

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they’re unexpected. How you care for them shouldn’t be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor’s office

Colonial Life’s Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you’ll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You’re paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... \$200
- X-ray Benefit..... \$60
- Ambulance\$600
- Air Ambulance..... \$2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$9,600	\$19,200
Knee (except patella)	\$4,800	\$9,600
Ankle – Bone or Bones of the Foot (other than Toes)	\$3,840	\$7,680
Collarbone (Sternoclavicular)	\$2,400	\$4,800
Lower Jaw, Shoulder, Elbow, Wrist	\$1,440	\$2,880
Bone or Bones of the Hand	\$1,440	\$2,880
Collarbone (Acromioclavicular and Separation)	\$480	\$960
One Toe or Finger	\$480	\$960

Fractures	Non-Surgical	Surgical
Depressed Skull	\$9,000	\$18,000
Non-Depressed Skull	\$3,600	\$7,200
Hip, Thigh	\$5,400	\$10,800
Body of Vertebrae, Pelvis, Leg	\$2,700	\$5,400
Bones of Face or Nose (except mandible or maxilla)	\$1,260	\$2,520
Upper Jaw, Maxilla	\$1,260	\$2,520
Upper Arm between Elbow and Shoulder	\$1,260	\$2,520
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$1,080	\$2,160
Shoulder Blade, Collarbone, Vertebral Process	\$1,080	\$2,160
Forearm, Wrist, Hand	\$1,080	\$2,160
Rib	\$900	\$1,800
Coccyx	\$720	\$1,440
Finger, Toe	\$360	\$720

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) \$1,000 to \$12,000
- Coma.....\$12,500
- Concussion\$150
- Emergency Dental Work \$100 Extraction, \$400 Crown, Implant, or Denture
- Lacerations (based on size)..... \$50 to \$800

Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$750 - one, \$1,500 - two or more
- Ruptured Disc\$750
- Torn Knee Cartilage\$750

Surgical Care

- Surgery (cranial, open abdominal or thoracic) \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$300
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$600 per round trip up to 3 round trips
- Lodging (family member or companion).....\$150 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* \$2,000 per accident
 - Hospital ICU Admission* \$4,000 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement \$300 per day up to 365 days per accident
 - Hospital ICU Confinement\$600 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 4 visits per accident)
- Medical Imaging Study\$300 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$35 per treatment up to 10 days
- Appliances \$125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$750 - one, \$1,500 - more than 1
- Rehabilitation Unit.....\$150 per day up to 15 days per covered accident,
and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe \$1,250 – one, \$2,400 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye \$12,000 – one, \$24,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

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

Named Insured \$25,000 Spouse\$25,000 Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.
Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$50,000	\$200,000
● Spouse	\$50,000	\$200,000
● Child(ren)	\$10,000	\$40,000

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

- Employee Only Spouse Only One Child Only Employee & Spouse
- One-Parent Family, with Employee One-Parent Family, with Spouse Two-Parent Family

When are covered accident benefits available? (check one)

- On and Off -Job Benefits Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-NS-NC. This is not an insurance contract and only the actual policy provisions will control.

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ACCIDENT ONLY INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0-HS, and state abbreviations where used.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered accident unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accident Emergency Treatment - \$200

Benefit payable if, as the result of a covered accident, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered accident. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - \$50, Maximum of four visits per covered person per covered accident

Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered accident. Treatment must begin within 60 days of the covered accident, be completed with 365 days of the covered accident, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured \$50,000 Spouse \$50,000 Children \$10,000

Benefit payable if a covered person is injured in a covered accident and the injury causes the covered person to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured \$200,000 Spouse \$200,000 Children \$40,000

Benefit payable if, as the result of a covered accident, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the accident. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)

\$1,200 Payable for loss of: one finger or one toe

\$2,400 Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.

\$12,000 Payable for loss of: one hand, or one foot, or sight of one eye.

\$24,000 Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident and a charge is incurred, as the result of a covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - \$2,000

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 48 hours after the covered accident.

Ambulance - \$600

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 90 days after the covered accident.

Appliance - \$125

Benefit payable if, as the result of a covered accident, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - \$300

Benefit payable if, as the result of a covered accident, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered accident, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor within 72 hours after the accident for burns as described below, and a charge must be incurred.

\$1,000 - Second degree burns covering a total of at least 36% of the body surface

\$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches

\$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches

\$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	\$25,000
	Spouse	\$25,000
	Child(ren)	\$12,500
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	\$12,500
	Spouse	\$12,500
	Child(ren)	\$6,250
After the covered person's attaining age 70	Named Insured	\$6,250
	Spouse	\$6,250
	Child(ren)	\$3,125

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered accident and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.

