



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Endorsement to Policy and Certificate of Insurance

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

Notice of Claim and **Proof of Loss** should be mailed to the Company at:

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

Premium Payments should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Continental American Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Continental American Insurance Company at 1-800-433-3036

Toll-free:

1-800-433-3036

Email: cscmail@aflac.com

Mail: Continental American Insurance Company
Post Office Box 427
Columbia, South Carolina 29202

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call: 1-800-252-3439

Online: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Continental American Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Continental American Insurance Company al 1-800-433-3036

Teléfono gratuito:

1-800-433-3036

Correo electrónico: cscmail@aflac.com

Dirección postal: Continental American Insurance Company
Post Office Box 427
Columbia, South Carolina 29202

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame: 1-800-252-3439

En línea: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Based on the Application for this Group Supplemental Hospital Indemnity Insurance Policy (herein called the Plan) made by

Houston Independent School District
(herein called the Policyholder)

and based on the payment of the premium when due, Continental American agrees to pay the benefits provided on the following pages.

This Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of this Plan will be the Anniversary Date shown below. Subsequent anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by Continental American on the following pages forms a part of this Plan as if recited over the signature below. This Plan is a legal contract between Continental American and the Policyholder.

THIS PLAN IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE; IT IS DESIGNED TO SUPPLEMENT A MAJOR MEDICAL PROGRAM.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

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

In witness whereof Continental American has caused this Plan to be executed at its Home Office in Columbia, South Carolina, on the Effective Date.

READ YOUR POLICY CAREFULLY.

Signed for the Company at its Home Office.

Handwritten signature of Teresa White in black ink.

Teresa White, President

Handwritten signature of J. Matthew Loudermilk in black ink.

J. Matthew Loudermilk, Secretary

Group Policy Number - 6197
Effective Date - January 1, 2021
Anniversary Date - January 1, 2022

Jurisdiction - Texas
Non-Participating

GROUP POLICY PROVISIONS

SECTION I	-	Eligibility, Effective Date and Termination
SECTION II	-	Premium Provisions
SECTION III	-	Definitions
SECTION IV	-	Benefit Provisions
SECTION V	-	Limitations and Exclusions
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SECTION VII	-	General Provisions
SECTION VIII	-	Benefit Schedule
SECTION IX	-	Schedule of Premiums

SECTION I ELIGIBILITY, EFFECTIVE DATE AND TERMINATION ELIGIBILITY

Employees of the policyholder who are members of the class of Employees shown on the Master Application are eligible to be insured under this Plan.

An Employee's Spouse and/or Dependent Children are eligible for this Plan if they meet the applicable definition in Section III.

EFFECTIVE DATE

The Effective Date of the Plan is shown on Page 1 of this Plan. The

Effective Date for an Employee is as follows:

1. An Employee's insurance will be effective on the date shown on the Certificate Schedule provided the Employee is then actively at work.
2. If an Employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such Employee is first thereafter actively at work.

The effective date for a Dependent is the date shown on the Certificate Schedule subject to the following:

1. The date the employee's insurance is effective for Dependents who are eligible on that date; for whom coverage is applied for and premium paid; and who are not hospital confined; or
2. At 12:00 a.m. local time, on the day a Dependent is no longer hospital confined if the Dependent was otherwise eligible for coverage on the date the Employee's insurance became effective.
3. For a Dependent eligible or first acquired after the Employee's Effective Date, the effective date will be:
 - a. For newborn children, the effective date is the moment of birth, but we must be given notice of the birth within 31 days after the birth for coverage to continue beyond 31 days. Foster children shall be eligible for coverage on the same basis upon placement in the foster home;
 - b. For adopted children either the date on which the suit for adoption is filed or the date the adoption is final provided we receive notification within 31 days.
 - c. For a Spouse, the date we assign after approving the application for coverage.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, Continental American has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice.

The Plan will terminate when the number of participating Employees is less than the number mutually agreed upon by the Policyholder and Continental American in writing.

In these events, this Plan and all Certificates issued hereunder will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify Employees of such termination.

