

# Accident Insurance

CHEIBA Trust | All Eligible Employees | 935917

## Protect your savings against an accident

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

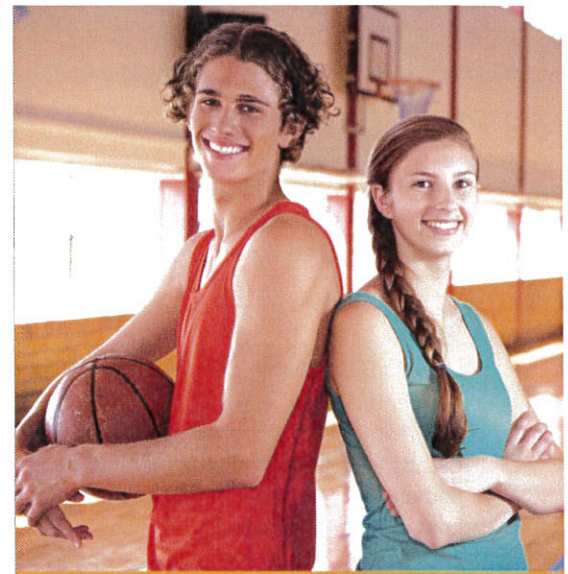
The benefit schedule on the following pages lists what the plan pays for covered accidents.

### You can elect coverage for:

You	You and your spouse
You and your children	You and your family

### Additional features

- **This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too.** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations



## What did Accident insurance mean for the Smiths?

This family of five is no stranger to sports accidents. Last June, their daughter Julie who is the top scorer on her soccer team tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball that same year.

- The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.
- We reviewed the claim medical information, including details from their physicians, and approved the claims.
- The cash benefits helped the Smith family meet their medical deductible.

*Falls are the leading cause of injury treated in emergency rooms every year, for people of all ages.\**

## Benefit schedule

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable. The full list of benefits is listed here. Choose the plan that best meet your needs and your budget.

### Benefit

*Life and Dismemberment Losses (shown for employee only\*)*

	Benefit
Accidental Death	\$15,000
Accidental Death Common Carrier	\$30,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$7,500
Loss of one hand, foot, leg, or arm	\$3,750
Loss of sight of one eye or loss of one eye	\$3,750
Two or more fingers or toes	\$750
One finger or one toe	\$375

### Dislocations

	Open (surgery)	Closed (no surgery)
Hip	\$2,000	\$1,000
Knee, ankle, bones of the foot	\$1,000	\$500
Elbow or wrist	\$400	\$200
Shoulder	\$500	\$250
Collarbone, bones of the hand	\$800	\$400
Finger(s) or toe(s)	\$100	\$50
Lower jaw	\$400	\$200

### Fractures

	Open (surgery)	Closed (no surgery)
Hip or thigh	\$2,000	\$1,000
Skull-depressed	\$3,000	\$1,500
Skull-simple	\$1,500	\$750
Vertebral process	\$350	\$175
Bones of the face	\$350	\$175
Bones of the nose	\$350	\$175
Leg	\$1,000	\$500
Vertebrae, Sternum	\$800	\$400
Pelvis	\$800	\$400
Upper jaw or upper arm	\$375	\$190
Lower jaw	\$325	\$170
Collarbone	\$325	\$170
Shoulder	\$325	\$170
Forearm	\$325	\$170
Hand or wrist	\$325	\$170
Foot	\$325	\$170
Ankle	\$325	\$170
Kneecap	\$325	\$170
Elbow	\$325	\$170
Heel	\$325	\$170
Rib	\$175	\$90
Finger	\$175	\$90
Toe	\$175	\$90
Coccyx	\$175	\$90
Multiple ribs	\$500	\$250

**Additional Injuries**

Eye injury – Surgery	\$125
Eye Injury – Object remove	\$125
Gunshot wound	\$250
Paralysis – paraplegia	\$12,500
Paralysis – quadriplegia	\$25,000
Coma	\$5,000
Concussion	\$50

