Accident Protector

Benefit Summary

| Benefits | Accident Benefit Amount | Benefit Limits |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|
| Wellness | | |
| Health Screening | \$50 | one time 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 | one visit per covered accident |
| Injuries | | |
| Medical Appliance | \$100 | per covered accident |
| Concussion | \$100 | per covered accident |
| Outpatient Surgery | · | · |
| -Minor* | \$250 | per covered accident |
| -Major* | \$1,000 | per covered accident |
| Fractures | *** | |
| -Minor** | \$250 \$1,000 | per covered accident |
| -Major | \$1,000 | 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) -Death (any accident) -Single Dismemberment/loss -Double Dismemberment/loss | \$100,000 \$ 25,000 \$ 10,000 \$ 25,000 | |
| *Major = in hospital; Minor = ER, doctor's | office **Minor: nose, teeth, fingers, the | umb, toes |

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 or attempted suicide.
- 2. intentionally self-inflicted injury (this exclusion does not apply to the Accidental Death and Dismemberment Benefits provision).
- 3. committing or attempting to commit a felony.
- 4. driving or operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law or being under the influence of a controlled substance or illegal drugs (unless administered by a physician and taken according to the physician's instructions).
- 5. engaging in hang gliding, parachuting, bungee jumping or parasailing.
- 6. 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.
- 7. being exposed to war or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto.
- 8. 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 some of the product features and benefits. For costs and complete information regarding benefits, definitions, exclusions, exceptions and limitations, see your agent and/or the actual policy. Product availability, features and costs may vary by state.

