

Benefits - Benefit paid for the following conditions (subject to maximums as listed on pages 3 and 4)

ACCIDENT FACILITY CARE BENEFITS

Initial Hospital Admission - first admission to a hospital in a calendar year

Daily Hospital Confinement - maximum of 365 days over a two year period following the covered accident

Intensive Care Unit Confinement - maximum of 180 days

ACCIDENT INJURIES BENEFITS

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage

Broken Tooth - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing

Burns - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid

Coma - unconsciousness lasting seven or more days; during which time, the Glasgow Coma Score is 4 or lower. Medically induced comas, coma resulting directly from drug or alcohol use, and diagnosis of brain death are excluded

Laceration - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid

Paralysis - complete/permanent loss of use of one or more limbs for 90 consecutive days

Skin Graft - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit

ACCIDENT TREATMENT AND URGENT CARE BENEFITS

Accident Follow-Up Treatment - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow-Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid

Accident Physician Treatment - treatment by a doctor

Ambulance - transportation by a licensed ground or air ambulance service. Both services pay once per accident per year

Urgent Care - services received at an urgent care facility

X-ray - must be ordered by a doctor

Emergency Room Services - treatment in an emergency room

Blood, Plasma or Platelets - transfusion of blood products to treat an injury

Eye Injury - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery

General Anesthesia - administered for surgery, provided one of the certificate surgery benefits is paid

Ligament, Rotator Cuff, Tendon, or Knee Cartilage Surgery - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed tendon, ligament, rotator cuff or knee cartilage. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Miscellaneous Outpatient Surgery - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Open Abdominal or Thoracic Surgery - performed by a doctor for diagnosis or repair. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Ruptured or Herniated Disc Surgery - surgical repair for a ruptured disc of the spine. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Major Diagnostic Exam - CAT or CT scan, EEG, MRI, PET, ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid

Pain Management - epidural injection or nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered

TREATMENT, SUPPORT AND RECOVERY BENEFITS

Companion Non-Local Lodging - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days

Medical Equipment - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair, or scooter that aids in mobility

Medical Supplies - purchase of medical supplies

Medication - purchase of prescription or over-the-counter medication

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment,

when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance

Post-Accident Common Carrier Transportation - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person

Prosthetic Device - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs)

Residence or Automobile Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle

Therapy - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accidental Death - death caused by a covered accident

Common Carrier Accidental Death - death while traveling as a fare-paying passenger on a common carrier

Accidental Dismemberment - dismemberment(s) caused by a covered accident. If this benefit was previously paid for the loss of a finger, hand, foot or toe and a second dismemberment occurs under the same covered accident in the same area of the body within 180 days, the benefit will be reduced by the

previously paid amount

Functional Loss - total and irreversible loss of hearing, sight or speech lasting at least 30 days and caused by a covered accident

OPTIONAL/ADDITIONAL RIDER BENEFITS

Dislocation and Fracture - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on page 3

Closed Reduction - non-surgical repair of a dislocation or fracture, including immobilization

Open Reduction - surgical repair of a dislocation or fracture

Avulsion Fracture - tendon or ligament pulls off a piece of bone

Chip Fracture - small fragment of bone is broken off

Stress Fracture - tiny cracks in bone often caused by repetitive force

Partial Dislocation - joint is not completely separated

Fixed Health Screening Services - coverage for one eligible service performed each year for each covered person. Covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Dental Exam; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Eye Exam; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hearing Test; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Immunization; Inpatient Visit for routine newborn care; Lipid Panel (total cholesterol count); Mammography (including

breast ultrasound); Mental Health Assessments, including Patient Health Questionnaire-9 (PHQ-9), Beck Depression Inventory (BDI-II), and Hamilton Depression Rating Scale (HAM-D); Office Visits for Preventative Care; Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Sexually Transmitted Infections (STI) test; Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound for cancer detection; Any exam or screening for cancer detection other than those listed