**Lacerations**

No sutures treated by doctor	\$20
Single laceration under 5 cm with sutures	\$35
5 to 15 cm with sutures (total of all lacerations)	\$125
Greater than 15 cm with sutures (total of all lacerations)	\$250

**Burns**

	2 <sup>nd</sup> degree	3 <sup>rd</sup> degree
21 to 40 square centimeters	\$200	\$500
41-65 sq cm	\$400	\$1,000
66-160 sq cm	\$600	\$3,000
161-225 sq cm	\$800	\$7,000
More than 225 sq cm	\$1,000	\$10,000
Skin graft	50% of the applicable Burn Benefit	

**Medical Services**

Diagnostic Exam: CT, CAT, MRI, EEG, EKG	\$100
X-ray (1 time per benefit year)	\$25
Emergency treatment in a non-emergency room	\$25
Physician's follow-up office visit (per visit, up to 6 visits per Covered Accident)	\$25
Physical Therapy per visit (up to 10 visits per Covered Accident)	\$25
Medical Devices	\$100
Epidural (up to 2 injections per Covered Accident)	\$25
Prescription Drug	\$15
Prosthesis – one	\$250
Prosthesis – two	\$500
Blood, Plasma or Platelet Transfusion	\$100

**Hospital**

Hospital Admission	\$500
Hospital Confinement per day (up to 365 days per Covered Accident)	\$150
ICU Admission	\$750
ICU per day (up to 14 days)	\$300
Ambulance Ground	\$100
Ambulance Air	\$750
Emergency Room Admission	\$100
Rehab per day (per day, up to 30 days per Covered Accident)	\$50

**Surgery**

Miscellaneous surgery	\$150
Open surgery	\$625
Exploratory surgery or debridement	\$125
Tendon/ligament/rotator cuff tear single	\$300
Ruptured / herniated disc	\$300
Torn knee cartilage	\$300

**Emergency Dental**

Emergency dental extraction	\$30
Emergency dental crown	\$100

## Wellness

Wellness Screening (1 per year)

\$50

\*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

## Accident FAQs

### What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your certificate for details.

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### How do I file a claim?

We will ask for information from you and your doctor about the specific accident and the treatment provided. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Accident insurance is a limited benefit policy. The certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

**Read the important plan provisions section for more information including limitations and exclusions.**

\*Health, United States, 2016," US Department of Health and Human Services, Table 75.

# Rate Sheet

Coverage and **monthly** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

<b>Coverage</b>	<b>Monthly Cost*</b>
Employee	\$5.60
Employee + Spouse	\$9.29
Employee + Child(ren)	\$10.20
Employee + Family	\$13.89

\*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.



**SUN LIFE ASSURANCE COMPANY OF CANADA**  
One Sun Life Executive Park, Wellesley Hills, MA 02481  
(800) 247-6875

**GROUP ACCIDENT-ONLY INSURANCE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS**

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

**OUTLINE OF COVERAGE**

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy provisions will control. The Certificate and the Policy into which it is incorporated sets forth, in detail, the rights and obligations of both you and your insurance company and the terms and conditions under which benefits are paid. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Accident-only coverage is designed to provide, to persons insured, coverage from certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Policy and Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**BENEFITS**

The following benefits, subject to the election of your employer, **MAY** be covered under your Certificate. The benefit amount payable for each covered benefit will be shown in the Certificate Benefit Highlights.

**Accident Emergency Treatment (non-Emergency Room, non-Urgent Care Facility) Benefit**

An Accident Emergency Treatment (non-Emergency Room, non-Urgent Care Facility) Benefit is payable for each Insured who receives Treatment from a Physician as the result of Injuries received in a Covered Accident, provided the Treatment is received within 15 days after the date of the Covered Accident. This benefit is payable only once per Insured for each Covered Accident and not more than once per 24 hour period. If the Insured receives Treatment for the same Injuries in an Emergency Room or Urgent Care Facility within the same 15 day period, we will pay only the Emergency Room Treatment Benefit or the Urgent Care Facility Benefit.