Catastrophic loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

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

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident. The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma - \$12,500

Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered accident, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term "coma" does not include any medically induced coma.

Concussion - \$150

Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered accident as the result of a covered accident and a charge is incurred.

Dislocation (Separated Joint)

<u>Complete Dislocation of Joint</u>	<u>Closed Reduction (with Anesthesia)</u>	<u>Open Reduction (with Anesthesia)</u>
Hip	\$9,600	\$19,200
Knee (except patella)	\$4,800	\$9,600
Ankle - bone or bones of the foot (other than toes)	\$3,840	\$7,680
Collarbone (sternoclavicular)	\$2,400	\$4,800
Lower jaw, shoulder (glenohumeral), elbow, wrist	\$1,440	\$2,880
Bone or bones of the hand (other than fingers)	\$1,440	\$2,880
Collarbone (acromioclavicular and separation), one toe or finger	\$480	\$960

25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.

Benefit payable if, as the result of a covered accident, any covered person has a dislocation diagnosed by a doctor within 90 days after the accident; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

Emergency Dental Work - \$400 - Broken tooth repaired with a crown, dentures or implant
\$100 - Broken tooth resulting in extraction

The specified dental services must be required by a covered person as the result of injuries received in an accident, must begin within 60 days of the covered accident and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered accident, regardless of the number of teeth involved.

Eye Injury - \$300

Benefit payable if, as the result of a covered accident, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered accident and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	\$9,000	\$18,000
Skull (except bones of face or nose) non-depressed skull fracture	\$3,600	\$7,200
Hip, thigh (femur)	\$5,400	\$10,800
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	\$2,700	\$5,400
Bones of face or nose (except mandible or maxilla)	\$1,260	\$2,520
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	\$1,260	\$2,520
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	\$1,080	\$2,160
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	\$1,080	\$2,160
Rib	\$900	\$1,800
Coccyx	\$720	\$1,440
Finger, Toe	\$360	\$720
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered accident, a covered person has a fracture diagnosed by a doctor within 90 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered accident, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Hospital Admission - \$2,000

Benefit payable if, as the result of a covered accident, a covered person is confined in a hospital within six months after the accident and a charge is incurred. Payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement - \$300 per day up to 365 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - \$4,000 - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered accident and a charge is incurred; payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.

Hospital Intensive Care Unit Confinement - \$600 per day up to 15 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the accident, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - \$750 - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered accident. The torn knee cartilage must be repaired through surgery within 12 months after the covered accident, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration

\$100 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$400 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches

\$800 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches

\$50 - Laceration(s) with no repair

Benefit payable if, as the result of a covered accident, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - \$150 per night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered accident, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - \$300 payable once per covered person per covered accident and once per calendar year

Benefit payable if, as the result of a covered accident, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - \$35 per day up to 10 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered accident and be completed within six months after the covered accident, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device / Artificial Limb

\$750 - One prosthetic device or artificial limb

\$1,500 - Two or more devices or artificial limbs.

Benefit payable if, as the result of a covered accident, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - \$150 per day, up to 15 days per covered person per covered accident, and a maximum of 30 days per calendar year

Benefit payable if, as the result of a covered accident, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - \$750

Benefit payable if, as the result of a covered accident, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident. A charge must be incurred for the repair.

**Surgery - Cranial, Open Abdominal and Thoracic \$1,500
Hernia \$150**

Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered accident, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered accident and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered accident, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered accident. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered accident, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - \$300

Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered accident to explore or repair injuries received as the result of a covered accident. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff

\$750 - Repair of one tendon, ligament or rotator cuff

\$1,500 - Repair of two or more of the above.

Benefit payable if, as the result of a covered accident, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered accident, and a charge must be incurred.

Transportation - \$600 per round trip up to three round trips per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray \$60

Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

IMPORTANT WORDS IN THE POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **Covered Accident** is an accident which: occurs on or after the effective date of the policy; occurs while the policy is in force; is of the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X- ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

A **Hospital Intensive Care Unit** means a place which: 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; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor 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: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.

A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

An **Off-Job Accident** means an accident that occurs while a covered person is not working at any job for pay or benefits. An **On-Job Accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from
- any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
 - having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
 - committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
 - being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.
- Losses
- as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.