

## **Policy Highlights and Notable Exclusions:**

### **Definition – Usual Reasonable & Customary (URC)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

#### **MEDICAL EXPENSE BENEFITS**

Hospital Room & Board Daily Maximum Benefit Amount:	URC
Intensive Care Room & Board Daily Maximum Benefit:	URC
Hospital Miscellaneous Maximum Benefit Amount:	URC
Outpatient Pre-Admission Testing Benefit Amount:	URC
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	URC
Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	URC
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit:	URC
Anesthesia Maximum Benefit:	URC
Surgical Facility Maximum Benefit per Operating Session:	URC
Doctor's Visits	
In-Hospital Maximum Benefit:	URC
Office Visits Maximum Benefit:	URC
X-ray and Laboratory Maximum Benefit Amount:	URC
Nursing Maximum Benefit Amount:	URC
Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient):	URC
Maximum Benefit Amount (Outpatient):	URC
Ambulance Maximum Benefit Amount:	URC
Medical Equipment Rental Charges Maximum Benefit Amount:	URC
Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen):	URC
Dental Treatment For Injury Only Maximum Benefit Amount:	URC
Specific High Cost Outpatient Procedures: Maximum Benefit Amount:	URC
Outpatient Prescription Drug Benefit Maximum Benefit Amount:	URC

## BENEFITS FOR ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

Accidental Death, Dismemberment, or Loss of Sight

Principal Sum:

**\$10,000**

If, within 1-year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

## EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
  - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat;
  - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
  - (c) Commission or attempt to commit a felony;
  - (d) Participation in a riot or insurrection;
  - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
  - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
  - (a) War or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached thereto.
  - (b) Aviation, if not traveling by aircraft as a fare-paying passenger; or
  - (c) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

## ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under the Policy, and rendered within 6 months of the Accident;

### **ADDITIONAL EXCLUSIONS (continued)**

3. Services or treatment rendered by a doctor, nurse or any other person who is:
  - (a) Employed or retained by the Policyholder; or
  - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
  - (a) The Covered Person would not have to pay if he did not have insurance; or
  - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
  - (a) An aircraft, except as a fare-paying passenger; or
  - (b) An ultralight, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
  - (a) A snowmobile;
  - (b) Any two or three-wheeled motor vehicle;
  - (c) Any off-road-motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
  - (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
  - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. Blood or Blood plasma, including materials, services and equipment and blood costs;
12. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
13. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
14. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
15. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
16. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
17. Cosmetic surgery, except for reconstructive surgery on an injured part of the body;
18. Any loss which is covered by state or federal worker's compensation, employer's liability, occupational disease law, or similar laws;
19. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
20. Rest cures or custodial care;
21. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
24. Services and supplies furnished by the Policyholder infirmary, its employees, or doctors who work for the Policyholder;
25. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.

**NOTE – This is a general summary of benefits and exclusions. Complete provisions pertaining to this plan are contained in the master policy and subject to change based on state of issuance.**