

Group Hospital Indemnity Insurance

Benefits Proposal

This proposal has been
prepared for:

The Georgia Dental Association

Presented by:

Aflac Group

Proposal State:

Georgia

Presentation Date:

11/03/2025

Expires on 01/01/2026



Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.
Policy Form Series C80000v2025

Group Hospital Indemnity Insurance

Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	Available for all family members Spouse-only and Child-only coverage is not available Newborn and newly adopted children are automatically covered from the moment of birth or adoption for 60 days.
Guaranteed Issue Amounts	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	TPA Bank Draft
Pre-existing Condition Exclusion	None
Pregnancy Limitation	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	3 Year(s)
Portability/Continuation	2019 Portability
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	Not Included
Certificate Effective Date	Coverage is effective on the billing effective date

Group Hospital Indemnity Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits - Mid

Hospital Admission (per confinement)

Once per covered sickness or accident per calendar year

\$1,000

Hospital Confinement (per day)

Maximum confinement period: 31 days per covered sickness or covered accident

\$150

Hospital Intensive Care Admission (per confinement)

Once per covered sickness or accident per calendar year

\$1,000

Hospital Intensive Care (per day)

Maximum confinement period: 10 days per covered sickness or covered accident

\$150

Intermediate Intensive Care Step-Down Unit (per day)

Maximum confinement period: 10 days per covered sickness or covered accident

\$75

Please request a sample policy for full benefit provisions and descriptions.

Group Hospital Indemnity Insurance

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$20.48
Employee and Spouse	\$47.58
Employee and Child(ren)	\$35.34
Family	\$62.44

This proposal has been generated based on the enrollment technology intended to be used. If there is a change to the enrollment technology the proposal may need to be modified based on the capabilities of the new platform.

The rates shown are for proposal purposes only and should not be used to fulfill enrollment. Upon won notification, Aflac will provide Build Requirements with the final rates to the Policy Administrator and their enrollment technology vendor. Rates enrolled other than the final provided will not be honored.

The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

Group Hospital Indemnity Insurance

Benefits Summary

(Benefit provisions vary by situs state)

Hospitalization Benefits

Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or because of a covered sickness. Not payable for confinement for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following their birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or 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 caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness. Hospital Confinement benefits are payable for newborns.

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

Hospital Intensive Care Admission

Payable when an insured is admitted to a hospital intensive care unit and confined as an inpatient because of a covered accidental injury or because of a covered sickness. To be eligible to receive this benefit, an Insured must be admitted to a Hospital Intensive Care Unit within six months of the date of the Covered Accidental Injury or Covered Sickness. Not payable for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

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

Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's 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's intensive care unit and an insured becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. Hospital Intensive Care benefits are payable for newborns.

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

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. Intermediate Intensive Care Step-Down Unit benefits are payable for newborns.

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

Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care, and Intermediate Intensive Care Step-Down Unit Benefits only.

Group Hospital Indemnity Insurance

Limitations & 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.**
- **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.

Group Hospital Indemnity Insurance

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

New Mexico residents are not eligible for coverage.

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

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

Continental American Insurance Company, Columbia, South Carolina.

Group Hospital Indemnity Insurance

Benefits Proposal

This proposal has been
prepared for:

The Georgia Dental Association

Presented by:

Aflac Group

Proposal State:

Georgia

Presentation Date:

11/03/2025

Expires on 01/01/2026



Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.
Policy Form Series C80000v2025

Group Hospital Indemnity Insurance

Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits ***directly to your employees*** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	Available for all family members Spouse-only and Child-only coverage is not available Newborn and newly adopted children are automatically covered from the moment of birth or adoption for 60 days.
Guaranteed Issue Amounts	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	TPA Bank Draft
Pre-existing Condition Exclusion	None
Pregnancy Limitation	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	3 Year(s)
Portability/Continuation	2019 Portability
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	Not Included
Certificate Effective Date	Coverage is effective on the billing effective date

Group Hospital Indemnity Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits - High

Hospital Admission (per confinement)

Once per covered sickness or accident per calendar year	\$2,000
---	---------

Hospital Confinement (per day)

Maximum confinement period: 31 days per covered sickness or covered accident	\$200
--	-------

Hospital Intensive Care Admission (per confinement)

Once per covered sickness or accident per calendar year	\$2,000
---	---------

Hospital Intensive Care (per day)

Maximum confinement period: 10 days per covered sickness or covered accident	\$200
--	-------

Intermediate Intensive Care Step-Down Unit (per day)

Maximum confinement period: 10 days per covered sickness or covered accident	\$100
--	-------

Please request a sample policy for full benefit provisions and descriptions.

Group Hospital Indemnity Insurance

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$34.72
Employee and Spouse	\$80.38
Employee and Child(ren)	\$59.10
Family	\$104.76

This proposal has been generated based on the enrollment technology intended to be used. If there is a change to the enrollment technology the proposal may need to be modified based on the capabilities of the new platform.

The rates shown are for proposal purposes only and should not be used to fulfill enrollment. Upon won notification, Aflac will provide Build Requirements with the final rates to the Policy Administrator and their enrollment technology vendor. Rates enrolled other than the final provided will not be honored.

The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

Group Hospital Indemnity Insurance

Benefits Summary

(Benefit provisions vary by situs state)

Hospitalization Benefits

Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or because of a covered sickness. Not payable for confinement for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following their birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or 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 caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness. Hospital Confinement benefits are payable for newborns.

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

Hospital Intensive Care Admission

Payable when an insured is admitted to a hospital intensive care unit and confined as an inpatient because of a covered accidental injury or because of a covered sickness. To be eligible to receive this benefit, an Insured must be admitted to a Hospital Intensive Care Unit within six months of the date of the Covered Accidental Injury or Covered Sickness. Not payable for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

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

Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's 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's intensive care unit and an insured becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. Hospital Intensive Care benefits are payable for newborns.

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

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. Intermediate Intensive Care Step-Down Unit benefits are payable for newborns.

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

Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care, and Intermediate Intensive Care Step-Down Unit Benefits only.

Group Hospital Indemnity Insurance

Limitations & 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.**
- **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.

Group Hospital Indemnity Insurance

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

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

New Mexico residents are not eligible for coverage.

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

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

Continental American Insurance Company, Columbia, South Carolina.