TERMINATION OF AN INSURED'S INSURANCE

An Employee's insurance will terminate on the earliest of:

1. The date the Plan is terminated;
2. On the 31st day after the premium due date if the required premium has not been paid;
3. On the date an Employee ceases to meet the definition of an Employee as defined in the Plan; or
4. On the premium due date which falls on or first follows the Employee's 70th birthday; or
5. On the premium due date following the date he is no longer a member of an eligible class.

Insurance for Dependents will terminate the earliest of:

1. The date the Plan is terminated;
2. On the 31st day after the premium due date if the required premium has not been paid;
3. The premium due date following the date a Dependent ceases to be a Dependent as herein defined;
4. The premium due date following the date we receive an Employee's written request to terminate coverage for all dependents.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

CONTINUATION

When coverage would otherwise terminate under this Plan because the employee ended employment with the Policyholder, he may elect to continue his coverage without submitting evidence of insurability.

Coverage may not be continued if the employee fails to pay any required premium. To keep his certificate in force he must:

1. Make written application to Us within 31 days after the date insurance would otherwise terminate; and
2. Pay the required premium to Us no later than 31 days after the date insurance would otherwise terminate.

Insurance will cease on the date the employee fails to pay any required premium or when the Plan terminates.

If the employee qualifies for this continuation privilege as described, then the same benefits, Plan provisions and premiums shown in his certificate as previously issued will apply.

SECTION II

PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date for insurance will be calculated in accordance with the Schedule of Premiums. The rates shown in this schedule can be changed annually. Continental American will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid to Continental American at its Home Office in Columbia, South Carolina. 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.

GRACE PERIOD

This Plan has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the grace period, the Plan will stay in force, unless the Policyholder has given Continental American written notice of discontinuance of the plan.

WAIVER OF PREMIUM

If the employee is continuously confined to a hospital for 14 days because of injuries received in a covered accident or because of a covered sickness, we will waive each premium that becomes due. Waiver of premiums will end on the first premium due date after the employee is discharged from the hospital or after 12 months whichever occurs first. The employee must then resume payment of premiums for his certificate to remain in force.

During any period for which we have waived a premium, the certificate will remain in force and will be subject to all of the other applicable provisions.

SECTION III

DEFINITIONS

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

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

Adopted Children - means children for which a decree of adoption has been entered by an employee or for whom adoption proceedings have been instituted by an employee.

Calendar Year - means the period beginning on the Plan 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.

Children - means all of an employee's newborn children, adopted children, foster children, children of Dependents if dependent upon the employee for federal income tax purposes and children for whom the employee is required to provide medical support. They must be unmarried and less than twenty-five (25) years of age. However, if any dependent child is incapable of self-sustaining employment due to mental retardation or physician handicap and is dependent on the employee for support, such age of twenty-five (25) years shall not apply. Proof of such incapacity and dependency must be furnished to us within thirty-one (31) days following such 25th birthday.

Covered Accident - means an accident, which occurs on or after an Insured's Effective Date, while the Insured's coverage is in force, and which is not specifically excluded.

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while an Insured's coverage is in force; and
2. Was not treated or for which an Insured did not receive advice within 12 months before his effective date; and
3. Is not excluded by name or specific description in this Plan.

Dependent(s) - means the Spouse and/or Children of an Employee as herein defined.

Elimination Period - means the number of days of hospital confinement that must elapse before benefits become payable. The number of days is shown in the Benefit Schedule. Benefits are not payable, nor do they accrue, during an Elimination Period.

Employee - means a person who is included in the class of people eligible for coverage shown on the Master Application.

Hospital - means a place which:

1. Is legally licensed and operated as a hospital;
2. Provides overnight care of injured and sick people;
3. Is supervised by a physician;
4. Has full-time nurses supervised by a registered nurse;
5. Has on-site or pre-arranged use of X-ray equipment, laboratory and surgical facilities; and
6. Maintains permanent medical history records.

A hospital is not:

1. A nursing home;
2. An extended care facility;
3. A convalescent home;
4. A rest home or a home for the aged;
5. A place for alcoholics or drug addicts; or
6. A mental institution.

