

**State:** District of Columbia **Filing Company:** Combined Insurance Company of America  
**TOI/Sub-TOI:** H021 Individual Health - Accident Only/H021.000 Health - Accident Only  
**Product Name:** Accident Only Policy  
**Project Name/Number:** Accident Only Policy/14382-DC

## Filing at a Glance

Company: Combined Insurance Company of America  
Product Name: Accident Only Policy  
State: District of Columbia  
TOI: H021 Individual Health - Accident Only  
Sub-TOI: H021.000 Health - Accident Only  
Filing Type: Form  
Date Submitted: 02/20/2018  
SERFF Tr Num: ACEH-131361501  
SERFF Status: Closed-APPROVED  
State Tr Num:  
State Status:  
Co Tr Num: 18-AH-2015491  
  
Implementation: On Approval  
Date Requested:  
Author(s): Linda Armstrong  
Reviewer(s): Andre Beard (primary)  
Disposition Date: 08/27/2018  
Disposition Status: APPROVED  
Implementation Date: 08/27/2018

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## General Information

Project Name: Accident Only Policy Status of Filing in Domicile: Not Filed  
Project Number: 14382-DC Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/27/2018  
State Status Changed:  
Deemer Date: Created By: Linda Armstrong  
Submitted By: Linda Armstrong Corresponding Filing Tracking Number:

### Filing Description:

Submitted for your review and approval are the above-captioned forms. These forms are new and do not replace any previously approved forms. Form No. 14382-DC is an individual accident only policy that provides coverage for hospital, outpatient, fractures, accidental death and other accident benefits. Form No. 144182-DC is the application form.

The policy form contains variable materials. A variability memorandum is attached under the supporting documentation tab.

The actuarial memorandum and rate sheet were filed separately under SERFF Tracking #ACEH-131361480.

These forms will be marketed through licensed insurance producers/agent, brokers, point of sale, agent solicitations through telephone sales, as well as internet, worksite and other direct response marketing approaches. The application form will be completed and/or transmitted either by paper or through electronic means. If the application is completed via electronic or telephone means, we certify that we will comply with your state's statutes regarding privacy and electronic signatures.

The premium will be paid by payroll deduction or other premium collection means.

We have requested an implementation date on approval. However, please note that we may implement at a later date subject to readiness of our systems and administrative processes in place for this new product.

The forms are in final printed format. However, it is possible that actual issued forms may have different format and font style (but not the type size) as a result of different computer publishing systems. Therefore, page breaks may occur at different lines. We do not anticipate refiling for typographical errors, format changes or font style variations.

We appreciate your time in reviewing this filing. Please call me at our toll free number or email me if you have further questions or need additional information.

## Company and Contact

### Filing Contact Information

Linda Armstrong, Senior Policy Analyst linda.armstrong@combined.com  
8750 W Bryn Mawr 872-304-6225 [Phone]  
7th Floor 872-304-6003 [FAX]  
Chicag, IL 60631

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**Filing Company Information**

Combined Insurance Company of  
America  
8750 W Bryn Mawr Avenue  
7th Floor  
Chicago, IL 60631  
(872) 304-6223 ext. [Phone]

CoCode: 62146  
Group Code: 626  
Group Name: Chubb  
FEIN Number: 36-2136262

State of Domicile: Illinois  
Company Type: A&H  
State ID Number:

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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:

State: District of Columbia Filing Company: Combined Insurance Company of America  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Andre Beard	08/27/2018	08/27/2018

SERFF Tracking #:

ACEH-131361501

State Tracking #:

Company Tracking #:

18-AH-2015491

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## Disposition

Disposition Date: 08/27/2018

Implementation Date: 08/27/2018

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certification	APPROVED	Yes
Supporting Document	Variability Memorandum	APPROVED	Yes
Supporting Document	District of Columbia Life & Health Insurance Guaranty Association	APPROVED	Yes
Supporting Document	Cover Letter 14382-DC	APPROVED	Yes
Form	Accident Only Policy	APPROVED	Yes
Form (revised)	Application for Accident Insurance	APPROVED	Yes
Form	Application for Accident Insurance	Withdrawn	No

State: District of Columbia

Filing Company:

Combined Insurance Company of America

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## Form Schedule

### Lead Form Number: 14382-DC

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 08/27/2018	Accident Only Policy	Form No. 14382-DC	POL	Initial		68.000	Form No. 14382-DC.pdf
2	APPROVED 08/27/2018	Application for Accident Insurance	Form No. 144182-DC	AEF	Initial		63.000	Form No. 144182-DC.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

**GUARANTEED RENEWABLE FOR LIFE  
ACCIDENT ONLY POLICY**

**THIS IS AN ACCIDENT ONLY POLICY  
AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS**

**THIS IS A LIMITED BENEFIT POLICY.  
PLEASE READ IT CAREFULLY.**



**[Home Office:**  
111 East Wacker Drive • Suite 700  
Chicago, Illinois 60601  
1-800-544-9382

**Policyholder Service Address:**  
P. O. Box 1160  
Glenview, Illinois 60025-8160]

This is Your Policy. You are the Insured. This Policy is in force as of the Effective Date. The Effective Date is shown in the Schedule of Benefits.

**CONSIDERATION**

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This Policy is issued in consideration of the statements in the application and the payment of the first premium. We agree to pay the benefits for a Covered Accident shown in the Schedule of Benefits while this Policy is in force and subject to any conditions and limitations of this Policy.

**NOTICE OF THIRTY DAY RIGHT TO CANCEL THIS POLICY**

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If You are not satisfied with this Policy, You can return it to Us at the Policyholder Service Address above within 30 days after You receive it. At that time, You should ask Us in writing to cancel it. This Policy will be cancelled and any premium paid will be refunded.

**RENEWABILITY**

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We guarantee that We will renew this Policy for Your lifetime. It shall continue in force so long as the premium is paid on or before the due date or within the Grace Period.

**PREMIUM ADJUSTMENT**

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We have the right to adjust the premium for this Policy as determined necessary by Us. Written notice of an adjustment will be mailed to You at least 30 days in advance. A premium adjustment will take effect on a monthly anniversary following the date We sent the notice of adjustment. When a Dependent's coverage ends, any resulting change in premium will be made on the next monthly anniversary of the Effective Date.

