



## ACCIDENT ELITE POLICY – AEP (9-05)

### ACCIDENT ONLY COVERAGE

### THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS

### OUTLINE OF COVERAGE

**ACCIDENT ONLY COVERAGE** – This type of policy does not pay you benefits if you get sick. It covers you for certain losses resulting from a covered accident ONLY. Limitations on benefits may apply. *Basic hospital, basic medical and surgical, or major medical coverage is not provided.*

**READ YOUR POLICY CAREFULLY** – This outline of coverage briefly describes the important features of your policy. This is *not* the insurance contract. Only the policy itself sets forth the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** *REMEMBER, if you are not satisfied with your policy, you have 30 days to return it to the company and get your money back.*

Annual Premium \$ \_\_\_\_\_ You Pay \$ \_\_\_\_\_ per \_\_\_\_\_ For Benefits Selected Below.

### BENEFITS

*The following benefits are payable for losses resulting from injuries sustained in a covered accident only, as defined in the policy. The loss must occur or injury must be diagnosed or treated within the time periods stated below. Benefits for some losses may vary depending upon the severity of the accident. See the policy for specific amounts payable.*

☐ **Basic** ☐ **Select** ☐ **Ultra**

#### ACCIDENTAL DEATH

Accidental Death must occur within 90 days after a covered accident.

INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
Covered Accidents								
\$30,000	\$30,000	\$9,750	\$40,000	\$40,000	\$13,000	\$60,000	\$60,000	\$19,500
Common Carrier Accidents								
\$112,500	\$112,500	\$19,500	\$150,000	\$150,000	\$26,000	\$225,000	\$225,000	\$39,000

#### ACCIDENTAL DISMEMBERMENT

Accidental Dismemberment must occur within 90 days after a covered accident

INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
Loss of two members*								
\$30,000	\$30,000	\$9,750	\$40,000	\$40,000	\$13,000	\$60,000	\$60,000	\$19,500
Loss of one member*								
\$7,500	\$7,500	\$2,850	\$10,000	\$10,000	\$3,800	\$15,000	\$15,000	\$5,700
Loss of one or more fingers or toes*								
\$1,500	\$1,500	\$450	\$2,000	\$2,000	\$600	\$3,000	\$3,000	\$900

*\*see policy for details*

**Basic** **Select** **Ultra**

#### LOSS OR TREATMENT

Charges up to			<b>EMERGENCY TREATMENT</b> Treatment must be in an emergency room, physician’s office, or stand alone emergency center, within 72 hours. If treatment is received for the removal of a foreign body from the eye or a laceration, which is not repaired with stitches, staples, or glue, the maximum benefit paid will be \$45 for Basic, \$60 for Select or \$90 for Ultra for this benefit and the Follow-Up Physician Visit benefit combined.
INSURED			
\$105	\$140	\$210	
SPOUSE			
\$105	\$140	\$210	
CHILD			
\$60	\$80	\$120	
\$150	\$200	\$300	<b>MAJOR DIAGNOSTIC EXAM</b> Exam must be performed within 180 days and a charge incurred for: CT (computerized tomography) scan, MR (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.
\$105	\$140	\$140	<b>MEDICAL APPLIANCE</b> Prescribed by a Physician to aid in personal locomotion or mobility, such as crutches or a wheelchair. Payable once per accident.