Hospital Intensive Care Unit - means a place which:

1. Is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. Is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. Has a physician assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step-down units:

1. A progressive care unit;
2. A sub-acute intensive care unit;
3. An intermediate care unit;
4. A private monitored room;
5. A surgical recovery room;
6. An observation unit; or
7. Any facility not meeting the definition of a hospital intensive care unit as defined in this Plan.

Immediate Family - means an Insured's spouse, son, daughter, mother, father, sister, or brother.

Injury or Injuries - means accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Insured(s) - means:

1. If individual coverage is issued, Insured includes the Employee only;
2. If employee and spouse coverage is issued, Insureds includes the Employee and his Spouse;
3. If one-parent coverage is purchased, then Insureds include the Employee and Children;
4. If family coverage is purchased, then Insureds include the Employee, his Spouse and Children;
5. If this is one-parent or family coverage as defined in 3 and 4 above:
 - a. Newborn children of the insured Employee and/or his insured Spouse shall be covered from birth, but we must be given notice of the birth within 31 days for coverage to continue beyond 31 days. Foster children shall be eligible for coverage on the same basis upon placement in the foster home.
 - b. Children for whom a suit for adoption has been filed by the Employee and/or his insured Spouse shall be covered at the option of the Employee either within 31 days after the suit for adoption is filed or within 31 days of the date the adoption is final.
 - c. Grandchildren of the Employee shall be covered if they are dependents of the Employee for federal income tax purposes, or if the Employee must provide medical support under an order issued under Section 14.061, Family Code, or enforceable order by a Texas court.

Monthly Benefit - means a specified amount paid for a period of one month, with any periods of less than one month paid at the daily rate of 1/30th of the monthly amount.

Newborn Children - means natural children of the Employee or his spouse and newborn children for whom a decree of adoption has been entered (or for whom adoption proceedings have been instituted) within thirty-one (31) days after the date of the child's birth.

Physician - means a person, other than an Insured, or a member of his Immediate Family, who:

1. Is licensed by the state to practice a healing art;
2. Performs services which are allowed by his license; and
3. Performs services for which benefits are provided by this Plan.

Sickness - means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Spouse - means an Employee's legal husband or wife.

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

We, Us, Our - means Continental American.

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

SECTION IV

BENEFIT PROVISIONS

The benefit amounts payable are shown in the Benefit Schedule.

Hospital Admission - We will pay this benefit when an Insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, an Insured must be admitted to a hospital within 6 months of the date of the covered accident.

We will pay the Hospital Admission benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

We will pay this benefit once for a period of confinement. We will only pay this benefit once for each covered accident or covered sickness. If an Insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

Hospital Confinement - We will pay this benefit in the amount shown in the Benefit Schedule, subject to the elimination period if any, when an Insured is confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, an Insured must be confined to a hospital within 6 months of the date of the covered accident.

The length of time shown for hospital confinement in the Benefit Schedule is the maximum period for which an Insured can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident. If an Insured not confined to the hospital for a full month, we will pay benefits on a daily basis; daily benefits will be paid at the rate of 1/30th of the monthly amount.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

Hospital Intensive Care - If an Insured is confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, we will pay the daily benefit amount shown on the Benefit Schedule. In order to receive this benefit for a covered accident, an Insured must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident.

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

We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

If we pay benefits for confinement in a hospital's intensive care unit and an Insured become confined to a hospital's intensive care unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

The Hospital Confinement Benefit is not payable in addition to this benefit.

SECTION V

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to the Insured's Effective Date, those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after an Insured's Effective Date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

Pregnancy is a "pre-existing condition" if conception was before the effective date of a Certificate.

If a Certificate is issued as a replacement for a Certificate previously issued under this Plan, then the pre-existing condition limitation provision of the new Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of pre-existing condition limitation of the prior Certificate would continue to apply to the prior level of benefits.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision). We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this Certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Mental or emotional disorders without demonstrable organic disease.
6. Alcoholism, drug addiction, or chemical dependency.