  
Kevin Goulding, President

  
Rebecca L. Collins, Secretary

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## SCHEDULE OF BENEFITS

INSURED: [JOHN DOE]	POLICY NUMBER:	[SPECIMEN]
EFFECTIVE DATE: [ JUNE 1, 2012 ]	PREMIUM AMOUNT:	[\$19.02]
	[PREMIUM MODE:]	[MONTHLY]
INSURED ISSUE AGE: [25]	COVERAGE TYPE:	[NON-OCCUPATIONAL INJURY] [PLAN I]
COVERED PERSONS: INSURED: [JOHN DOE]		
SPOUSE: [JANE DOE]		
CHILDREN: [COVERED]		

	[Insured]	[Spouse]	[Child]
<b>ABDOMINAL AND THORACIC SURGERY BENEFIT</b>	[\$750]	[\$750]	[\$750]
<b>[ACCIDENT FIRST OCCURRENCE]</b>	[\$100] amount paid upon receipt of the first claim for a Covered Accident only one per Policy		
<b>[ACCIDENTAL DEATH BENEFIT]</b>	[\$5,000]	[\$5,000]	[\$1,000]
<b>ACCIDENTAL DEATH COMMON CARRIER BENEFIT</b>	[\$10,000]	[\$10,000]	[\$2,000]
<b>ACCIDENT FOLLOW-UP TREATMENT BENEFIT</b>			
Per visit	[\$25]	[\$25]	[\$25]
Maximum visits	[3]	[3]	[3]
<b>AIR AMBULANCE BENEFIT</b>	[\$1,000]	[\$1,000]	[\$1,000]
<b>AMBULANCE BENEFIT</b>	[\$120]	[\$120]	[\$120]
<b>APPLIANCE BENEFIT</b>	[\$75]	[\$75]	[\$75]
<b>BLOOD, PLASMA, PLATELETS BENEFIT</b>	[\$200]	[\$200]	[\$200]
<b>BURN BENEFIT</b>			
Third-degree burns that cover 35 or more square inches of body surface	[\$7,500]	[\$7,500]	[\$7,500]
Third-degree burns that cover at least 9 square inches of body surface but less than 35 square inches of body surface	[\$1,500]	[\$1,500]	[\$1,500]
Second-degree burns that cover at least 36% of body surface	[\$750]	[\$750]	[\$750]
<b>[CATASTROPHIC ACCIDENT BENEFIT]</b>			
Catastrophic Accident Benefit prior to age 70	[\$10,000]	[\$10,000]	[\$5,000]
Catastrophic Accident Benefit on or after age 70	[\$5,000]	[\$5,000]	[\$2,500]
Elimination Period	[365] days	[365] days	[365] days
<b>[CHIROPRACTIC TREATMENT BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)]</b>			
Chiropractic Treatment Benefit	[\$25]	[\$25]	[\$25]
Maximum visits per accident	[3]	[3]	[3]
Maximum visits per calendar year	[6]	[6]	[6]

**SCHEDULE OF BENEFITS (CONTINUED)**

	<b>[Insured]</b>	<b>[Spouse]</b>	<b>[Child]</b>
<b>COMA INJURY BENEFIT</b>	[\$7500]	[\$7500]	[\$7500]
<b>CONCUSSION BENEFIT</b>	[\$60]	[\$60]	[\$60]
<b>DISLOCATION BENEFIT - OPEN REDUCTION WITH ANESTHESIA</b>			
Ankle or foot (other than toes)	[\$1,440]	[\$1,440]	[\$1,440]
Bone or bones of the hand (other than fingers)	[\$540]	[\$540]	[\$540]
Collarbone (acromioclavicular and separation)	[\$180]	[\$180]	[\$180]
Collarbone (sternoclavicular)	[\$900]	[\$900]	[\$900]
Elbow	[\$480]	[\$480]	[\$480]
Hip	[\$3,600]	[\$3,600]	[\$3,600]
Knee (except patella)	[\$1,800]	[\$1,800]	[\$1,800]
Lower jaw	[\$480]	[\$480]	[\$480]
One toe or finger	[\$200]	[\$200]	[\$200]
Shoulder (glenohumeral)	[\$600]	[\$600]	[\$600]
Wrist	[\$540]	[\$540]	[\$540]
<b>DISLOCATION BENEFIT - CLOSED REDUCTION WITH ANESTHESIA</b>			
Ankle or foot (other than toes)	[\$720]	[\$720]	[\$720]
Bone or bones of the hand (other than fingers)	[\$270]	[\$270]	[\$270]
Collarbone (acromioclavicular and separation)	[\$90]	[\$90]	[\$90]
Collarbone (sternoclavicular)	[\$450]	[\$450]	[\$450]
Elbow	[\$240]	[\$240]	[\$240]
Hip	[\$1,800]	[\$1,800]	[\$1,800]
Knee (except patella)	[\$900]	[\$900]	[\$900]
Lower jaw	[\$240]	[\$240]	[\$240]
One toe or finger	[\$100]	[\$100]	[\$100]
Shoulder (glenohumeral)	[\$300]	[\$300]	[\$300]
Wrist	[\$270]	[\$270]	[\$270]
Benefit amount without anesthesia or for Incomplete Dislocation is [25%] of applicable Closed Reduction Benefit.			
<b>EMERGENCY DENTAL BENEFIT</b>			
Crown	[\$150]	[\$150]	[\$150]
Extraction	[\$50]	[\$50]	[\$50]
<b>EMERGENCY ROOM TREATMENT BENEFIT</b>	[\$75]	[\$75]	[\$75]
<b>EYE INJURY BENEFIT</b>	[\$200]	[\$200]	[\$200]
<b>[FAMILY CARE BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)]</b>			
Family Care Benefit	[\$25]	[\$25]	\$0
Maximum Days	[30]	[30]	
<b>FRACTURE BENEFIT - OPEN REDUCTION</b>			
Ankle (medial or lateral malleolus)	[\$600]	[\$600]	[\$600]
Body of vertebrae	[\$1,350]	[\$1,350]	[\$1,350]
Bones of face (except mandible or maxilla)	[\$630]	[\$630]	[\$630]
Bones of nose	[\$700]	[\$700]	[\$700]
Coccyx	[\$320]	[\$320]	[\$320]
Finger, toe	[\$180]	[\$180]	[\$180]
Foot (except toes)	[\$600]	[\$600]	[\$600]
Forearm (radius and/or ulna)	[\$600]	[\$600]	[\$600]
Hand, Wrist (except fingers)	[\$540]	[\$540]	[\$540]
Hip	[\$3,000]	[\$3,000]	[\$3,000]

