborn child following his birth. However, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, they are Confined as a result of a Covered Accidental Injury or Covered Sickness (including congenital defects, birth abnormalities, and/or premature birth).

We will pay this benefit once per period of Hospital Confinement. We will only pay this benefit 1 time for each Covered Accident or Covered Sickness per Calendar Year. If an Insured is Confined to the Hospital because of the same or Related Accidental Injury or Sickness, we will not pay this benefit again in the same Calendar Year.

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 or Covered Sickness. To be eligible to receive this benefit for Accidental Injuries resulting from a Covered Accident, the Insured must be Confined to a Hospital within six 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 resulting from Covered Sicknesses or from Covered Accidental Injuries received in the same Covered Accident.

If we pay benefits for Confinement and the Insured becomes Confined again within six months because of the same or a Related Condition, 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, more than one Covered Sickness, or a Covered Accidental Injury and a Covered Sickness.

Hospital Intensive Care Benefit

If an Insured is Confined in a Hospital Intensive Care Unit because of a Covered Accidental Injury or Covered Sickness, we will pay the daily benefit amount shown in the Benefit Schedule. To be eligible to receive this benefit for Accidental Injuries resulting from a Covered Accident, an Insured must be admitted to a Hospital Intensive Care Unit within six 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, more than one Covered Sickness, or a Covered Accidental Injury and a Covered Sickness.

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 six months because of the same or a Related Condition, we will treat this Confinement as the same period of Confinement.

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

SECTION V – EXCLUSIONS

Exclusions

We will not pay for loss due to:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the Certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony, or 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.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy or, tubal ligation.
- **Elective Abortion** – the termination of a pregnancy at the request of the pregnant individual for non-medical reasons or complications arising from such procedure.
- Dental Services or Treatment.
- **Cosmetic Surgery**, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered Dependent Child.
 - Congenital defects in newborns.

SECTION VI – CLAIM PROVISIONS

Notice of Claim

Written Notice of Claim must be given to us:

- Within 60 days after the Covered Accidental Injury or Covered Sickness, 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 10 working 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, Georgia, 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, Georgia, 31993-9103

Proof of Loss must be given to us within 90 days of the Covered Accidental Injury or Covered Sickness. 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 and three months after the Covered Accidental Injury or Covered Sickness, except in the absence of the Claimant's legal mental capacity.

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. After receiving the appropriate information, we will pay, deny, or settle all clean claims* within 15 working days for electronic claims and 30 calendar days for paper claims. If payment is not made within the time prescribed above, the Claimant is entitled to interest at the rate prescribed by law.

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

Payment of Claims

We will pay all benefits to you 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 your beneficiary,
- To your surviving Spouse,
- To your 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 you. Unless otherwise specified by you, 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, you will be given written notice of:

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

Appeals Procedure

Before filing any lawsuit—and no later than 60 days after notice of denial of a claim—you, 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

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

- Within 60 days after you have sent us written Proof of Loss, or
- More than 3 years from the time written proof is required to be given.

SECTION VII – GENERAL PROVISIONS

Entire Contract Changes

Your insurance is provided under a contract of Group Supplemental Hospital Indemnity insurance with the Policyholder. The Entire Contract of Insurance is made up of:

- The Policy;
- The Certificate of insurance;
- The Application of the Policyholder, a copy of which is attached to and made part of the Policy when issued; and
- The Applications, if any, of each Employee; and
- Any Riders, Endorsements, or Amendments to the Policy or Certificate.

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 you die while covered under this Certificate and your Spouse is also insured under this Plan at the time of your death, then your 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, your surviving Spouse must:

- Notify the Company in writing within 31 days after the date of your death; and
- Pay the required premium to the Company no later than 31 days after the date of your 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 your death.

Incontestability

Any statement made by the Policyholder and/or affiliated employers is considered a representation and not a warranty. We will not use such statements to reduce or deny a claim or cancel insurance, unless it is in a written application which has been made a part of the Policy.

Any statement made, in the absence of fraud or intentional misrepresentation of material fact, by the Policyholder and/or affiliated employers is considered a representation and not a warranty. We will not use such statements to reduce or deny a claim or cancel insurance, unless it is in a written application which has been made a part of the Policy.

We will not use such statements to contest the insurance under the Policy after the Policy has been in effect for two years from its Effective Date or the last date of reinstatement, except in the case of fraud, where permitted by applicable law of the governing jurisdiction. For any applied for increases in coverage, a new two-year contestability period is applicable to the amount of the applied for increase.

No statement will be used to contest the insurance under the Policy unless the statement is material to

the risk accepted by us.

Clerical Error

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

Certificate of Insurance

We will furnish the Policyholder or the Policyholder's designee with a Certificate of Insurance for delivery to each Insured. The Certificate of Insurance describes the benefits and rights under the Certificate of Insurance. A Certificateholder's benefits and rights under the Policy will not be less than those stated in the Certificateholder's Certificate of Insurance. It is the Policyholder's responsibility to deliver the Certificate of Insurance to the Certificateholder. Upon the Certificateholder's request, the Policyholder or its plan administrator will deliver a paper copy of the Certificate of Insurance to the Certificateholder.

Required Information

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

Compliance with Economic Sanctions Law or Regulation

Notwithstanding any other terms under this Policy, we will not provide coverage, nor will we make any payments or provide any service or benefit to any Insured, beneficiary, or third party who may have any rights under the Policy to the extent that such coverage, payment, service, benefit, or any business or activity of an Insured would violate any applicable trade or economic sanctions law or regulation.

Delegation and Subcontracting

The Policyholder acknowledges and agrees that we may enter into arrangements with third parties to delegate functions under the Policy such as we determine appropriate in our determination and as consistent with applicable laws and regulations. The Policyholder also acknowledges that our arrangements with third-party vendors are subject to change in accordance with applicable laws and regulations.

Money Payable

All monies payable by or to us will be paid in United States dollars.

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.

Other Insurance with Us

If the Primary Insured is covered under more than one Hospital Indemnity Plan, only the one Plan chosen by you, your beneficiary, or your estate, as applicable, will be effective. We will pay benefits under the chosen Plan for valid claims since the Effective Date. We will also return all premiums paid for the canceled Plans from the date of duplication, less any benefits paid under these Plans from such date.

BENEFIT SCHEDULE

	Primary Insured
HOSPITALIZATION CATEGORY	
Hospital Admission Benefit	\$1,000.00 per admission
<i>Payable once per admission</i>	
<i>Maximum per Insured per each Covered Accident</i>	1 time per Calendar Year
<i>Maximum per Insured per each Covered Sickness</i>	1 time per Calendar Year
Hospital Confinement Benefit	\$100.00 per day
<i>Maximum Confinement period</i>	31 days per Covered Sickness or Covered Accident
Hospital Intensive Care Benefit	\$200.00 per day
<i>Maximum Confinement period</i>	10 days per Covered Sickness or Covered Accident