SECTION VI

CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given within 60 days after the covered accident or covered sickness, or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and the Certificate number.

Claim Forms - When we receive notice of a claim, we will send the forms for filing proof of loss. If these forms are not sent within 15 working days, the proof of loss requirements will be met by giving us a written statement of the nature and extent of the loss within the time limit stated on the Proof of Loss Section.

Proof of Loss - We must give written proof within 90 days after the loss for which a claimant is seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered accident or covered sickness unless the Insured was legally incapacitated during that time.

Time Of Payment Of Claims - After we receive written proof of loss and process the claim, we will pay monthly all benefits then due for the claims providing a periodic payment. Benefits for any other loss covered by this Plan will be paid as soon as we receive proper written proof.

Payment of Claims - All benefits will be payable to the employee unless assigned by them or by operation of law. Any accrued benefit unpaid at Insured's death may be paid to their estate.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

SECTION VII

GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. The Plan;
2. The application of the Policyholder; and
3. The employees' application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this Plan unless:

1. The statement is in writing signed by the Policyholder or by the employee; and
2. A copy of that statement is given to the Policyholder, to the employee or to his beneficiary.

Contract Changes - No change in this Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to this Plan. No agent has the authority to change this Plan or to waive any of its provisions.

Misstatements of Age - If an employee incorrectly stated his age or the ages of his dependents, if any, in the application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on the correct ages, we would not have issued his Certificate or insured certain dependents under his Certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - After this Plan has been in force for two years as respects an Insured, only fraudulent misstatements in the application may be used to void his coverage or to deny any claim for loss incurred or disability that starts after the two-year period.

Clerical Error - Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Individual Certificate - Continental American will give the Policyholder a Certificate for each Employee. The Certificate will set forth:

1. The coverage;
2. To whom benefits will be paid; and
3. The rights and privileges under the Plan.

Data Required - The Policyholder will furnish all information and proofs which Continental American may reasonably require with regard to the Plan.

Physical Examination And Autopsy - At our expense, we can require an Insured to have a physical examination as often as reasonably necessary while a claim is pending, or an autopsy in the case of death, where allowed by law. This will be done at our expense.

Legal Action - Insured cannot take legal action against us for benefits under this Plan:

1. Within 60 days after he have sent us written proof of loss; or
2. More than 3 years from the time written proof is required to be given.

Conformity With State Statutes - Any provision of this Plan which, on the Effective Date, is in conflict with the laws of the state, in which the Plan was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VIII

BENEFIT SCHEDULE

HIGH OPTION

HOSPITAL ADMISSION	\$ 500	per admission
Payable once per confinement		
HOSPITAL CONFINEMENT	\$ 150	per day
Maximum 365 days per confinement		
HOSPITAL INTENSIVE CARE	\$ 300	per day*
Maximum 365 days per confinement		

LOW OPTION

HOSPITAL ADMISSION	\$ 300	per admission
Payable once per confinement		
HOSPITAL CONFINEMENT	\$ 75	per day
Maximum 365 days per confinement		
HOSPITAL INTENSIVE CARE	\$ 150	per day*
Maximum 365 days per confinement		

*** Total daily benefit if confined to an Intensive Care Unit.**

SECTION IX

SCHEDULE OF PREMIUMS



The Health Care Partnership- High - Monthly (12pp/yr)		
Plan I HSA Compatible Plan Rates	Employee	\$ 8.96
	Employee & Spouse	\$ 16.80
	Employee & Dependent Children	\$ 15.58
	Family	\$ 23.42

Benefit Summary	
Hospital Confinement (Per Day)	\$ 150
Hospital Admission (Per Confinement)	\$ 500
Hospital Intensive Care (Per Day)	\$ 300

Please note: Premiums shown are accurate as of publication. They are subject to change.



