



| Individual Personal Accident Outline of Coverage |

ACCIDENT-ONLY COVERAGE. THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. It is not intended to replace any Covered Persons' present health insurance. If a Covered Person is eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Us.

Read Your Policy Carefully – This Outline of Coverage provides a very brief description of some important features of coverage. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Us. It is, therefore, important that You READ YOUR POLICY CAREFULLY!

Accident-only coverage is designed to provide, to persons insured, benefits for certain losses, resulting from a covered accident ONLY, subject to any limitations set forth in the Policy. Benefits are not provided for basic hospital, basic medical-surgical or major medical expenses.

Accident Medical Expenses Benefits

Annual Benefit Bank and Daily Benefit Amount

The Policy has an Annual Benefit Bank which represents the total dollar benefit amount available to all Covered Persons under the Policy each calendar year.

A Covered Person's Annual Benefit Bank balance is reduced by all benefit amounts paid to the Covered Person. On January 1st of each year, We will restore each Covered Person's Annual Benefit Bank to the full amount shown on the Schedule of Benefits.

Annual Deductible Amount

The Policy has an Annual Deductible Amount which each Covered Person must incur for Covered Services each Calendar Year before benefits are payable under this Policy. The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members. The deductible may be decreased annually if no benefits are payable for Covered Services in the preceding Calendar Year. See the policy for details regarding the deductible reductions.

Covered Services

If, after the Annual Deductible Amount has been satisfied, We receive due proof that You incurred expenses for Covered Services due to an Accidental Injury, We will pay the benefits described in this Section. Benefits will be equal to the amount charged for the Covered Services, less any adjustments or discounts which may have been applied through providers or other payor organizations. For any of the benefits to be payable, initial Care must begin within 72 hours of the Accidental Injury.

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| Ambulance | We will pay benefits for transportation by an Ambulance to a Hospital. This benefit is only payable for transportation to a Hospital resulting from an Accidental Injury for which an Emergency Services benefit is payable under the Policy. This benefit is payable once per Accidental Injury per Covered Person. |
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| Drugs | We will pay benefits for drugs administered in a Hospital, Urgent Care Center or Physician's office at time of initial Care. |
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Durable Medical Equipment We will pay benefits for the rental or purchase of the following durable medical equipment that has been prescribed by a Physician within 30 days of the Accidental Injury:

- Crutches;
- Walker;
- Wheelchair; and
- Hospital bed.

Emergency Services We will pay benefits for Emergency Services that are:

- Performed by a Physician;
- Necessary as a result of an Accidental Injury;
- Received in a Hospital, including an Emergency Room, Urgent Care Center or Physician's office; and
- Not psychiatric treatment.

Emergency Surgery is not included in this benefit. A Surgery required due to Accidental Injury may be payable under the Surgery benefit described below.

Emergency Follow Up Services If benefits are received for Emergency Services and further Care is required, We will pay benefits for emergency Follow Up Services in a Physician's office or Hospital on an outpatient basis. This benefit is limited to one visit per day, up to a maximum of three visits per Covered Person for each Accidental Injury. The follow up Care must:

- Occur within 30 days of the Accidental Injury or discharge from the Hospital;
- Be medically necessary as determined by a Physician;
- Be provided by a Physician in a Physician's office or Hospital; and
- Not be on the same day Emergency Services were received.

If a Covered Person has more than three visits for a single Accidental Injury, We will pay benefits for the first three visits for which You submit a claim. If claims for more than three visits are submitted on the same date, benefits will be based on the three most expensive visits for Follow-Up Services.

Major Diagnostic Exams We will pay benefits for two major diagnostic exams per Calendar Year, per Covered Person. Only one major diagnostic exam benefit is available per Accidental Injury. The amount payable for each diagnostic exam may not exceed \$750. If multiple diagnostic examinations are required, We will pay benefits for the first diagnostic exam for which You submit a claim. If claims for multiple major diagnostic exams are submitted on the same date, benefits will be based on the most expensive exam. The exam must be performed within 30 days of the Accidental Injury and be one of the following:

- Computerized Tomography (CT);
- Magnetic Resonance Imaging (MRI); or
- Electroencephalogram (EEG).

Prosthetic Devices We will pay for Prosthetic Devices received within one year of the Accidental Injury. The Prosthetic Device must be prescribed by a Physician for functional purposes due to the dismemberment of a hand, foot, arm, leg or loss of sight.

Rehabilitative We will pay for one Rehabilitative Therapy visit per day per Covered Person, up to a

Therapy

maximum of 10 visits for each Accidental Injury. The Rehabilitative Therapy visits must:

- Be prescribed by a Physician;
- Be provided by a licensed or certified physical, occupational or speech therapist in an office or Hospital;
- Begin within 90 days of the Accidental Injury; and
- Occur within six months after the Accidental Injury.

If a Covered Person has more than 10 visits for a single Accidental Injury, We will pay benefits for the first 10 visits for which You submit a claim. If claims for more than 10 visits are submitted on the same date, benefits will be based on the 10 most expensive visits for Rehabilitative Therapy.

Surgery

We will pay benefits for up to two surgeries per Accidental Injury per Covered Person. Surgery may be done on an inpatient or outpatient basis, but must be performed within 90 days of the Accidental Injury. Surgery includes drugs administered during surgery or administered in a Hospital, Urgent Care Center or Physician's Office immediately following the surgery. If the Covered Person has multiple surgeries for a single Accidental Injury, We will pay benefits for the first two surgeries for which You submit a claim. If claims for multiple surgeries are submitted on the same date, benefits will be based on the two most expensive surgeries.

Tests and X-Rays

We will pay benefits for one test or one set of x-rays per Accidental Injury per Covered Person, as required due to such Accidental Injury. If the Covered Person has multiple tests or x-rays for a single Accidental Injury, We will pay benefits for the first test or set of x-rays for which You submit a claim. If claims for multiple tests or sets of x-rays are submitted on the same date, benefits will be based on the two most expensive services. Tests and x-rays must be performed within 30 days of the Accidental Injury. We will pay for the following tests:

- Blood tests;
- Echocardiography;
- Electrocardiography (EKG); and
- Ultrasound.

Limitations and Exclusions

Exclusions

Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of the Policy are payable when the loss is contributed to or caused by:

- Operating, learning to operate, or serving as a crew member of any aircraft;
- Engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, or parasailing;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Officiating, coaching, practicing for or participating in any professional competitive athletic contest for which any type of compensation or remuneration is received;
- Any act of war whether declared or undeclared;
- Voluntary participation in any riot or civil insurrection;
- Engaging in an illegal occupation;
- Commission or attempt to commit a felony;
- Suicide or attempted suicide, while sane or insane;
- Intentionally self-inflicted injury; or

- Being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician.

No benefits of the Policy are payable for:

- Any illness, loss, or condition specifically excluded from the definition of Accident;
- Dental care or treatment unless caused by Accidental Injury to natural teeth; or
- Treatment for a mental or nervous disorder or disease.

Renewability and Right to Change Premiums

THE POLICY IS GUARANTEED RENEWABLE TO AGE 75. You have the right, subject to the terms of the Policy, to continue this coverage until the Policy Anniversary on or following Your 75th birthday as long as You pay the required premiums on time. We cannot change any of the terms of Your coverage or benefits without Your consent.

PREMIUM CHANGES. You cannot be singled out for a rate increase due to a change in any Covered Person's age or health status. We can, however, change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as the Policy. Any premium changes will be effective on the next Premium Due Date following Our notice to You. We must give You at least 60 days written notice before the effective date of a premium change, and We cannot increase Your premium more than once in a twelve month period.