

Group Accident Benefits - Prepared by AFLAC

Initial Accident Treatment Category – Base Plan

Benefits	High
<p>Initial Treatment - once per accident, within 7 days of the accident</p> <p>We will pay the amount shown if an insured receives Initial treatment for a covered accidental injury. This benefit is payable for Initial treatment received under the care of a doctor when an insured visits a(n):</p> <ul style="list-style-type: none"> Hospital emergency room with X-Ray Hospital emergency room without X-Ray Urgent Care facility with X-Ray Urgent Care facility without X-Ray Doctor's office or facility (other than a hospital emergency room or Urgent Care) with X-Ray Doctor's office or facility (other than a hospital emergency room or Urgent Care) without X-Ray <p>This benefit is not payable for treatment via telemedicine services.</p>	<p>\$250</p> <p>\$200</p> <p>\$250</p> <p>\$200</p> <p>\$150</p> <p>\$100</p>
<p>Ambulance - once per day, within 90 days of the accident</p> <p>We will pay the amount shown if, due to a covered accidental injury, the insured receives transportation by a professional ambulance service.</p> <ul style="list-style-type: none"> Ground Air 	<p>\$400</p> <p>\$1,200</p>
<p>Major Diagnostic Testing - once per accident, within six months of the accident</p> <p>We will pay the amount shown if, due to a covered accidental injury, an insured requires one of the following exams:</p> <ul style="list-style-type: none"> • Computerized Tomography (CT/CAT scan) • Magnetic Resonance Imaging (MRI) • Electroencephalography (EEG) <p>These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center, or an ambulatory surgical center.</p>	<p>\$200</p>

<p>Emergency Room Observation - within 7 days of the accident</p> <p>We will pay the amount shown for each period of observation that, because of a covered accidental injury, an insured:</p> <ul style="list-style-type: none"> • Receives treatment in a hospital emergency room, and • Is held in a hospital for observation without being admitted as an inpatient <p>Each 24 hour period Less than 24 hours, but at least 4 hours</p>	<p>\$100 \$50</p>
<p>Prescriptions - two times per accident, within six months of the accident</p> <p>We will pay the amount shown for a prescription filled that is:</p> <ol style="list-style-type: none"> (1) ordered by a doctor due to a covered accidental injury; and (2) dispensed by a licensed pharmacist <p>This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or (d) immunization agents, biological sera, blood or blood plasma.</p> <p>This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	<p>\$5</p>
<p>Pain Management - once per accident, within six months of the accident</p> <p>We will pay the amount shown when an insured, due to an accident, is prescribed and receives:</p> <ul style="list-style-type: none"> • A nerve ablation and/or block, or • An epidural injection administered into the spine. <p>This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	<p>\$100</p>
<p>Blood/Plasma/Platelets - three times per accident, within six months of the accident</p> <p>We will pay the amount shown for each day that an insured receives blood, plasma, or platelets due to a covered accidental injury.</p>	<p>\$200</p>
<p>Concussion - once per accident, within six months of the accident</p> <p>We will pay the amount shown if the insured has been diagnosed by a doctor with a concussion due to a covered accident.</p>	<p>\$500</p>

<p>Traumatic Brain Injury - once per accident, within six months of the accident</p> <p>We will pay the amount shown if the insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. Traumatic Brain Injury (TBI) is an injury that is caused by a traumatic blow to the head, neck, or shoulders; and that results in neurological deficit. To qualify as TBI, the neurological deficit must require:</p> <ul style="list-style-type: none"> • Treatment by a neurologist, and • Prescribed course of physical, speech, and/or occupational therapy under the direction of a neurologist. 	<p>\$5,000</p>
<p>Emergency Dental Work - once per accident, within six months of the accident</p> <p>We will pay the amount shown if the insured has an accidental injury to natural teeth as the result of a covered accident.</p> <p style="margin-left: 40px;">Extraction Repair with a crown</p>	<p>\$50 \$200</p>
<p>Burns - once per accident, within six months of the accident</p> <p>We will pay the amount shown if the insured has burns in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.</p> <p style="margin-left: 40px;"><u>Second Degree</u> Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more</p> <p style="margin-left: 40px;"><u>Third Degree</u> Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more</p>	<p>\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000</p>
<p>Eye Injuries –</p> <p>We will pay the amount shown for eye injuries requiring removal of a foreign body if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.</p>	<p>\$250</p>

Fractures - within 90 days of the accident

We will pay the amount shown if, because of a covered accident, the insured fractures a bone and is treated by a doctor.

If the fracture requires open reduction, we will pay 200% of the benefit for that bone.

Multiple fractures (more than one bone fractured in one accident) - maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount

Chip fracture (a piece of bone that is completely broken off near a joint) - 25% of the amount for the affected bone.

Fracture does not include stress fractures.

Up to \$4,000 based on a schedule (enclosed)

Dislocations - within 90 days of the accident

We will pay the amount shown if, because of a covered accident, the insured dislocates a joint and is treated by a doctor.

If the dislocation requires open reduction, we will pay 200% of benefit for that joint.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his/her certificate and then dislocates the same joint again, it will not be covered by this Plan.