**Accidental Death Benefit**

An Accidental Death Benefit is payable if an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Accident. If we pay this benefit for an Insured, we will not pay the Accidental Death Common Carrier Benefit for the same Insured.

**Accidental Death Common Carrier Benefit**

An Accidental Death Common Carrier Benefit is payable if an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If we pay this benefit for an Insured, we will not pay the Accidental Death Benefit for the same Insured.

**Accidental Dismemberment Benefit**

An Accidental Dismemberment Benefit is payable if an Insured sustains the following:

- Loss of Hand — one hand;
- Loss of Foot — one foot;
- Loss of Leg — one leg;

- Loss of Arm — one arm;
- Loss of a Finger or Loss of a Toe — one or more fingers or toes;
- Loss of an Eye — one eye;
- irrecoverable Loss of Sight — one eye;
- Loss of an Ear — one ear; or
- irrecoverable Loss of Hearing — one ear;

due to Injuries received in a Covered Accident and the loss occurs within 365 days after the date of the Covered Accident.

If the Insured loses a finger or a toe and later loses a hand, foot, arm or leg on the same side of the body within 365 days after the date of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for the loss of the finger or toe from the benefit we pay for the loss of the hand, foot, arm or leg.

For multiple Dismemberments resulting from the same Covered Accident that occur within 365 days after the date of the Covered Accident, we will pay 100% of each benefit amount listed in the Benefit Highlights for the applicable dismembered body part. If the Insured loses one arm or one leg and later loses the other arm or leg within 365 days of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for that loss of an arm or leg from the benefit we pay for the Catastrophic Accident Benefit. If the Insured loses one arm and one leg or one hand and one foot within 365 days of the Covered Accident as the result of the same Covered Accident, we will pay for the Catastrophic Accident Benefit. No Accidental Dismemberment Benefit will be paid in addition to the Catastrophic Accident Benefit.

#### **Ambulance Benefit (Air)**

An Ambulance Benefit is payable for a licensed professional air ambulance company to transport an Insured to or from a Hospital, or between medical facilities for Treatment of Injuries received in a Covered Accident. The air ambulance must provide the transportation services to the Insured within 72 hours after the date of the Covered Accident.

#### **Ambulance Benefit (Ground)**

An Ambulance Benefit is payable for a licensed professional ambulance company to transport an Insured by ground, to or from a Hospital or between medical facilities for Treatment of Injuries received in a Covered Accident. The ambulance must provide transportation services to the Insured within 72 hours after the date of the Covered Accident.

#### **Anesthesia Benefit**

An Anesthesia Benefit is payable for each Insured who requires Anesthesia as a result of Injuries received in a Covered Accident. The Anesthesia must be prescribed by a Physician and administered in a Hospital or Physician's office within 90 days after the date of the Covered Accident.

#### **Blood/Plasma/Platelet Transfusion Benefit**

A Blood/Plasma/Platelet Transfusion Benefit is payable for each Insured who requires a transfusion, administration, cross matching, typing and processing of blood, plasma or platelet as a result of Injuries received in a Covered Accident. The blood, plasma or platelet transfusion must be administered within 90 days after the date of the Covered Accident.



**Brain Injury Benefit**

A Brain Injury Benefit is payable for each Insured who sustains a brain Injury as a result of a Covered Accident. The brain Injury must be diagnosed within 72 hours of the Covered Accident. Brain Injury includes amnesia, loss of consciousness, temporary and complete blindness, seizures or other disruptions of the various chemical processes of the brain when incurred as a result of a Covered Accident. It does not include neurological disorders diagnosed as a coma or a concussion. If the Injury is diagnosed as temporary blindness and then results in permanent irrecoverable Loss of Sight of both eyes within 365 days of the Covered Accident as a result of the same Covered Accident, we will subtract from the Catastrophic Accident Benefit the amount we paid for the Brain Injury Benefit if the sole reason for paying the Brain Injury Benefit was due to blindness. Only one Brain Injury Benefit is payable for all brain Injuries sustained in the same Covered Accident.