**SCHEDULE OF BENEFITS (CONTINUED)**

	<b>[Insured]</b>	<b>[Spouse]</b>	<b>[Child]</b>
<b>FRACTURE BENEFIT - OPEN REDUCTION (CONTINUED)</b>			
Kneecap (patella)	[\$600]	[\$600]	[\$600]
Leg (tibia and/or fibula)	[\$1,500]	[\$1,500]	[\$1,500]
Lower jaw, mandible (except alveolar process)	[\$480]	[\$480]	[\$480]
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx)	[\$1,200]	[\$1,200]	[\$1,200]
Rib	[\$450]	[\$450]	[\$450]
Shoulder blade (scapula), collarbone (clavicle), sternum	[\$480]	[\$480]	[\$480]
Skull (except bones of face or nose) depressed skull fracture	[\$4,000]	[\$4,000]	[\$4,000]
Skull (except bones of face or nose) simple non-depressed skull fracture	[\$1,600]	[\$1,600]	[\$1,600]
Thigh (femur)	[\$3,000]	[\$3,000]	[\$3,000]
Upper arm between elbow and shoulder (humerus)	[\$700]	[\$700]	[\$700]
Upper jaw, maxilla (except alveolar process)	[\$560]	[\$560]	[\$560]
Vertebral processes	[\$540]	[\$540]	[\$540]
<b>FRACTURE BENEFIT - CLOSED REDUCTION</b>			
Ankle (medial or lateral malleolus)	[\$300]	[\$300]	[\$300]
Body of vertebrae (excluding mandible or maxilla)	[\$675]	[\$675]	[\$675]
Bones of face (except mandible or maxilla)	[\$315]	[\$315]	[\$315]
Bones of nose	[\$350]	[\$350]	[\$350]
Coccyx	[\$160]	[\$160]	[\$160]
Finger, toe	[\$90]	[\$90]	[\$90]
Foot (except toes)	[\$300]	[\$300]	[\$300]
Forearm (radius and/or ulna),	[\$300]	[\$300]	[\$300]
Hand, Wrist (except fingers)	[\$270]	[\$270]	[\$270]
Hip (femur)	[\$1,500]	[\$1,500]	[\$1,500]
Kneecap (patella)	[\$300]	[\$300]	[\$300]
Leg (tibia and/or fibula)	[\$750]	[\$750]	[\$750]
Lower jaw, mandible (except alveolar process)	[\$240]	[\$240]	[\$240]
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx)	[\$600]	[\$600]	[\$600]
Rib	[\$225]	[\$225]	[\$225]
Shoulder blade (scapula), collarbone (clavicle), sternum	[\$240]	[\$240]	[\$240]
Skull (except bones of face or nose) depressed skull fracture	[\$2,000]	[\$2,000]	[\$2,000]
Skull (except bones of face or nose) simple non-depressed skull fracture	[\$800]	[\$800]	[\$800]
Thigh (femur)	[\$1,500]	[\$1,500]	[\$1,500]
Upper arm between elbow and shoulder (humerus)	[\$350]	[\$350]	[\$350]
Upper jaw, maxilla (except alveolar process)	[\$280]	[\$280]	[\$280]
Vertebral processes	[\$270]	[\$270]	[\$270]

Benefit amount for a Chip or Avulsion Fracture is [25%] of the applicable Closed Reduction Benefit.

<b>HERNIATED DISC BENEFIT</b>	[\$400]	[\$400]	[\$400]
<b>HOSPITAL ADMISSION BENEFIT</b>	[\$500]	[\$500]	[\$500]
<b>HOSPITAL ADMISSION ICU BENEFIT</b>	[\$1,000]	[\$1,000]	[\$1,000]
<b>HOSPITAL CONFINEMENT BENEFIT</b>			
Per day	[\$150]	[\$150]	[\$150]
Maximum Benefit Period	[365] days	[365] days	[365] days
<b>HOSPITAL CONFINEMENT ICU BENEFIT</b>			
Per day	[\$300]	[\$300]	[\$300]
Maximum Benefit Period	[30] days	[30] days	[30] days

**SCHEDULE OF BENEFITS (CONTINUED)**

	<b>[Insured]</b>	<b>[Spouse]</b>	<b>[Child]</b>
<b>INITIAL DOCTOR'S OFFICE VISIT</b>	[\$25]	[\$25]	[\$25]
<b>INTERNAL ORGAN LOSS BENEFIT</b>	[\$2,500]	[\$2,500]	[\$2,500]
<b>KNEE CARTILAGE TORN BENEFIT</b>			
Repaired with surgery	[\$400]	[\$400]	[\$400]
Exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement)	[\$150]	[\$150]	[\$150]
<b>LACERATION BENEFIT - Total of all Lacerations are:</b>			
Over 15 centimeters long and repaired by stitches	[\$300]	[\$300]	[\$300]
Greater than 5 centimeters but not more than 15 centimeters and repaired by stitches	[\$150]	[\$150]	[\$150]
Not more than 5 centimeters and repaired by stitches	[\$40]	[\$40]	[\$40]
Laceration not requiring stitches	[\$20]	[\$20]	[\$20]
<b>LODGING BENEFIT</b>			
Per night	[\$100]	[\$100]	[\$100]
Maximum Benefit Period	[30] nights	[30]nights	[30] nights
<b>LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT</b>			
Loss of both hands or both feet or sight of both eyes or any combination of two or more	[\$10,000]	[\$10,000]	[\$10,000]
Loss of one hand or one foot or sight of one eye	[\$5,000]	[\$5,000]	[\$5,000]
Loss of two or more fingers or two or more toes or any combination of two or more fingers or toes	[\$1,200]	[\$1,200]	[\$1,200]
Loss of one finger or one toe	[\$600]	[\$600]	[\$600]
<b>MAJOR DIAGNOSTIC EXAM BENEFIT</b>	[\$100]	[\$100]	[\$100]
<b>[NON-OCCUPATIONAL ACCIDENTAL DISABILITY BENEFIT</b>			
<b>(Disability beginning prior to age 72)</b>			
Monthly Benefit Amount	[\$100]		
Maximum Benefit Period	[6] months		
Elimination Period	[0] days]		
<b>[OUTPATIENT SURGERY FACILITY BENEFIT</b>	[\$25]	[\$25]	[\$25]]
<b>(PART OF THE SPECIALTY BENEFIT PACKAGE)</b>			
<b>PHYSICAL THERAPY BENEFIT</b>			
Per visit	[\$25]	[\$25]	[\$25]
Maximum visits	[6]	[6]	[6]
<b>PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT</b>			
More than one prosthetic device or artificial limb	[\$1,000]	[\$1,000]	[\$1,000]
One prosthetic device or artificial limb	[\$500]	[\$500]	[\$500]
<b>REHABILITATION ADMISSION BENEFIT</b>	[\$ 250 ]	[\$250 ]	[\$250]
<b>RECOVERY BENEFIT</b>			
Per day	[\$75]	[\$75]	[\$75]
Maximum Benefit Period	[30] days	[30] days	[30] days

