

AccidentAdvance Benefit Summary

Benefits are payable only once per covered person, per accident, unless otherwise noted.

Benefits are not payable for services rendered by an immediate family member.

Plan Selection - 24-hour Coverage

24-hour Coverage

Module 1 - Accident Emergency Treatment

5 Units

Accident Emergency Treatment Benefit

For treatment by a physician and X-rays received in a hospital or physician's office received within 96 hours of the accident.

\$ 125

Major Diagnostic Examination Benefit

For one CT Scan, MRI, or EEG. Must be completed within 90 days of the accident.

\$ 200

Dislocation Benefit

For dislocations reduced under general anesthesia. A dislocation reduced without general anesthesia is limited to 25% of the benefit amount for the dislocation involved. Benefits are payable only for the first dislocation of a joint. If multiple dislocations are reduced, we will pay 1½ times the highest benefit amount and no other amount will be paid under this benefit.

Dislocated Joint

Open
Reduction

Closed
Reduction

| | | |
|-----------------------------|----------|----------|
| Hip | \$ 4,000 | \$ 1,350 |
| Knee or Shoulder | \$ 1,350 | \$ 550 |
| Collar Bone | \$ 2,150 | \$ 400 |
| Ankle or Foot (except toes) | \$ 1,350 | \$ 400 |
| Lower Jaw | \$ 1,350 | \$ 700 |
| Wrist or Elbow | \$ 1,100 | \$ 550 |
| Toe or Finger | \$ 300 | \$ 150 |

Fracture Benefit

For repair of a fracture sustained in an accident. A chip fracture is limited to 10% of the benefit amount for the fracture involved. If multiple fractures are repaired, we will pay 1½ times the highest benefit amount and no other amount will be paid under this benefit

Fractured Bone

Open
Reduction

Closed
Reduction

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------|----------|
| Coccyx | \$ 700 | \$ 350 |
| Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw | \$ 1,700 | \$ 850 |
| Hip | \$ 5,000 | \$ 1,700 |
| Leg | \$ 2,100 | \$ 1,700 |
| Nose, Heel or Fingers | \$ 1,700 | \$ 350 |
| Rib(s) | \$ 3,350 | \$ 350 |
| Skull | \$ 2,700 | \$ 1,000 |
| Toes | \$ 700 | \$ 350 |
| Upper Jaw, Upper Arm or Face (except Nose), Collar Bone | \$ 2,000 | \$ 850 |
| Vertebrae | \$ 850 | \$ 850 |
| Vertebral Processes | \$ 3,350 | \$ 500 |

If dislocations and fractures are both involved, we will pay 1½ times the highest dislocation or fracture benefit amount and no other amount will be paid under the dislocation benefit or the fracture benefit.

Module 2 - Follow-Up Visits and Physical Therapy

9 Units

Accident Follow-Up Treatment Benefit – Maximum of 3 follow-up visits per accident.

For follow-up treatment visits. Original treatment must have been received within 96 hours of the accident. Treatment must begin within 30 days of, and completed within the 6 month period following the later of: (1) the accident; (2) discharge from the hospital from a covered confinement; or (3) discharge from an extended care facility. Treatments must be provided by a physician in their office or in a hospital on an outpatient basis.

\$ 90

Physical Therapy Benefit – Maximum of 10 treatments per accident.

For physical therapy treatments performed by a licensed Physical Therapist under the advice of a physician. Treatment must begin within 120 days of the accident and be completed within 1 year of the accident.

\$ 90

| Module 3 - Initial Accident Hospitalization | | 6.5 Units |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| Initial Accident Hospitalization Benefit Benefit is payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization. | | \$ 1,950 |
| Ambulance Benefit For ambulance transportation by a licensed ambulance service to the nearest hospital for treatment within 96 hours of the accident. | Ground Ambulance | \$ 390 |
| | Air Ambulance | \$ 1,950 |

The following riders are optional. The policyholder selects which riders to include as well as the benefit level for each rider. The selected riders will be included for all applicants.

| Accident Hospital and ICU Income Rider | | 2 Units |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|
| Accident Hospital Income Benefit - For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident. | | \$ 50 |
| Accident ICU Benefit - For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident. | | \$ 150 |

| Monthly Rates | | | <i>Valid in the state of Texas</i> |
|----------------------|-----------------------------|-------------------------|------------------------------------|
| Individual | Single Parent Family | Two-Adult Family | Family |
| \$ 10.03 | \$ 13.78 | \$ 15.64 | \$ 19.66 |

This custom plan is incomplete without a state-specific proposal which describes the benefits, exclusions, and limitations of policy form CPACC100 or state variation thereof.