**Burn Benefit**

A Burn Benefit is payable for each Insured who sustains covered burns shown in the Benefit Highlights as the result of Injuries received in a Covered Accident. The Insured must be treated by a Physician within 72 hours after the date of the Covered Accident. If the Insured meets more than one of the burn classifications, we will pay only the greater benefit amount as shown in the Benefit Highlights.

**Catastrophic Accident Benefit**

A Catastrophic Accident Benefit is payable if an Insured sustains the following:

- Loss of Hand — both hands;
- Loss of Foot — both feet;
- Loss of Arm or Loss of Leg — both arms or both legs;
- Loss of Hand and Loss of Foot — one hand and one foot;
- Loss of Arm and Loss of Leg — one arm and one leg;
- Loss of an Eye — both eyes;
- irrecoverable Loss of Sight — both eyes;
- Loss of an Ear — both ears;
- irrecoverable Loss of Hearing — both ears;
- irrecoverable Loss of Speech or the ability to speak; or
- any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye;

due to Injuries received in a Covered Accident and occurs within 365 days after the date of the Covered Accident. Loss of Arm and Loss of Hand or Loss of Leg and Loss of Foot on the same side of the body are counted as one loss. If the Insured loses one arm or one leg and later loses the other arm or leg within 365 days of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for that loss of an arm or leg from the benefit we pay for the Catastrophic Accident Benefit. If the Injury is diagnosed as temporary blindness and then results in permanent irrecoverable Loss of Sight of both eyes within 365 days of the Covered Accident as a result of the same Covered Accident, we will subtract from the Catastrophic Accident Benefit the amount we paid for the Brain Injury Benefit if the sole reason for paying the Brain Injury Benefit was due to blindness.

**Coma Benefit**

A Coma Benefit is payable for each Insured who is in a Coma as the result of Injuries received in a Covered Accident.

**Concussion Benefit**

A Concussion Benefit is payable for each Insured who sustains a concussion as the result of a Covered Accident up to the Lifetime Maximum Benefit shown in the Benefit Highlights. The concussion must be diagnosed by a Physician using x-ray, Computed Tomographies (CT Scan), or Magnetic Resonance Imaging (MRI) within 72 hours of the Covered Accident.

**Diagnostic Exam Benefit**

A Diagnostic Exam Benefit is payable for each Insured who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. The Insured must schedule an examination and the examination must be performed within 90 days after the date of the Covered Accident. Diagnostic exams include arteriogram, angiogram, Computed Tomographies (CT Scan), Computerized Axial Tomography (CAT), Electrocardiography (EKG), Electroencephalogram (EEG), Magnetic Resonance Imagings (MRIs) and x-rays. This benefit is payable only once per Benefit Year for each Insured.

**Dislocation Benefit**

A Dislocation Benefit is payable for each Insured who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require Anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction and it must be a complete Dislocation.

If the Dislocation requires reduction without Anesthesia by a Physician or a Physician diagnoses the dislocation as an Incomplete Dislocation, we will pay 25% of the applicable benefit amount shown in the Benefit Highlights for a Closed Reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident. Subsequent Dislocations of the same joint are not payable for the same Covered Accident.

If the Insured sustains more than one Dislocation in a Covered Accident that requires open or closed reduction, we will pay for no more than two Dislocations with the benefit paid being the two highest applicable benefit amounts as shown in the Benefit Highlights.

If the Insured sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the greater of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit as shown in the Benefit Highlights.

**Emergency Dental Benefit**

An Emergency Dental Benefit is payable for each Insured who requires dental work as the result of Injuries received in a Covered Accident. The dental work must occur within 60 days after the date of the Covered Accident. This benefit is only payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

**Emergency Room Treatment Benefit**

An Emergency Room Treatment Benefit is payable for each Insured who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident.