**SCHEDULE OF BENEFITS (CONTINUED)**

	<b>[Insured]</b>	<b>[Spouse]</b>	<b>[Child]</b>
<b>REHABILITATION UNIT BENEFIT</b>			
Per day	[\$75]	[\$75]	[\$75]
Maximum Benefit Period	[30] days	[30] days	[30] days
<b>SKIN GRAFT BENEFIT</b>			
			[25%] of applicable Burn Benefit Amount
<b>[SPECIALTY BENEFIT PACKAGE</b>			
<b>See: Chiropractic Treatment Benefit</b>			
<b>Family Care Benefit</b>			
<b>Outpatient Surgery Facility Benefit]</b>			
<b>SPORTS PACKAGE BENEFIT</b>			
			[25%] of amount paid for the Covered Accident, limited to [\$1,000] in any 12 month period regardless of the number of Covered Accidents
<b>TENDON, LIGAMENT, ROTATOR CUFF BENEFIT</b>			
Repair of more than one	[\$600]	[\$600]	[\$600]
Repair of one	[\$400]	[\$400]	[\$400]
Exploratory arthroscopic surgery without repair	[\$150]	[\$150]	[\$150]
<b>TRANSPORTATION BENEFIT</b>			
Per round trip	[\$300]	[\$300]	[\$300]
Maximum trips	[3]	[3]	[3]
<b>URGENT CARE BENEFIT</b>			
	[\$25]	[\$25]	[\$25]
<b>[WELLNESS BENEFIT</b>			
	[\$25 ]	[\$25 ]	[\$ 25]]
<b>X-RAY BENEFIT</b>			
	[\$20]	[\$20]	[\$20]

## **BENEFITS**

Refer to the Schedule of Benefits for benefit amounts and Maximum Benefit Periods. If the amount shown for a benefit is zero, such benefit is not covered under this Policy. All covered benefits are paid only once per Covered Person per Covered Accident unless otherwise noted. Capitalized terms are defined in the Definitions section of this Policy.

### **ABDOMINAL AND THORACIC SURGERY BENEFIT**

We will pay this benefit if a Covered Person undergoes open abdominal or thoracic surgery within 72 hours after the Covered Accident to repair internal Injuries received as a result of a Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

### **[ACCIDENT FIRST OCCURRENCE**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit upon receipt of the first claim for a Benefit for a Covered Accident. Only one Accident First Occurrence benefit shall be paid per Policy.]

### **[ACCIDENTAL DEATH BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit if a Covered Person dies within 90 days of a Covered Accident as a result of Injuries received from that Covered Accident. We will not pay the Accidental Death Benefit and the Accidental Death Common Carrier Benefit for the same Covered Person.

Any Accidental Death Benefit that is payable due to Your death will be paid to the beneficiary named in Your application or later changed by You. Any Accidental Death Benefit that is payable due to the death of any other Covered Person is payable to You.

Death will be presumed if the Covered Person disappears and the disappearance:

- 1) Is caused solely and directly by a Covered Accident that occurred while the Covered Person was a fare paying passenger on a Common Carrier that reasonably could have caused loss of life;
- 2) Occurs independently of all other causes; and
- 3) Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

We will subtract from the Accidental Death Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of injury to the same Covered Person from the same Covered Accident.]

### **[ACCIDENTAL DEATH COMMON CARRIER BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit if a Covered Person dies within 90 days of a Covered Accident as a result of Injuries received from that Covered Accident while a fare paying passenger on a Common Carrier. We will not pay the Accidental Death Benefit and the Accidental Death Common Carrier Benefit for the same Covered Person.

Any Accidental Death Common Carrier Benefit that is payable due to Your death will be paid to the beneficiary named in Your application or later changed by You. Any Accidental Death Common Carrier Benefit that is payable due to the death of any other Covered Person is payable to You.

Death will be presumed if the Covered Person disappears and the disappearance:

- 1) Is caused solely and directly by a Covered Accident that occurred while the Covered Person was a fare paying passenger on a Common Carrier that reasonably could have caused loss of life;
- 2) Occurs independently of all other causes; and
- 3) Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

We will subtract from the Accidental Death Common Carrier Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of injury to the same Covered Person from the same Covered Accident.]

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT**

We will pay this benefit for each Covered Person who receives follow-up treatment that is prescribed by a Physician. Follow-up treatment must:

- 1) Be due to Injuries sustained as the result of a Covered Accident;
- 2) Be within 90 days after the Covered Accident;
- 3) Occur after initial treatment by a Physician in a Physician's office, Urgent Care Facility, or Hospital;
- 4) Occur on an outpatient basis; and
- 5) Not be for routine examinations or preventive testing.

We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum visits listed in the Schedule of Benefits. We will not pay both the Accident Follow-Up Treatment Benefit and the Physical Therapy Benefit for the same visit.

**AIR AMBULANCE BENEFIT**

We will pay this benefit if a licensed professional air ambulance company transports by air a Covered Person to or from a Hospital or between medical facilities where treatment for Injuries is received as the result of a Covered Accident. The air ambulance transportation must be within 48 hours after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**AMBULANCE BENEFIT**

We will pay this benefit if a professional or volunteer ambulance company transports a Covered Person by ground transportation to or from a Hospital or between medical facilities where treatment for Injuries is received as the result of a Covered Accident. The ambulance transportation must be within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**APPLIANCE BENEFIT**

We will pay this benefit if a Covered Person is Injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility as a result of Injuries sustained in the Covered Accident. Crutches and wheelchairs are examples of medical appliances. The use of an appliance must begin within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**BLOOD, PLASMA, PLATELETS BENEFIT**

We will pay this benefit if a Covered Person is Injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of Injuries sustained in the Covered Accident. The blood, blood plasma and/or platelets must be administered within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**BURN BENEFIT**

We will pay this benefit if a Covered Person sustains burns as the result of a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the Covered Accident. If the Covered Person meets more than one of the burn classifications shown in the Schedule of Benefits, We will pay the higher amount. We will pay only one of the classification amounts per Covered Person per Covered Accident.

**[CATASTROPHIC ACCIDENT BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit at the end of the Elimination Period if a Covered Person:

- 1) Sustains a Catastrophic Loss as the result of a Covered Accident;
- 2) Is under the appropriate care of a Physician during the Elimination Period; and
- 3) Remains alive at the end of the Elimination Period.

We will pay this benefit once per lifetime per Covered Person. We will subtract from the Catastrophic Accident Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of Injury to the same Covered Person from the same Covered Accident.]