Multiple dislocations (more than one dislocated joint in one accident) - maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount

Partial dislocation (joint is not completely separated, including subluxation) - 25% of the amount for the affected joint.

Up to \$3,000 based on a schedule (enclosed)

Lacerations - once per accident, within 7 days of the accident

We will pay the amount shown if an insured receives a laceration in a covered accident and the laceration is repaired by a doctor.

Lacerations requiring stitches (Stitches can also include liquid skin adhesive.)

Over 15 centimeters

5-15 centimeters

Under 5 centimeters

\$800

\$400

\$100

Lacerations not requiring stitches

\$50

Multiple lacerations - maximum of 200% of the benefit for the largest single laceration requiring stitches

<p>Outpatient Surgery and Anesthesia (per day) - performed in hospital or ambulatory surgical center, within one year of the accident</p> <p>We will pay the amount shown for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital on an outpatient basis or ambulatory surgical center. “Surgical procedure” does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this Plan, we will pay the higher of that benefit amount or the Outpatient Surgery and Anesthesia Benefit.</p>	<p>\$400</p>
<p>Facilities Fee for Outpatient Surgery - surgery performed in hospital or ambulatory surgical center, within one year of the accident</p> <p>We will pay the amount shown if, due to a covered accidental injury:</p> <ul style="list-style-type: none"> • An insured has an outpatient surgical procedure performed in an ambulatory surgical center or in a hospital on an outpatient basis, and • The insured receives an Outpatient Surgery and Anesthesia Benefit under this plan. <p>Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (performed in a hospital or ambulatory surgical center).</p>	<p>\$100</p>
<p>Outpatient Surgery and Anesthesia (per day) - performed in a doctor’s office, urgent care facility or emergency room; maximum of two procedures per accident, within one year of the accident</p> <p>We will pay the amount shown for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor’s office, urgent care facility, or emergency room. “Surgical procedure” does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this Plan, we will pay the higher of that benefit amount or the Outpatient Surgery and Anesthesia Benefit.</p>	<p>\$50</p>
<p>Inpatient Surgery and Anesthesia (per day) - within one year of the accident</p> <p>We will pay the amount shown for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in this Plan, we will pay the higher of that benefit amount or the Inpatient Surgery and Anesthesia Benefit.</p>	<p>\$1,000</p>
<p>Transportation - greater than 100 miles from the insured’s residence, three times per accident, within six months of the accident</p> <p>We will pay the amount shown for transportation if, because of a covered accident, the insured:</p> <ul style="list-style-type: none"> • Is injured, and • Requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured’s resident city. <p>Plane Any ground transportation</p>	<p>\$500 \$200</p>

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

Hospitalization Category

Benefits	High
<p>Hospital Admission (per confinement) - once per accident, within six months of the accident</p> <p>We will pay the amount shown when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	<p>\$1,250</p>
<p>Hospital Confinement (per day) - maximum of 365 days per accident, within six months of the accident</p> <p>We will pay the amount shown for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury.</p> <p>If we pay benefits for confinement and the insured becomes confined again within six months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	<p>\$160</p>
<p>Family Member Lodging (per day) - Maximum of 30 days per accident, within six months of the accident</p> <p>We will pay the amount shown for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family when the Insured is confined to a hospital.</p>	<p>\$200</p>

After Care Category

Benefits	High
<p>Appliances - within six months of the accident</p> <p>We will pay the amount shown if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Proof of Loss for this benefit must include discharge instructions.</p> <p>Cane, Ankle Brace \$40 Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar \$100 Wheelchair, Knee Scooter, Body Jacket, Back Brace \$400</p>	
<p>Accident Follow-Up Treatment - maximum of six per accident, within six months of the accident provided initial treatment is within 7 days of the accident.</p> <p>We will pay the amount shown for doctor prescribed follow up treatment for injuries received in a covered accident.</p> <p>Follow-up treatments do not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures.</p>	\$50
<p>Rehabilitation Unit (per day) - maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured</p> <p>We will pay the amount shown for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p>	\$100
<p>Therapy - maximum of ten per accident, beginning within 90 days of the accident provided initial treatment is within 7 days of the accident</p> <p>We will pay the amount shown if, because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	\$50
<p>Chiropractic or Alternative Therapy - maximum of six per accident, beginning within 90 days of the accident provided initial treatment is within 7 days of the accident</p> <p>We will pay the amount shown if, because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p>	\$30

Life Changing Events

Benefits	High
<p>Dismemberment or Coma - once per accident, within six months of the accident</p>	
<p>We will pay the appropriate amount shown if an insured is in a coma, loses a hand, foot or sight as the result of a covered accident.</p>	
<p><u>Single Loss</u> Employee Spouse Child(ren)</p>	<p>\$12,500 \$5,000 \$2,500</p>
<p><u>Double Loss</u> Employee Spouse Child(ren)</p>	<p>\$25,000 \$10,000 \$5,000</p>
<p><u>Loss of one or more fingers or toes</u> Employee Spouse Child(ren)</p>	<p>\$1,250 \$500 \$250</p>
<p><u>Partial Dismemberment (includes at least one joint of a finger or a toe)</u> Employee Spouse Child(ren)</p>	<p>\$125 \$125 \$125</p>
<p>Dismemberment means:</p> <ul style="list-style-type: none"> • Loss of a hand -The hand is removed at or above the wrist joint; or • Loss of a foot -The foot is removed at or above the ankle; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable); or • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot. 	
<p>If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.</p>	
<p>Coma means lasting 30 days or more as the result of an accidental injury. (For purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident which results in a total and irrevocable loss of use of the body.)</p>	<p>\$10,000</p>