**Epidural Pain Management Benefit**

An Epidural Pain Management Benefit is payable for each Insured who receives an Epidural Injection administered for pain management for Injuries received in a Covered Accident. Epidural Injection means injection of drugs through a catheter placed into the epidural space. The epidural must be prescribed by a Physician and administered in a Hospital or Physician's office within 90 days after the date of the Covered Accident. This benefit is payable up to 2 times per Insured per Covered Accident. This benefit is not payable for an Epidural Injection administered during a surgical procedure and does not include epidural steroid injections.

**Eye Injury Benefit**

An Eye Injury Benefit is payable for each Insured who incurs an eye Injury as a result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician and must be performed within 30 days of the Covered Accident. Only one Eye Injury Benefit is payable for all eye Injuries sustained in the same Covered Accident.

**Fracture Benefit**

A Fracture Benefit is payable for each Insured who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must:

- be a Fracture covered under the Policy as shown in the Benefit Highlights;
- be diagnosed by a Physician within 90 days after the date of the Covered Accident; and
- require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

A partial benefit is payable for each Insured who sustains a Chip Fracture or other Fractures not reduced by open or closed reduction.

If an Insured sustains more than one Fracture in a Covered Accident which requires open or closed reduction, we will pay for no more than two Fractures with the benefit paid being the two highest applicable benefit amounts as shown in the Benefit Highlights.

If the Insured sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the greater of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit as shown in the Benefit Highlights.

**Gunshot Wound Benefit**

A Gunshot Wound Benefit is payable for each Insured who sustains a gunshot wound as a result of a Covered Accident. The gunshot wound must be caused by:

- a bullet; or
- other object fired by rifle or pistol using gunpowder.

The gunshot wound must be treated by a Physician at a Hospital within 24 hours of the shooting. Only one Gunshot Wound Benefit is payable for all gunshot Injuries sustained in the same Covered Accident.

**Hospital Admission Benefit**

A Hospital Admission Benefit is payable for each Insured admitted to a Hospital as a result of Injuries received in a Covered Accident. Admission to the Hospital must occur within 30 days after the date of the Covered Accident. If the Insured is Confined immediately to the Intensive Care Unit, we will pay only the Hospital Intensive Care Unit Admission Benefit and not the Hospital Admission Benefit. This benefit is payable only once per Benefit Year for each Insured.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- a stay of less than 24 hours in an Observation Unit.

**Hospital Confinement Benefit**

A Hospital Confinement Benefit is payable for each Insured Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If the Insured is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, we will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, we will treat the Confinement as a new Confinement.

The maximum benefit paid will not exceed number of days for the Hospital Confinement Benefit as shown in the Benefit Highlights.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- Confinement of less than 24 hours to an Observation Unit.

**Hospital Intensive Care Unit Admission Benefit**

A Hospital Intensive Care Unit Admission Benefit is payable for each Insured who is admitted to the Hospital's Intensive Care Unit due to Injuries sustained in a Covered Accident. Admission to the Hospital's Intensive Care Unit must occur within 30 days after the date of the Covered Accident. This benefit is payable only once per Benefit Year for each Insured.

**Hospital Intensive Care Unit Confinement Benefit**

A Hospital Intensive Care Unit Confinement Benefit is payable for each Insured Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If the Insured is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, we will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, we will treat the Confinement as a new Confinement.

If the Insured is Confined to a hospital intensive care unit that does not meet the definition of a Hospital Intensive Care Unit, we will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit is paid in addition to the Hospital Confinement Benefit for the first 15 days of Confinement in the Hospital Intensive Care Unit. If the Insured is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed the number of days for the Hospital Confinement Benefit and the number of days for the Hospital Intensive Care Unit Confinement Benefit as shown in the Benefit Highlights.