#### **[CHIROPRACTIC TREATMENT BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit if a Covered Person suffers a structural imbalance as a result of Injuries sustained in a Covered Accident and receives Chiropractic Care Services by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the Covered Accident and must be completed within 180 days after the Covered Accident. We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum Visits listed in the Schedule of Benefits.]

#### **COMA INJURY BENEFIT**

We will pay this benefit if a Covered Person is diagnosed and treated by a Physician for a coma resulting from Injuries sustained in a Covered Accident. Such coma must have: 1) begun within 30 days after the Covered Accident; 2) lasted for a period of at least seven consecutive days; and 3) required intubation for respiratory assistance. We will pay this benefit only once per Covered Person per Covered Accident.

#### **CONCUSSION BENEFIT**

We will pay this benefit if a Covered Person sustains a concussion as the result of a Covered Accident and is diagnosed by a Physician within 72 hours after the date of the Covered Accident using any type of medical imaging procedure such as an X-ray, CT (computerized tomography) scan, or MRI (magnetic resonance imaging).

We will pay this benefit only once per Covered Person per Covered Accident. We will pay this benefit only once per Covered Person in a twelve (12) month period.

#### **DISLOCATION BENEFIT**

We will pay this benefit if a Covered Person sustains a Dislocation as the result of Injuries sustained in a Covered Accident. A Dislocation must:

- 1) Be diagnosed as a Dislocation by a Physician within 90 days after the Covered Accident;
- 2) Require correction by a Physician; and
- 3) Be corrected by a Physician by open (surgical) or closed (non-surgical) reduction within 90 days after the date of diagnosis.

If a Covered Person sustains more than one Dislocation in a Covered Accident, and requires open or closed reduction, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone or joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit.

We will pay this benefit only once per joint. Subsequent Dislocations of the same joint will not be covered.

#### **EMERGENCY DENTAL BENEFIT**

We will pay this benefit for each Covered Person who requires a dental extraction and/or crown as the result of Injuries sustained in a Covered Accident.

The treatment must be within 60 days after the date of the Covered Accident and the services provided must not be for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident, regardless of the number of teeth involved. If a Covered Person requires dental work including both extraction(s) and crown(s) for the same Covered Accident, We will pay only one benefit, which will be the larger of the extraction or crown benefit amounts shown in the Schedule of Benefits.



**EMERGENCY ROOM TREATMENT BENEFIT**

We will pay this benefit if a Covered Person requires examination and treatment by a Physician in a Hospital Emergency Room as the result of Injuries sustained in a Covered Accident. The examination and treatment must occur within 72 hours after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident. Follow-up treatment prescribed by a Physician will be paid under the Accident Follow-Up Treatment Benefit.

**EYE INJURY BENEFIT**

We will pay this benefit if a Covered Person sustains an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. An examination with anesthesia is not considered surgery. We will pay this benefit only once per Covered Person per Covered Accident.

**[FAMILY CARE BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit if a Covered Person is Confined in a Hospital or Rehabilitation Unit as a result of Injuries sustained in a Covered Accident and the Covered Person has a child or children attending a Child Care Center. We will pay this benefit for each child attending a Child Care Center on any given day the Covered Person is Confined, up to the Maximum Days shown in the Schedule of Benefits. The child attending a Child Care Center does not need to be a Covered Person for this benefit to be payable but must meet the definition of Eligible Dependent.]

**FRACTURE BENEFIT**

We will pay this benefit if a Covered Person sustains a Fracture Injury as the result of a Covered Accident. The Fracture must:

- 1) Be diagnosed by a Physician within 90 days after the Covered Accident;
- 2) Require correction by a Physician; and
- 3) Be corrected by a Physician by open (surgical) or closed (non-surgical) reduction within 90 days after the date of diagnosis.

If a Covered Person sustains more than one Fracture in a Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone involved that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone or joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the higher of the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit.

**HERNIATED DISC BENEFIT**

We will pay this benefit if a Covered Person sustains a herniated disc Injury in the spine as the result of a Covered Accident. The herniated disc must be treated by a Physician within 60 days after the Covered Accident and must be repaired through surgery by a Physician within 365 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**HOSPITAL ADMISSION BENEFIT**

The Hospital Admission Benefit is payable for each Covered Person Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital within six (6) months after the Covered Accident. We will not pay this benefit for:

- 1) Emergency Room treatment;
- 2) Outpatient treatment; or
- 3) A stay of less than 20 hours in an Observation Unit.

We will pay this amount only once per Covered Person per Covered Accident. We will not pay the Hospital Admission Benefit and the Hospital Admission ICU Benefit for the same Covered Accident.

**HOSPITAL ADMISSION ICU BENEFIT**

The Hospital Admission ICU Benefit is payable for each Covered Person admitted directly to a Hospital Intensive Care Unit and Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital Intensive Care Unit within 30 days after the Covered Accident. We will not pay this benefit for:

- 1) Emergency Room treatment;
- 2) Outpatient treatment; or
- 3) A stay of less than 20 hours in an Observation Unit.

We will pay this amount only once per Covered Person per Covered Accident. We will not pay the Hospital Admission Benefit and the Hospital Admission ICU Benefit for the same Covered Accident.

**HOSPITAL CONFINEMENT BENEFIT**

We will pay this benefit for each Covered Person Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown in the Schedule of Benefits. This benefit is payable only for Confinement in a Hospital or Hospital Sub-Acute Intensive Care Unit that begins within six (6) months after the date of the Covered Accident. We will pay benefits for only one Confinement at a time even if it is caused by more than one Covered Accident.

If a Covered Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit, and is Confined again within 90 days for Injuries received in the same Covered Accident or for a related condition, We will treat this Confinement for a continuation of the prior Confinement.

We will not pay this benefit for:

- 1) Emergency Room treatment;
- 2) Outpatient treatment;
- 3) Confinement of less than 20 hours in an Observation Unit; or
- 4) Confinement in a Rehabilitation Unit.

We will not pay the Hospital Confinement Benefit and the Hospital Confinement ICU Benefit for the same day of Confinement.

**HOSPITAL CONFINEMENT ICU BENEFIT**

We will pay this benefit for each Covered Person Confined in a Hospital Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown in the Schedule of Benefits. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined in a Hospital Intensive Care Unit once again within 90 days for Injuries received in the same Covered Accident or for a related condition, We will treat this Confinement as a continuation of the prior Confinement.

If a Covered Person is Confined in a Hospital Intensive Care Unit beyond the Maximum Benefit Period, the Covered Person will be eligible for the Hospital Confinement Benefit. The Hospital Confinement Benefit will begin the first day following the expiration of the Maximum Benefit Period for Hospital Confinement ICU Benefit.

