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Covered Activities:

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Class 1:

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- Supervised and Sponsored Activities of the Policyholder, including travel directly and without interruption, to and from the Covered Person's home and the site of the activity. Policyholder sponsored domestic travel is also included.

BENEFIT	LIMIT
Accidental Death and Dismemberment	Principal Sum: \$5,000
Aggregate Limit of Liability per Covered Accident	\$100,000
Accident Medical and Dental Expense	<ul style="list-style-type: none"> Accident Medical Expense: \$10,000 Co-Insurance 100% Deductible \$500 Vanishing Terms of Payment Full Excess Loss Period (first Covered Accident Expenses must be incurred within) 90 days after the date of the Covered Accident Benefit Period 12 months

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within 365 days of the date of the accident that caused the Injury, the Company will pay the percentage of the Principal Sum shown below for that loss. If multiple losses occur, only one Benefit, the largest, will be paid for all Covered Losses due to the same Covered Accident.

Loss of: _____	Benefit: _____
	(Percentage of Principal Sum)
Life.....	100%
Quadriplegia.....	100%
Two or More Members.....	100%
One Member.....	50%
Hemiplegia.....	75%

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		Uniplegia.....	25%	
		Thumb and Index Finger of the Same Hand.....	25%	
	ti	Four fingers of the Same Hand.....	25%	ti
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“Member” means Hand or Foot, Arm or Leg, Sight, Speech and Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of Arm or Leg” means complete severance through or above the elbow or knee joint. “Loss of sight” means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Quadriplegia” means total Paralysis of both upper and lower limbs. “Uniplegia” means total Paralysis of one lower limb or one upper limb.

Aggregate Limit of Liability

The maximum amount the Company will pay on behalf of all Covered Persons for all covered Accidental Death and Dismemberment losses resulting from the same Accident will not exceed the Aggregate Limit of Liability as described in this New Business Proposal.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

If a Covered Person suffers an Injury that requires him or her to be treated by a Physician within the Loss Period, the Company will pay up to the Accident Medical and Dental Expense Benefits maximum amount for Covered Medical Expenses incurred by the Covered Person that result directly, and from no other cause, from all Injuries caused by the covered accident. These benefits are subject to the Deductions, Coinsurance Factors, and Benefit Periods outlined in the New Business Proposal above.

Accident Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deduction, if any, has been met;
 - 2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
 - 3) for Covered Medical Expenses incurred within the designated Benefit Period after the date of the Covered Accident.
- No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses include:

- 1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
- 2) Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
- 3) Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.

- 4) Registered Nurse Services Expenses for private duty nursing while a Covered Person is Hospital Confined, when services are ordered by a Physician.
- 5) Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
- 6) Outpatient surgery expenses, including Ambulatory Surgical Center.
- 7) Outpatient surgical room and supply expenses for use of the surgical facility.
- 8) Outpatient diagnostic x-rays, laboratory procedures and test expenses.
- 9) Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
- 10) Second surgical opinion expenses.
- 11) Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
- 12) Assistant Surgeon expenses when Medically Necessary.
- 13) Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- 14) Outpatient laboratory test expenses.
- 15) Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
- 16) Post-surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
- 17) X-ray expenses (including reading charges) not including dental x-rays.
- 18) Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
- 19) Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident.
- 20) Dental expenses related to the installation of crowns, caps, bridges and dentures; oral surgery and endodontics and repair or replacement of caps and crowns that existed prior to the Covered Accident.
- 21) Outpatient registered nurse services if ordered by a Physician.
- 22) Ambulance expenses for transportation from the Accident site to the Hospital.
- 23) Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- 24) Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
- 25) Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
- 26) Medical services and supplies for blood and blood transfusions; oxygen and its administration.
- 27) Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
- 28) Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.
- 29) Temporomandibular joint /craniomandibular disorder expenses for surgical and nonsurgical services including diagnostic and therapeutic procedures by a Physician or dentist for treatment of a disorder caused by a Covered

Accident. We will not pay for orthodontic braces, crowns, bridges, dentures, treatment of periodontal disease, dental root form implants or root canals.

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TERMS OF PAYMENT FOR ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Full Excess: Covered Medical Expenses incurred by a Covered Person, subject to any cost containment limits set out in the Summary above, will be paid on an excess basis after any other valid and collectible insurance payments.

Failure by a Covered Person to follow the terms and conditions and/or failure to utilize the network providers and facilities of his or her primary coverage will result in a benefit reduction of Covered Medical Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the Covered Person's primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

EXCLUSIONS

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an accidental bodily Injury, unless otherwise covered under the policy by Additional Benefits:

1. Suicide, self-destruction, a completed self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Disease or disorder of the body or mind.
6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
7. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
8. Intoxication or being under the influence of any drug or narcotic.
9. Violation or in violation or a attempt to violate any duly-enacted law or regulation, or commission or a attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
10. Conditions that are not caused by a Covered Accident.
11. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
12. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
13. Travel or activity outside the United States.
14. Participation in any motorized race or speed contest.
15. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
16. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
17. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.
18. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.

19. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
20. Treatment of a hernia whether or not caused by a Covered Accident.
21. Treatment of Ossgood-Schlaer's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
22. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
23. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
24. Mental or nervous disorders, except as specifically provided in this policy.
25. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
26. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
27. Loss resulting from participation in any activity not specifically covered by this Policy.
28. Any treatment, service or supply not specifically covered by this Policy.
29. Eyeglasses, contact lenses, hearing aids.
30. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy.
31. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.

Except as a fare paying passenger on a regularly scheduled commercial airline.