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## SUPPLEMENTAL ACCIDENT EXPENSE COVERAGE POLICY FORM H-0089.TX

### REQUIRED OUTLINE OF COVERAGE

#### PARAGRAPH 1

**Read your Policy Carefully.** This outline of coverage provides a very brief description of the important features of your policy. 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 your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

#### PARAGRAPH 2

This Policy is designed to provide you with coverage for (death, dismemberment, disability or hospital and medical care) resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

#### PARAGRAPH 3

#### BENEFITS

##### PART I - ACCIDENTAL DEATH

If an Accidental Bodily Injury results in the loss of life of the Insured Person within 90 days of the accident causing such Injury, the Company will pay the Accidental Death Benefit shown on the Policy Schedule. The Accidental Death Benefit shall be paid to the Beneficiary, if any, otherwise to the estate of the Insured.

##### PART II – MEDICAL EXPENSE BENEFIT

If, as the result of Accidental Bodily Injury, an Insured Person requires medical treatment, the Company will pay the actual charges incurred for Covered Expenses that are incurred within 21 calendar days of the accident causing the Injury. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit shown on the Policy Schedule.

For medical treatment received by the Insured Person on an outpatient basis, Covered Expenses include Physician Charges, Surgery, X-rays, Reduction of Fractures or other emergency first-aid expenses incurred in a Physician's Office, Clinic, Outpatient Hospital Facility or Ambulatory Surgical Center which are incurred within 21 calendar days of the accident causing such Injury. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury.

For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include Physician charges, Hospital room and Medically Necessary Hospital billed services and supplies that are incurred within 21 calendar days of the accident causing such Injury.

##### PART III – DAILY HOSPITAL CONFINEMENT BENEFIT

If, as the result of Accidental Bodily Injury, the Insured Person is Hospital confined, the Company will pay the Daily Hospital Confinement Benefit shown on the Policy Schedule for each day of such confinement, up to a maximum of 30 days of Hospital confinement resulting from any one accident.

#### **PART IV – AIR AND GROUND AMBULANCE BENEFIT**

If, as a result of Accidental Bodily Injury, an Insured Person requires Medically Necessary air or ground ambulance transportation to or from a Hospital, We will pay the actual charges for such transportation which occurs within 21 calendar days of the accident causing such Injury. The maximum Air or Ground Ambulance Benefit payable for any one accident is shown on the Policy Schedule.

#### **PART V – ACCIDENTAL DISMEMBERMENT BENEFIT**

If an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of the Primary Insured within 90 days of the accident causing such Injury, the Company will pay the Accidental Dismemberment Benefit shown in the Policy Schedule. This benefit is provided for the Primary Insured only. This benefit is not provided for the spouse or dependent Children, if any, covered under this Policy.

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit Per Accident shown in the Policy Schedule.

#### **PARAGRAPH 4 EXCLUSIONS AND LIMITATIONS**

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

- (1) Sickness, illness or bodily infirmity;
- (2) Suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) Dental care or treatment due to accidental Injury to natural teeth;
- (4) War or any act of war (whether declared or undeclared) or participating in a riot or felony;
- (5) Alcoholism or drug addiction;
- (6) Travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) The Insured's commission or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation;
- (8) The Insured Person's being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance unless administered on the advice of a Physician;
- (9) Charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (10) Hernia.

#### **PARAGRAPH 5 OPTIONAL BENEFIT RIDER (Available with additional premium)**

**Accident Disability Income Benefit Rider:** Pays the Monthly Income Benefit (not to exceed 60% of the Insured's gross income) on a weekly basis, beginning on the day following the Elimination Period up to the Maximum Benefit Period. Benefits are provided under this Rider for the Primary Insured only. No benefits are provided under this Rider for the spouse or dependent Children, if any, covered under the Policy.

#### **PARAGRAPH 6 RENEWABILITY**

This Policy is Guaranteed Renewable to age 80.

#### **PARAGRAPH 7 PREMIUM**

Your premium for the policy is \$\_\_\_\_\_ annually. If your premium is not annual, it is \$\_\_\_\_\_ for \_\_\_\_\_ months. The Policy provides a 31-day grace period during which period the Policy will remain in force. Premiums are subject to change.