If the unit to which a Covered Person is Confined does not meet the definition of Hospital Intensive Care Unit in this Policy, We will pay the Hospital Confinement Benefit, if applicable.

We will not pay the Hospital Confinement Benefit and the Hospital Confinement ICU Benefit for the same day of Confinement.

**INITIAL DOCTOR'S OFFICE VISIT BENEFIT**

We will pay this benefit if a Covered Person receives initial treatment and/or advice by a Physician in a Physician's office for Injuries sustained in a Covered Accident. The treatment must be within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Physician is paid under the Accident Follow-Up Treatment Benefit.

**INTERNAL ORGAN LOSS BENEFIT**

We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid, and uterus. We will pay this benefit only once per Covered Person per Covered Accident.

**KNEE CARTILAGE TORN BENEFIT**

We will pay this benefit if a Covered Person sustains torn knee cartilage (meniscus) Injury as the result of a Covered Accident. In order for this benefit to be payable, the torn knee cartilage must be treated by a Physician within 60 days after the Covered Accident; and

- 1) Repaired through surgery by a Physician within six (6) months after the Covered Accident, or
- 2) If exploratory arthroscopic surgery is performed within six (6) months after the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay the applicable benefit amount listed in the Schedule of Benefits.

**LACERATION BENEFIT**

We will pay this benefit if a Covered Person sustains a Laceration Injury as the result of a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay will be based on the total length of all Lacerations received in any one Covered Accident that require repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a Laceration repaired with stitches.

**LODGING BENEFIT**

We will pay this benefit for the hotel/motel or similar paid lodging stay of one companion to accompany a Covered Person who is Confined in a Hospital as the result of Injuries sustained in a Covered Accident when the Hospital is located more than 100 miles from the Covered Person's residence.

We will pay this benefit for as long as:

- 1) The companion accompanies the Covered Person; and
- 2) The Covered Person remains Confined in such Hospital; but
- 3) Not beyond the Maximum Benefit Period.

**LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT**

We will pay this benefit for a Covered Person for loss of a finger, toe, hand, or foot, or the sight of an eye as the result of Injuries sustained in a Covered Accident and which occurs within 90 days after the Covered Accident.

Loss of finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.

Loss of toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

If a Covered Person loses a finger or toe and within 90 days thereafter loses a hand or foot on the same side of the body as the result of the same Covered Accident, We will pay for loss of hand or foot, less the amount We paid for the loss of a finger or toe.

If a Covered Person loses one finger or toe and within 90 days thereafter loses another finger or toe as a result of the same Covered Accident, We will pay the amount shown in the Schedule of Benefits for "loss of two or more fingers or two or more toes or any combination of two or more," less the amount We paid for the loss of the first finger or toe.

If a Covered Person loses one hand or one foot or the sight of one eye and within 90 days thereafter loses another hand or foot or sight of an eye, We will pay the amount shown in the Schedule of Benefits for "loss of both hands or both feet or sight of both eyes or any combination of two or more," less the amount We paid for the loss of the first hand or foot or sight of an eye.

If a Covered Person receives a Laceration on a finger, toe, hand, foot, or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

#### **MAJOR DIAGNOSTIC EXAM BENEFIT**

We will pay this benefit if a Covered Person requires one of the following exams for Injuries sustained as the result of a Covered Accident:

- 1) CT or CAT (computerized tomography) scan;
- 2) DTI (diffusion tensor imaging) scan;
- 3) EEG (electroencephalogram);
- 4) Joint imaging scan;
- 5) MRA (magnetic resonance angiogram) scan;
- 6) MRI (magnetic resonance imaging);
- 7) PET (positron emission tomography) scan; or
- 8) SPECT (spectroscopy).

These exams must be ordered by a Physician and performed in a medical facility within 180 days after the Covered Accident.

We will pay this benefit only once per Covered Person per Covered Accident and only once per twelve (12) month period.

#### **[NON-OCCUPATIONAL ACCIDENTAL DISABILITY BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay the Monthly Benefit Amount if You become Totally Disabled prior to the Policy anniversary on which You attain age 72 as a result of a Non-Occupational Injury received in a Covered Accident and remains Totally Disabled longer than the Elimination Period.

We will pay this benefit as long as You remain Totally Disabled, up to the Maximum Benefit Period shown in the Schedule of Benefits. If benefits are payable for less than a full month, We will calculate benefits on a daily basis. The daily amount is one-thirtieth (1/30) of the Monthly Benefit Amount.

If You become Totally Disabled due to the same or a different Covered Accident within six (6) months after the end of a previous Disability, it will be considered a continuation of the previous Disability and subject to the same Elimination Period and Maximum Benefit Period.

If You become Totally Disabled due to injuries sustained in a Covered Accident for a continuous period of at least 30 days, We will waive the payment of premiums for this Policy effective with the monthly anniversary of the Effective Date following the end of such 30 day period, and We will refund any premium paid for a period beyond that monthly anniversary. We will continue to waive premium payments on a monthly basis for as long as Your Total Disability continues until the earlier of (a) the monthly anniversary of the Effective Date following the end of Your Total Disability; or (b) until the end of the Maximum Benefit Period shown in the Schedule of Benefits.

You must advise Us when Your Total Disability ends. After Your Total Disability ends, or after the end of the Maximum Benefit Period, whichever is earlier, You must resume the payment of premiums by paying the next premium due to keep this Policy in force. Thereafter, premiums will be due and payable as provided in this Policy.

This benefit will terminate when You attain age 72. Termination of this benefit will not affect an otherwise valid claim arising from Your Total Disability which began before such termination.]

#### **[OUTPATIENT SURGERY FACILITY SERVICE BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit for each Covered Person who has surgery for the Injuries specified below in a surgical center licensed for the treatment of Injuries sustained as a result of a Covered Accident. This does not include surgery received in the Emergency Room or while Confined.

The following specified Injuries must be treated by a Physician within 60 days from the date of the Covered Accident and the specified surgery must be performed within the specified time listed below:

- 1) Knee Cartilage – One year after the Covered Accident;
- 2) Ruptured Disc – One year after the Covered Accident;
- 3) Tendon, Ligament, Rotator Cuff – 180 days after the Covered Accident;
- 4) Eye Injury – 90 days after the Covered Accident;
- 5) Hernia – 60 days after the Covered Accident.]

#### **PHYSICAL THERAPY BENEFIT**

We will pay this benefit for each Covered Person who requires physical therapy treatment as the result of Injuries sustained in a Covered Accident. Therapy must:

- 1) Begin within 60 days after the Covered Accident;
- 2) Be prescribed by a Physician;
- 3) Be rendered by a Physical Therapist;
- 4) Be performed on an inpatient or outpatient basis; and
- 5) Be completed within six (6) months after the date of first treatment.