<p>Paralysis - once per accident, diagnosed by a doctor within six months of the accident</p> <p>We will pay the amount shown if an insured has permanent loss of movement of two or more limbs for more than 90 days as the result of a covered accidental injury.</p> <p>Paraplegia Quadriplegia</p>	<p>\$5,000 \$10,000</p>
<p>Prosthesis - once per accident, up to 2 prosthetic devices and one replacement per device per insured*</p> <p>We will pay the amount shown when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury.</p> <p>Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.</p> <p>* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	<p>\$3,000</p>
<p>Residence/Vehicle Modification - once per accident, within one year of the accident</p> <p>This benefit is payable if the following conditions are met:</p> <ul style="list-style-type: none"> • A doctor certifies the benefit is needed to accommodate the loss; • The modification is made by someone experienced in such adaptations; • The modification is in compliance with applicable laws and requirements for the approval by the appropriate government authorities; and • The modification expenses do not exceed the usual level of charges for similar modifications in the locality where the expense is incurred. <p>We will pay the amount shown for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. 	<p>\$2,000</p>

Optional Riders (Employer Choice)

Benefits	High
<p>Accidental Death Rider - within 90 days of the accident</p> <p>We will pay the amount shown if a covered accident injury causes the insured to die.</p> <p>The spouse benefit is 50% of the employee benefit shown. The child(ren) benefit is 20% of the Employee benefit shown.</p> <p>We will pay 200% of the amount shown if the insured:</p> <ul style="list-style-type: none">• Is a fare-paying passenger on a common carrier,• Is injured in a covered accident, and• Dies within 90 days after the covered accident. <p>Common Carrier means:</p> <ul style="list-style-type: none">• An airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;• A railroad train that is licensed and operated for passenger service only; or• A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.	<p>\$50,000</p>

Catastrophic Accident Rider – once per insured, 365 day elimination period

We will pay the amount shown at the end of the elimination period if any insured:

- Sustains a catastrophic loss as the result of a covered accident,
- Is under the appropriate care of a doctor during the catastrophic accident elimination period,
- Remains alive at the end of the catastrophic accident elimination period, and
- Is actively at work when the accident occurs.

Employee
Spouse
Child(ren)

\$250,000
\$100,000
\$100,000

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 (shoulder to the hand) or both legs (hip to the foot); 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 (totally blind and no sight can be restored); or
- Loss of hearing in both ears (deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid, or device); or
- Loss of the ability to speak (loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device).

The benefits provided in this rider are reduced by any benefits paid under the Accidental Death, Dismemberment, or Paralysis Benefits (if available).

Outpatient Doctor Treatment Benefit Rider (once per day) – two visits per person, per calendar year, maximum of four visits per calendar year if dependent coverage is included

We will pay the amount shown for each day an insured is treated by a doctor outside a hospital for a covered accidental injury

\$25

Group Accident

Communications Workers of America Local 1109 - Monthly (12pp/yr)

Coverage	Rates
Employee	\$14.75
Employee & Dependent Spouse	\$24.20
Employee & Dependent Child(ren)	\$31.71
Family	\$41.16

Initial Accident Treatment Category High

Hospitalization Category High

After Care Category High

Life-Changing Events Category High

Included Riders:

Accidental Death

Catastrophic Accident

Outpatient Doctor Treatment

Catastrophic Accident Rider Limitations and Exclusions

We will pay the Catastrophic Accident Benefit once per lifetime for each insured covered under the rider.

Outpatient Doctor Treatment Benefit Rider

The sickness exclusion above does not apply to this benefit.

Benefit Schedules

Fractures	High
Hip/Thigh	\$4,000
Vertebrae	\$3,600
Pelvis	\$3,200
Skull (depressed)	\$3,000
Leg	\$2,400
Forearm/Hand/Wrist	\$2,000
Foot/Ankle/Kneecap	\$2,000
Shoulder Blade/Collar Bone	\$1,600
Lower Jaw	\$1,600
Skull (simple)	\$1,400
Upper Arm/Upper Jaw	\$1,400
Facial Bones (except Teeth)	\$1,200
Vertebral Processes	\$800
Coccyx/Rib/Finger/Toe	\$320
Sternum	\$3,600
Sacral/Sacrum	\$800

Dislocations	High
Hip	\$3,000
Knee	\$1,950
Shoulder	\$1,500
Foot/Ankle	\$1,200
Hand	\$1,050
Lower Jaw	\$900
Wrist	\$750
Elbow	\$600
Finger/Toe	\$240