Basic	Select	Ultra	LOSS OR TREATMENT
Broken tooth repaired with crown			<b>EMERGENCY DENTAL WORK</b> Treatment to correct injuries begun within 30 days. Payable once per person per accident.
\$150	\$200	\$200	
Broken tooth resulting in extraction			
\$45	\$60	\$60	
			<b>SPECIFIED LOSS</b>
\$1,125	\$1,500	\$2,250	<b>Burns</b> treated within 72 hours. Payable once per accident.
\$450	\$600	\$900	<b>Tendon / Ligament</b> surgically repaired within 1 year.*
Up to \$1,875	Up to \$2,500	Up to \$3,750	<b>Dislocation (separated joint)</b> diagnosed within 30 days.* Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.
Up to \$225	Up to \$300	Up to \$450	<b>Eye Injury</b> requiring surgery or removal of a foreign object within 30 days. Payable once per accident.
Up to \$1,875	Up to \$2,500	Up to \$3,750	<b>Fractures</b> diagnosed within 14 days and requiring open or closed reduction by a physician.*
Up to \$465	Up to \$620	Up to \$930	<b>Torn Knee Cartilage</b> and <b>Ruptured Disc</b> treated within 60 days and surgically repaired within 1 year. Payable once per accident.
\$465	\$620	\$930	<b>Torn Rotator Cuff</b> surgically repaired within 90 days.
\$465	\$1,260	\$1,890	<b>Internal Injuries</b> resulting in open abdominal, hernia, or thoratic surgery within 30 days.
\$45	\$60	\$90	<b>Concussion</b> resulting in EEG abnormality within 30 days.
Up to \$375	Up to \$500	Up to \$750	<b>Lacerations</b> repaired within 72 hours.
Charges up to			<b>FOLLOW UP PHYSICIAN VISIT</b>
\$30/visit	\$40/visit	\$60/visit	Treatment received must be over and above emergency treatment. Follow-up visits must begin within 30 days of the accident or discharge from the hospital. Limited to 6 visits per accident. Not payable for the same visit as the Physical Therapy benefit.
\$30/visit	\$40/visit	\$60/visit	<b>PHYSICAL THERAPY</b> Therapy must begin within 30 days, be prescribed by a physician and provided by a licensed physical therapist. Payable for up to five visits. Not payable for the same visit that the Follow-up Physician Visit benefit is paid.
Ground ambulance			<b>AMBULANCE</b>
\$150	\$200	\$200	Ground ambulance (within 30 days) or air ambulance (within 72 hours) to or from a hospital or between medical facilities. Each benefit is payable only once per accident.
Air Ambulance			
\$1,125	\$1,500	\$1,500	
\$1,000	\$1,000	\$1,500	<b>HOSPITAL ADMISSION</b> Admitted to a hospital as a resident bed patient and confined within 30 days. Payable once per confinement and only once per person per calendar year.
\$195/day	\$260/day	\$390/day	<b>HOSPITAL CONFINEMENT</b> Confined in a hospital as a resident bed patient within 30 days. Paid per day for up to 365 days per accident.
\$400/day	\$400/day	\$600/day	<b>HOSPITAL INTENSIVE CARE UNIT CONFINEMENT</b> Confinement must begin within 30 days. Payable up to 15 days. Only one payment under this benefit or the Hospital Confinement benefit will be paid per day.
\$9,750	\$13,000	\$19,500	<b>COMA</b> Coma duration must be at least 30 days.
Quadriplegia			<b>PARALYSIS</b>
\$9,750	\$13,000	\$19,500	Paralysis must be for a minimum of three (3) months.
Paraplegia			
\$4,875	\$6,500	\$9,750	
One device or limb			<b>PROSTHETIC DEVICE/ARTIFICIAL LIMB</b>
\$525	\$700	\$700	Prosthetic device or artificial limb must be prescribed by a physician for functional use and received within one year. Payable only once per accident.
More than one device or limb			
\$1,050	\$1,400	\$1,400	

*\*If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but not more than 150% of the bone or joint with the highest amount.*