We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum visits listed in the Schedule of Benefits.

We will not pay both the Accident Follow-Up Treatment Benefit and the Physical Therapy Benefit for the same visit.

#### **PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT**

We will pay this benefit if a Covered Person requires a prosthetic device or artificial limb that is prescribed by a Physician due to the Loss of Hand, Foot, or Sight of an Eye as a result of Injuries sustained in a Covered Accident. The prosthetic device/artificial limb must be received within one year after the date of the Covered Accident.

If a Covered Person receives one prosthetic device or artificial limb and later receives another prosthetic device or artificial limb as a result of Injuries sustained in the same Covered Accident, we will pay the amount shown in the Schedule of Benefits for "more than one prosthetic device or artificial limb," less the amount We paid for the receipt of the first prosthetic device or artificial limb.

We will not pay this benefit for hearing aids; dental aids, including false teeth; eye glasses; contact lenses; cosmetic prosthesis such as hair wigs; or joint replacement such as an artificial hip or knee.

#### **RECOVERY BENEFIT**

We will pay this benefit if a Covered Person misses work immediately preceded by Confinement in a Hospital as a result of Injuries sustained in a Covered Accident. This benefit is payable for each day of missed work up to the Maximum Benefit Period shown in the Schedule of Benefits.

We will not pay the Recovery Benefit, the Hospital Confinement Benefit or Rehabilitation Unit Benefit for the same day. We will pay the largest of the three benefits for that day.

We will not pay both the Recovery Benefit and the Rehabilitation Unit Benefit for the same Covered Person. We will pay the largest of the two (2) for the same Covered Accident.

#### **REHABILITATION ADMISSION BENEFIT**

We will pay this benefit for each Covered Person Confined in a Rehabilitation Unit immediately preceded by Confinement in a Hospital as a result of Injuries received in a Covered Accident. We will not pay this benefit for outpatient treatment or for a stay of less than 20 hours.

We will pay this benefit only once per Covered Person per Covered Accident. We will not pay the Rehabilitation Admission Benefit and the Recovery Benefit for the same Covered Person. We will pay the largest of the two (2) for that Covered Accident.

#### **REHABILITATION UNIT BENEFIT**

We will pay this benefit if a Covered Person is Confined in a Rehabilitation Unit for physical, occupational or speech therapy for treatment of Injuries sustained in a Covered Accident. We will pay this benefit for each day of Confinement in a Rehabilitation Unit up to the Maximum Benefit Period shown in the Schedule of Benefits.

We will not pay this benefit unless the Rehabilitation Unit Confinement was immediately preceded by Confinement in a Hospital.

We will not pay the Rehabilitation Unit Benefit and the Hospital Confinement Benefit for the same day. We will pay the larger of the two (2) benefits for that day.

#### **SKIN GRAFT BENEFIT**

We will pay this benefit for each Covered Person who receives a skin graft as a result of Injuries sustained in a Covered Accident and for which We paid a Burn Benefit. The skin graft must be received within one year after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

#### **SPORTS PACKAGE BENEFIT**

We will pay this benefit if a Covered Person sustains Injuries as the result of a Covered Accident while participating in an Organized Sporting Activity. [This benefit is not applicable to [a][an Accidental Death Benefit[,] [nor] Common Carrier Death Benefit][, nor] [Catastrophic Accident Benefit], if any.]

**TENDON, LIGAMENT, ROTATOR CUFF BENEFIT**

We will pay this benefit if a Covered Person sustains an Injury to a tendon, ligament, or rotator cuff as the result of a Covered Accident.

The tendon, ligament, or rotator cuff must be:

- 1) Torn, ruptured or severed; and
- 2) Repaired through surgery by a Physician within 60 days after the Covered Accident.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**TRANSPORTATION BENEFIT**

We will pay this benefit per round trip if a Covered Person must travel more than 100 miles each way from the Covered Person's residence to receive specialized treatment and Confinement in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not be available within a 100-mile radius of the Covered Person's residence. This benefit is payable for the Maximum Trips listed in the Schedule of Benefits per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

**URGENT CARE BENEFIT**

We will pay this benefit if a Covered Person receives initial treatment in an Urgent Care Facility for Injuries sustained in a Covered Accident. The treatment must be within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Physician is paid under the Accident Follow-Up Treatment Benefit.

**[WELLNESS BENEFIT**

[If an amount greater than zero is shown for this benefit in the Schedule of Benefits, ]We will pay this benefit if a Covered Person undergoes one of the following health screening tests or procedures more than 90 days after the date of application.

Wellness Tests are:

Blood test for triglycerides	Hemocult stool analysis
Bone marrow aspiration or biopsy	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA-125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid Doppler	Serum cholesterol test to determine HDL and LDL levels
Chest x-ray	Serum protein electrophoresis (blood test for myeloma)
Colonoscopy	Skin cancer biopsy
Echocardiogram	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography
Fasting plasma glucose (FPG)	Thin prep pap test
Hemoglobin A1C(HbA1c)	Two hour post-load plasma glucose
Flexible sigmoidoscopy	Virtual colonoscopy.

Over time, We may add covered Wellness Tests at our option to adjust to medical technology.

We will pay this benefit only once per Covered Person per Policy year. The first Policy Year begins on the Effective Date, continues for a twelve (12) month period, and ends at 11:59 p.m. of the day immediately prior to the annual anniversary of the Effective Date. Subsequent Policy years begin on the annual anniversary of the Effective Date, continue for a twelve (12) month period, and end at 11:59 p.m. of the day immediately prior to the next annual anniversary.]

## **X-RAY BENEFIT**

We will pay this benefit if a Covered Person requires an X-ray within 30 days after a Covered Accident for Injuries sustained as the result of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.

## **DEFINITIONS**

**Actively at Work** means You are working for pay on a permanent basis at least [17 ½] hours per week performing the normal duties of Your job.

**[Catastrophic Loss** means an Injury that within 365 days after the Covered Accident results in total and irrecoverable:

- 1) Loss of both hands or both feet; or
- 2) Loss of use of both arms or both legs; or
- 3) Loss of one hand and one foot; or
- 4) Loss of use of one arm and one leg; or
- 5) Loss of the sight of both eyes; or
- 6) Loss of the hearing in both ears; or
- 7) Loss of the ability to speak.

**With respect to Catastrophic Loss** only:

- 1) Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.
- 2) Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.
- 3) Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand.
- 4) Loss of use of a leg means the loss of function of the entire leg from the hip to the foot.
- 5) Loss of sight means both eyes are totally blind and that no sight can be restored.
- 6) Loss of hearing means complete deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.
- 7) Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device.]