**Laceration Benefit**

A Laceration Benefit is payable for each Insured who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. This benefit is payable only once for each Covered Accident.

**Loss of Hearing/Ear Benefit**

A Loss of Hearing Benefit is payable if an Insured sustains the irrecoverable Loss of Hearing of one ear or both ears or the Loss of an Ear or both ears due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident.

**Loss of Sight/Eye Benefit**

A Loss of Sight Benefit is payable if an Insured sustains the irrecoverable Loss of Sight of one eye or both eyes or the Loss of an Eye or both eyes due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident.

**Medical Device Benefit**

A Medical Device Benefit is payable for the use of a medical device as an aid in personal locomotion or mobility. The medical device must be prescribed by a Physician for the Insured as a result of Injuries received in each Covered Accident. Medical devices include wheelchairs, crutches, walkers, back braces, leg braces, neck braces and walking boots. The use of a medical device must begin within 90 days after the date of the Covered Accident. This benefit is payable only once for each Covered Accident.

**Outpatient Visit Benefit**

An Outpatient Visit Benefit is payable when the Insured is treated by a Physician on an Outpatient basis as a result of a Covered Accident. The Treatment must be given within 90 days after the date of the Covered Accident.

**Paralysis Benefit**

A Paralysis Benefit is payable for each Insured who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must occur within 90 days of the Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence that the Paralysis was caused by Injury. The duration of the Paralysis must be at least 30 days and expected to be permanent.

**Physical and Occupational Therapy Benefit**

A Physical and Occupational Therapy Benefit is payable for each Insured who requires physical or occupational therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 90 days after:

- the date of the Covered Accident; or
- the date on which the Physician prescribes physical or occupational therapy following surgery or other medical treatment required and provided for Treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical or Occupational Therapist.

This benefit is limited to the maximum number of visits per Insured per Covered Accident as shown in the Benefit Highlights.

**Physician Follow-Up Treatment Benefit**

A Physician Follow-Up Treatment Benefit is payable for each Insured who receives follow-up Treatment for Injuries incurred from a Covered Accident when such follow-up Treatment is recommended or advised by a Physician. The follow-up Treatment must:

- be within 90 days after the date of the Covered Accident;
- be due to Injuries received as the result of a Covered Accident;
- occur after initial Treatment by a Physician; and
- not be for routine examinations or preventive testing.

This benefit includes follow-up Treatment provided by a licensed or certified chiropractor. This benefit is limited to the number of times per Insured per Covered Accident as shown in the Benefit Highlights.

**Prescription Drug Benefit**

A Prescription Drug Benefit is payable once per Covered Accident for each Insured who requires medication to treat an Injury sustained as a direct result of a Covered Accident. The medication must be prescribed by a Physician within 30 days of the Covered Accident.

**Prosthesis Benefit**

A Prosthesis Benefit is payable for an Insured who sustains Loss of Hand, Loss of Foot, Loss of Arm, Loss of Leg or Loss of an Eye as a result of Injuries received in a Covered Accident and requires a prosthetic device, artificial limb or eye which is prescribed by a Physician. The prosthetic device/artificial limb or eye must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for joint replacement such as an artificial hip or knee.

**Rehabilitation Unit Benefit**

A Rehabilitation Unit Benefit provides a daily benefit if the Insured is Confined in a Rehabilitation Unit for physical, occupational or speech therapy treatment of Injuries incurred from a Covered Accident. The rehabilitation unit confinement must begin within 90 days after the date of the Covered Accident and be preceded by Confinement in a Hospital. This benefit is limited to the maximum number of days per Insured per Covered Accident as shown in the Benefit Highlights. The Rehabilitation Unit benefit will not be paid if the Hospital Confinement Benefit is paid for the same day; only the highest eligible benefit will be paid.

**Skin Graft Benefit**

A Skin Graft Benefit is payable for each Insured who receives a skin graft within 90 days after the date of the Covered Accident for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Insured per Covered Accident.