Basic	Select	Ultra	LOSS OR TREATMENT
\$150	\$200	\$200	<b>BLOOD/PLASMA</b> Transfusions, within 30 days, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes; including the processing, typing, cross-matching, and administration of the blood or blood products. Payable only once per accident.
\$450	\$600	\$600	<b>TRANSPORTATION</b> For roundtrip to and from hospital, when treatment is required in a hospital more than 100 map miles from the person's residence or site of accident. Paid for person prescribed treatment, or, if dependent child and commercial travel is necessary, the child's parent/legal guardian (only one) traveling with child will also receive a benefit equal to the insured's benefit. Treatment must not be available locally. Not payable for ambulance or air ambulance. Payable up to 3 trips per calendar year per person.
Charges up to			<b>FAMILY LODGING</b> Pays for a single hotel room for an immediate family member to be near a covered person confined in hospital more than 100 miles from the person's residence. Limited to 30 days per accident, and only while the injured person is confined.
\$105/night	\$140/night	\$140/night	
\$60	\$60	\$75	<b>WELLNESS BENEFIT</b> We will pay for a covered person (coverage must be effective for 90 days) to undergo a routine physical examination or other preventative testing such as: Annual Physical Examination, Mammogram, Pap Smear, Eye Examination, Immunization, Flexible Sigmoidoscopy, Prostatic Specific Antigen (PSA) Test, Ultrasound, & Blood Screening. Payable only once per policy per calendar year. <i>When premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date.</i>

### **ELECTIVE BENEFITS** *(primary insured only)*

#### **OFF THE JOB ACCIDENT DISABILITY RIDER, FORM AEP-NOAD-NJ (12-04)**

Pays the monthly benefit chosen below in the event you are totally disabled as the result of an off-the-job, non-occupational covered accidental injury. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

**You have applied for the Off the Job Accident Disability Rider...** ☐ \$400 ☐ \$600 ☐ \$800 ☐ NONE

#### **24-HOUR ACCIDENT DISABILITY RIDER, FORM AEP-24AD-NJ (9-05)**

Pays the monthly benefit chosen below in the event that you are totally disabled as the result of a covered accidental injury occurring on- or off-the-job. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

**You have applied for the 24-Hour Accident Disability Rider...** ☐ \$400 ☐ \$600 ☐ \$800 ☐ NONE

#### **SICKNESS DISABILITY RIDER, FORM AEP-SD-NJ (9-05)**

Pays a monthly benefit chosen below in the event you are totally disabled as the result of a sickness occurring either on- or off-the-job. Benefits begin on the 31<sup>st</sup> day of total disability and may continue for up to 6 months while totally disabled.

**You have applied for the Sickness Disability Rider...** ☐ \$400 ☐ \$600 ☐ NONE

## **EXCEPTIONS AND LIMITATIONS FOR ACCIDENT ELITE POLICY AND ACCIDENT DISABILITY RIDERS**

The policy pays only for loss resulting from a covered accident as defined in the policy. It DOES NOT cover injuries incurred as a result of a covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces. (If you are serving in any of the armed forces, we will refund your premiums on a pro rata basis in on lump sum no later than 30 days after our receipt of your written request.)
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/ passenger-carrying aircraft.
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged or not.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
7. Having any sickness or declining process caused by a sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury).

## **EXCEPTIONS AND LIMITATIONS FOR SICKNESS DISABILITY RIDER**

We will not pay benefits for losses that are caused by or occur as the result of:

1. A normal pregnancy in which conception occurs prior to the rider's issue date. (Complications of pregnancy will be treated the same as any other illness.)
2. Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (However, Alzheimer's Disease and other organic senile dementias are covered.)
3. Treatment for dental care or dental care procedures.
4. Treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor.
5. Elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases.

A "pre-existing condition," means having a sickness or physical condition which was treated for which advice was received within twelve (12) months before the effective date of the rider. After the rider has been in force for twelve (12) months from the effective date of this rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began more than twelve (12) months after the effective date.

## **RENEWABILITY AND CONTINUATION**

This policy and riders are guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies and riders like yours in your state. This policy will not be issued to anyone 65 years of age or over. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65 as long as you continue to pay the premium by the due date or during the 31 days that follow. Covered dependents who no longer meet eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

## **COVERAGE EFFECTIVE DATE**

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

**FOR ADDITIONAL INFORMATION ABOUT POLICY BENEFITS OR CLAIMS, PLEASE CALL 1-800-648-0271 (TOLL FREE) OR 1-501-375-7200 (LOCAL).**