**We've got you
under our wing.**

aflacgroupinsurance.com | 1.800.433.3036

Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205

Published: May-15

HI150512-122948 --- RB1-CU-TX-HI85-12PP-PL1-ADM500-HSA - ZZXX38139

GROUP HOSPITAL INDEMNITY



The Healthcare Partnership - Low - Monthly (12pp/yr)

Plan I HSA Compatible Plan Rates	Employee	\$ 4.72
	Employee & Spouse	\$ 8.84
	Employee & Dependent Children	\$ 8.34
	Family	\$ 12.46

Benefit Summary

Hospital Confinement (Per Day)	\$ 75
Hospital Admission (Per Confinement)	\$ 300
Hospital Intensive Care (Per Day)	\$ 150

Please note: Premiums shown are accurate as of publication. They are subject to change.



**We've got you
under our wing.**

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Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205

Published: May-15

HI150512-122230 --- RB1-CU-TX-HI85-12PP-PL1-ADM500-HSA - ZZXX12002



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

AMENDMENT TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This Amendment is part of the Certificate to which it is attached. Unless amended by this document, all Certificate definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Amendment, "you" (including "your" and "yours") refers to the Insured named in the Certificate Schedule.

Effective Date

This Amendment becomes effective on the Certificate Effective Date.

Definitions

The definition of **Covered Sickness** is deleted and **replaced** with the following:

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while this policy is in force; **and**
2. Is not excluded by name or specific description in this certificate.

Pre-Existing Condition Limitation

The Pre-existing Condition Limitation under the Limitations and Exclusions section is deleted.

General Provisions

This Amendment is part of the Supplemental Hospital Indemnity Certificate to which it is attached. It will terminate when that Certificate terminates.

This Amendment is subject to all of the terms of the Certificate to which it is attached unless those terms are inconsistent with this Amendment.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

Child or Children Age 26 Amendment

This Amendment is a part of the document to which it is attached. Unless hereby amended, Policy, Certificate, and Rider Definitions, Exclusions and Limitations, and other terms and conditions apply to this Amendment.

The definition of Child or Children is expanded to include your natural children, step-children, foster children, adopted children, or children placed for adoption, *who are under age 26*.

Child or Children also include grandchildren, if:

- they are the employee's dependents for federal income tax purposes, or
- the employee must provide medical support under an order issued under Chapter 154, Family Code, or under any such order enforceable by a court in this state.

To meet the definition of Child or Children, grandchildren must be unmarried and under age 26.

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

This Amendment is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Amendment.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary



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 Continuation 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 60 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.

Signed for the Company at its Home Office,

	
Teresa White, President	J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
(herein called Continental American)

DEPENDENT SPOUSE BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to 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 becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider. The insurance of a spouse will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

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

YOU, YOUR	Means the insured named in the Rider Schedule.
SPOUSE	Means your legal spouse who is between the ages of 18 and 64.
ACTIVE	"Active" as used refers a dependent 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 sex.
TREATMENT	Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If your insured spouse qualifies for benefits under the certificate to which this rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the certificate under the Benefit Provisions. The appropriate benefit amounts payable for you insured spouse are shown in the Benefit Schedule issued with this rider.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION

A pre-existing condition means those conditions for which medical advice or treatment was received or recommended during the 12-month period prior to the effective date of your spouse's coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of your spouse's coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.

17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

GENERAL PROVISIONS

If your spouse's coverage is terminated because of attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while he/she was covered under this rider.

TIME LIMIT ON CERTAIN DEFENSES

After this rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.



Teresa White, President



J. Matthew Loudermilk, Secretary

RIDER BENEFIT SCHEDULE

PLEASE SEE THE CERTIFICATE SCHEDULE



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
(herein called Continental American)

DEPENDENT CHILDREN BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to 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 becomes effective, this rider will have a later Effective Date, which will be shown in the Dependent Rider Schedule issued with this rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

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

YOU, YOUR Means the insured named in the Dependent Rider Schedule.

CHILD or CHILDREN Means your natural child(ren), step-children, legally adopted child(ren) or child(ren) placed for adoption, who are:

1. unmarried;
2. chiefly dependent on you or your spouse for support;
3. living with you in a regular parent-child relationship; and
4. younger than age 19, or younger than age 25 if they are full-time students. The definition of "full-time student" will be based on the criteria of the learning institution at which the student is enrolled.