**Surgery Benefit**

A Surgery Benefit is payable for each Insured who undergoes a surgical procedure listed in the Benefit Highlights for repair of internal Injuries received as the result of a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery within 180 days of the date of the Covered Accident. The surgery may be provided in a Hospital on an Inpatient or Outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for Exploratory Surgery or other specified surgery without repair as shown in the Benefit Highlights.

*Debridement Benefit*

A Debridement Benefit is payable for each Insured who undergoes debridement as the result of an Injury received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

*Exploratory Surgery Benefit*

An Exploratory Surgery Benefit is payable for each Insured who undergoes an operation performed for diagnostic purposes only as the result of an Injury received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the surgery must be performed by a Physician within 180 days after the date of the Covered Accident.

*Hernia Repair Benefit*

A Hernia Repair Benefit is payable for each Insured who sustains a hernia as the result of direct Injuries in a Covered Accident. The hernia must be diagnosed by a Physician within 30 days and must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

#### *Laparoscopic Surgery Benefit*

A Laparoscopic Surgery Benefit is payable for each Insured who undergoes Laparoscopic Surgery for Injuries sustained in a Covered Accident. The Laparoscopic Surgery must occur within 90 days after the date of the Covered Accident.

#### *Miscellaneous Surgery Benefit*

A Miscellaneous Surgery Benefit is payable for each Insured who undergoes a surgery requiring Anesthesia received as the result of a Covered Accident that is not covered by any other Injury benefit in the Benefit Highlights. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident. Only one Miscellaneous Surgery Benefit is payable per 24 hour period even though multiple surgical procedures may be performed.

#### *Open Surgery Benefit*

An Open Surgery Benefit is payable for each Insured who undergoes open abdominal, cranial or thoracic surgery to repair internal Injuries received as the result of a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident. Benefits will be payable for Exploratory Surgery or other specified surgery without repair as shown in the Benefit Highlights. We will pay this benefit once per Covered Accident.

#### *Ruptured/Herniated Disc Benefit*

A Ruptured/Herniated Disc Benefit is payable for each Insured who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

#### *Tendon/Ligament /Rotator Cuff Benefit*

A Tendon/Ligament/Rotator Cuff Benefit is payable for each Insured who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Benefit Highlights.

#### *Torn Knee Cartilage Benefit*

A Torn Knee Cartilage Benefit is payable for each Insured who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Benefit Highlights.

If any Insured receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

#### **Urgent Care Facility Benefit**

An Urgent Care Facility Benefit is payable for each Insured who requires emergency or urgent Treatment at an Urgent Care Facility for Injuries sustained in a Covered Accident. The Treatment must occur within 72 hours after the date of the Covered Accident.

### **Wellness Screening Benefit**

A Wellness Screening Benefit is payable for each Insured who has any one of the following wellness screening tests performed:

- Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Cardiac Exercise Stress Test
- Fasting Blood Glucose Test
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- Hemocult Stool Analysis
- CEA (blood test for colon cancer)
- Chest x-ray
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Serum Protein Electrophoresis
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Carotid Doppler
- Echocardiogram
- Electrocardiogram (ECG)-resting or stress
- Immunizations
- Interscholastic Sports Physical Exam

To receive this benefit, you must notify us of which wellness screening test was performed. The benefit is payable once per Insured per Benefit Year.

### **EXCLUSIONS**

*Exclusions applicable to your Certificate may vary by state insurance law and regulation.*

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
  1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
  2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
  3. flying in your Employer's corporate aircraft as a passenger or crew member; or
  4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;



- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants or huffing;
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- incarceration in a penal institution of any kind;
- An Injury arising out of or in the course of any work for pay or profit. This exclusion will not apply to an Insured who is enrolled for 24-Hour Coverage.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

#### **GENERAL**

Premium rates for the coverage may change.

Accident insurance coverage is subject to termination as stated in the Policy.

# Notes

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