

Accident Protector

Benefit Summary

Benefits	Accident Benefit Amount	Benefit Limits
Wellness		
Health Screening	\$50	one time per covered person per policy year; specified screening only; 90 day wait
Hospital		
Admission	\$800	per admission
Confinement	\$200	per day
Intensive Care	\$200	per day/30 day maximum
Emergency Room (ER)	\$100 (c)	one visit per covered accident
Injuries		
Medical Appliance	\$100	per covered accident
Concussion	\$100	per covered accident
Outpatient Surgery		
-Minor*	\$250 (c)	per covered accident
-Major*	\$1,000 (c)	per covered accident
Fractures		
-Minor**	\$250 (c)	per covered accident
-Major	\$1,000 (c)	per covered accident
Follow-up		
Physician ER follow-up treatment	\$25	per visit; up to four visits per covered accident
Physical Therapy	\$25	per visit; up to ten visits per covered accident
Convalescence (Recovery following hospital confinement)	\$100	per day; maximum of one time the length of hospital confinement
Additional Benefits		
Blood/Blood Plasma	\$150	per covered accident
Ambulance	\$100 ground/\$ 500 air	per covered accident
Transportation	\$300	per trip/three trip maximum
Family Lodging	\$100	per day up to a lifetime maximum of 30 days; for family member only
Accidental Death or Dismemberment		
Employee:		
-Death (Common Carrier)	\$100,000	
-Death (any accident)	\$ 25,000	
-Single Dismemberment/loss	\$ 10,000	
-Double Dismemberment/loss	\$ 25,000	
Family (Spouse/Child):		
-Death (Common Carrier)	\$100,000/\$ 50,000	
-Death (any accident)	\$ 10,000/\$ 5,000	
-Single Dismemberment	\$ 5,000/\$ 2,500	
-Double Dismemberment	\$ 10,000/\$ 5,000	

*Major = in hospital; Minor = ER, doctor's office **Minor: nose, teeth, fingers, thumb, toes
(c) = child coverage benefit amount reduced by one-half

See reverse side for exclusion information.



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Exclusions

Benefits will not be payable if a loss is directly caused by or results from any sickness or disease or a covered person's:

1. suicide, attempted suicide or intentionally self-inflicted injury.
2. committing or attempting to commit a felony.
3. being under the influence of a controlled substance or illegal drugs (unless administered by a physician and taken according to the physician's instructions), or while intoxicated (as defined by the law of jurisdiction in which the accident occurred).
4. engaging in hang gliding, parachuting, bungee jumping, parasailing or any similar activities.
5. participating in any sport or sporting activity for which any type of compensation or remuneration is received, or racing any type of vehicle in any organized event.
6. being exposed to war or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto.
7. travel or flight in any kind of aircraft except as a fare-paying passenger in an aircraft operated on a regular schedule by a common carrier for passenger service over an established air route.

This document is only a brief summary of the product features, benefits, exclusions and costs and are subject to change. For complete information see your agent and/or the actual policy.