"Child or Children" also includes child(ren), regardless of age, who:

1. are mentally or physically handicapped;
2. became or become handicapped prior to age 19; and
3. cannot support themselves because of their handicap.

A child born after the Effective Date of this rider will also be covered from the moment of live birth. No notice or additional premium is required.

DEPENDENT Means your child or children covered under this rider.

ACTIVE "Active" as used refers a dependent 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 sex.

TREATMENT

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

BENEFITS

If a dependent qualifies for benefits under the certificate to which this rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the certificate under the Benefit Provisions. The appropriate benefit amounts payable for the dependent are shown in the Benefit Schedule issued with this rider.

LIMITATIONS AND EXCLUSIONS**PRE-EXISTING
CONDITION**

A pre-existing condition means those conditions for which medical advice or treatment was received or recommended during the 12-month period prior to the effective date of a dependent's coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of a dependent's coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.

7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

GENERAL PROVISIONS

If your dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while the dependent was covered under this rider.

TIME LIMIT ON CERTAIN DEFENSES

After this rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.

Signed by the Company at its Home Office.



Teresa White, President



J. Matthew Loudermilk, Secretary

DEPENDENT RIDER BENEFIT SCHEDULE

PLEASE SEE THE CERTIFICATE SCHEDULE



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
(herein called Continental American)

Dependent Children Definition Rider

This rider is a part of the document to which it is attached. Unless amended by this rider Policy, Certificate and Dependent Rider Definitions, Exclusions and Limitations, other term and provisions apply to this rider.

The definition of Dependent Children is deleted and replaced by the following:

Dependent Children means your natural children, step-children, foster children, adopted children or children placed for adoption, who are under age 26.

Dependent Children also include grandchildren, who are (1) unmarried; (2) under age 26; and (3) if they are the employee's dependents for federal income tax purposes, or (4) if the employee must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of birth. An adopted child of an insured may be enrolled, the date the insured becomes a party to a suit in which the insured seeks to adopt the child or the date the adoption becomes final, at the insured's option. If Employee or Employee/Spouse coverage is in force and an employee desires uninterrupted coverage for a newborn or adopted child, he must notify us within 31 days of the child's birth or the date the insured becomes a party to a suit in which the insured seeks to adopt the child or the date the adoption becomes final. Coverage for newborn or adopted children will be in effect through the 31st day following the date of such event. Upon notification, we will advise him of the additional premium due.

If your children are covered under this Rider, it is not necessary for an employee to notify us of the birth of a child or the date the insured becomes a party to a suit in which the insured seeks to adopt the child or the date the adoption becomes final, and an additional premium payment will not be required.

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

The second paragraph under the provisions **TERMINATION OF AN EMPLOYEE'S INSURANCE** and **TERMINATION OF YOUR INSURANCE** is deleted and replaced by the following:

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;
2. the date the Spouse or Dependent Child ceases to be a dependent;
3. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

This rider is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.

A handwritten signature in cursive script, appearing to read "Teresa White".

Teresa White, President

A handwritten signature in cursive script, appearing to read "J. Matthew Loudermilk".

J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

NOTICE OF NON-INSURANCE BENEFITS ENDORSEMENT

This Endorsement is added to and part of the Policy to which it is attached.

Continental American Insurance Company (CAIC) may offer or provide goods and/or services that are not related to insurance. The services will fall under the same benefit plan that includes or is related to the applicable CAIC coverage, individual wellness programs, and related services.

The services may be offered by the Policyholder, at the Policyholder's discretion, to its group employees. While the Endorsement is attached to the Policy, it is at the group employee's sole discretion to utilize the services listed below. Any one or more of the services listed below may be available, but may not represent the group employee's exact selection.

Though CAIC has arranged these goods, services, and/or third-party provider discounts, the third-party providers—**not CAIC**—are liable to group employees for these goods and services. CAIC is not responsible for providing the goods and/or services, nor is CAIC liable to group employees for the negligent provision of these goods and/or services by third-party service providers. The third-party providers will address inquiries from group employees about the provision of these goods, services, and/or third-party discounts. In the event the third-party provider cannot meet contractual obligations, CAIC will pursue a new contract with a similar vendor to provide the services listed below. Access to these services will end when Plan coverage ends, as described in the Termination provisions in the Master Policy.

The services listed below incur a \$2/month service charge. This service charge is included in the premium amount shown on the Certificate Schedule.

- **Fraud Protection** – this third-party service offers fraud protection that will secure and monitor personal information and provide identity restoration services in the event of identity theft or fraud.
- **Core Advocacy** – this third-party service offers access to a dedicated, Personal Health Advocate who can help solve a wide variety of health- and insurance-related issues, such as:
 - Reviewing and explaining medical coverage and offering advice on care options and costs.
 - Locating providers for second opinions.
 - Scheduling appointments with specialists.
 - Clarifying complex conditions.
 - Resolving insurance claims.
 - Addressing eldercare issues and coordinating long-distance support for family members.
- **Medical Bill Saver** – this third-party service offers highly skilled negotiators to work on the group employees' behalf to obtain a discount on any medical or dental bill over \$400 not covered by insurance, regardless of insurance or benefit status.
- **Telemedicine** – this third-party service offers a low-cost option for medical care by enabling group employees to connect with a medical provider online and receive personalized treatment. The Telemedicine visit could cost between \$25 and \$195. When medically appropriate, providers submit an e-prescription to a local pharmacy for purchase, pick up, and review (in person) with a local pharmacist.
- **Discount Bundle** – this third-party service offers discounts on dental, vision, pharmacy and hearing care services to group employees through a web portal. The discounts for the dental, hearing, and vision services are available with a purchase of a \$12 pass, which allows access to a network of providers in the group employee's geographical location.

- **Personal Wellness** – this third-party services helps group employees develop a healthy lifestyle plan to achieve their wellness goals through online workshops and tools related to weight loss, nutrition, stress management, tobacco cessation, and related issues.
- **Financial and Legal Fitness** – this third-party service assists group employees with online tools for financial and legal preparedness on topics such as eldercare, estate and retirement planning, college savings plans and budgeting, financial calculators, webinars and tutorials, and articles providing general financial education. Service also provides limited complementary access to consultative services from licensed professionals to assist with legal and financial matters.
- **Online Family Care Resource** – this third-party service offers access to a comprehensive online resource enabling group employees to manage their family care needs through services such as locating emergency child care, nanny services and elder care, daycare, tutors, dog-sitters/walkers, home companions and personal care services.
- **Student Loan Assistance** – this third-party service offers employers an administrative service to assist them in coordinating the payment of their group employee's student loans. The service also provides a refinancing market to assist group employees in paying down their student loans quicker.
- **College Advisory Service** – this third-party service provides assistance to group employees by helping to create a long-term plan for their children's educational future. The service helps the group employee navigate the intricacies of applying for college, financing college tuition, and understanding financial aid.
- **Employee Assistance Program** - this third-party service offers counseling with available licensed professional counselors to address stress, depression, family issues, substance abuse, and other topics.
- **Funeral Concierge** - this third-party service provides personal advisors who are available 24-hours a day to help with all funeral-related issues, including developing a personal funeral plan, and negotiation assistance for funeral services.
- **Travel Assistance** - this third-party service provides 24-hour, toll-free service for a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies group employees may encounter when they travel.
- **Flexible Spending Administration** – this third-party service administers funds designated by the group employee for payment of tax qualified medical expenses and dependent-care expenses.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary

For assistance or information about this notice, call 800.433.3036.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE
TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**
(For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas Policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (the "Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contract holder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limits, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance Guaranty Association
515 Congress Avenue
Suite 1875
Austin, TX 78701
(800)-982-6362 or www.txlifega.org

Texas Department of Insurance
Post Office Box 149104
Austin, Texas 78714-9104
(800)-252-3439 or www.tdi.texas.gov