**Chip or Avulsion Fracture** means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

**Child Care Center** means a facility that is licensed as such by the state; provides non-medical care and supervision for children in a group setting; and is not operated by a Covered Person or an Immediate Family member.

**[Chiropractic Care Services** means spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance caused by a Covered Accident. Benefits will not be paid for massage therapy or for treatment of chronic conditions or other injuries not related to structural imbalance.]

**Civil Union** means a union as a same-sex relationship similar like marriage that is recognized by law.

**[Common Carrier** means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.]

**Confined or Confinement** means the assignment to a bed as a resident inpatient in a Hospital or Rehabilitation Unit on the advice of a Physician or confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.



**Covered Accident** means an unintended and unforeseen injurious occurrence causing Injury that:

- 1) Occurs after the Effective Date; and
- 2) Occurs while this Policy is in force; and
- 3) Is not excluded by name or specific description in this Policy.

If the Coverage Type (shown in the Schedule of Benefits) is "Non-Occupational Injury", a Covered Accident does not include any Injury that occurs while a Covered Person is working for pay or profit.

**Covered Person** means a person listed in the Schedule of Benefits as covered under this Policy, (except no person who is in active duty status for the military service of any country may be covered under this Policy).

**Dependent** means:

- 1) Your Eligible Dependent whose coverage is in force; and
- 2) Your Eligible Dependent child or grandchild for whom coverage is continued under the Continuation for Incapacitated Children provision of this Policy.

**[Disability, Disabled, Total Disability, Totally Disabled,** means You are:

- 1) Unable to perform the material and substantial duties of Your regular occupation at the time the Disability began; and
- 2) Not, in fact, working at any job for pay or benefits; and
- 3) Being cared for on a regular basis by a Physician for the Injury causing such Total Disability.]

**Dislocation** means the complete disruption of the normal relationship of the two bones which form a joint such that the dislocated bone is no longer in its normal position. For the purposes of this Policy, Dislocation does not include subluxation.

**Effective Date** means the date coverage under this Policy becomes effective. The Effective Date is shown on the Schedule of Benefits. This date will be used to determine Policy years, months, and anniversaries. [While Interim Coverage is in effect, all references to the Effective Date, except the reference under Payment of Premium provision, shall mean the date of Your application.]

**Eligible Domestic Partner/Partner in a Civil Union** means an unmarried same or opposite sex adult who resides with the Insured and has registered in a state or local domestic partner registry with the Insured person who resides with and is financially interdependent with the Insured.

**Eligible Dependent** means a person who is:

- 1) Your Spouse;
- 2) Partner to a Civil Union partner and/or dependent;
- 2) Your newborn child;
- 3) Your natural child, legally adopted child, child in the waiting period prior to finalization of adoption, or step-child; provided that such child is unmarried and under age [27]; or
- 4) The Insured's unmarried grandchild under age [27] who is a dependent for federal income tax purposes.

**[Elimination Period** means the period of time after the date of a Covered Accident for which no benefits are payable. The Elimination Period is shown in the Schedule of Benefits for each benefit that has an Elimination Period.]

**Emergency Room** means a specified area within or affiliated with a Hospital that is designed for the emergency care of accidental Injuries. It must:

- 1) Be staffed and equipped to handle trauma;
- 2) Be supervised and provide treatment by Physicians; and
- 3) Provide care seven days per week, 24 hours per day.

**Fracture** means a break in a bone that is confirmed by X-ray or CT scan.

**Hospital** is an institution in the United States or Canada which meets all of the following requirements:

- 1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- 2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- 3) provides 24 hour nursing service;
- 4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- 5) has a staff of at least one licensed Physician available at all times.

Hospital does not include rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitation facilities, including rehabilitation hospitals.

**Hospital Intensive Care Unit** means a place that:

- 1) Is a specially designated area of the Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- 2) Is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient Confinement;
- 3) Is permanently equipped with special life saving equipment for the care of the critically ill or injured;
- 4) Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis; and
- 5) Has a Physician assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care Unit is not a progressive care unit, an intermediate care unit, a private monitored room, Hospital Sub-Acute Intensive Care Unit, an Observation Unit or any facility not meeting the definition of a Hospital Intensive Care Unit as defined above.

**Hospital Sub-Acute Intensive Care Unit** means a place that:

- 1) Is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- 2) Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- 3) Is permanently equipped with special life saving equipment for the care of the critically ill or injured; and
- 4) Is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to as progressive care, intermediate care, or a step-down unit, but is not a regular private or semi-private room, or ward with or without monitoring equipment.

**Immediate Family** means:

- 1) You or Your Spouse; or
- 2) Partner to a Civil Union or Civil Union partner and/or dependent; or
- 3) Any of Your, or Your Spouse's children, parents, grandparents, grandchildren, brothers, sisters, or their respective spouses.

**Incomplete Dislocation** means a Dislocation in which the joint is not completely separated.

**Injured, Injury, or Injuries** means an accidental bodily injury that resulted from a Covered Accident. They do not include sickness, disease or bodily infirmity. Overuse syndromes, typically due to repetitive or recurrent activities, such as osteoarthritis, Carpal Tunnel Syndrome or tendonitis, are considered to be a sickness and not an Injury for purposes of this Policy. See also the "Exclusions" provision of this Policy.

**Insured** means the person named in the Schedule of Benefits.

**Laceration** means a cut.

**Loss** means an event for which a benefit may become payable under this Policy.

**Loss of Finger, Toe, Hand, Foot, or Sight of an Eye:**

- 1) Loss of finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- 2) Loss of toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.
- 3) Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.
- 4) Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.
- 5) Loss of sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

**Maximum Benefit Period** means the longest period of time for which a benefit will be paid. The durations are shown in the Schedule of Benefits and Schedule of Benefits for each benefit that has a Maximum Benefit Period.

**[Non-Occupational Injury]** means an Injury that did not occur while the Covered Person was working for pay or profit.]

**Observation Unit** means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician following outpatient surgery or treatment in the Emergency Room that:

- 1) Is under the direct supervision of a Physician or registered nurse;
- 2) Is staffed by nurses assigned specifically to that unit; and
- 3) Provides care seven days per week, 24 hours per day.

**Organized Sporting Activity** means a competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis.

**Physical Therapist** is a person, other than You or Your Immediate Family member, who:

- 1) Is licensed to practice physical therapy by the state in which the services are performed;
- 2) Performs services which are within the scope of his or her license;
- 3) Performs services for which benefits are provided by this Policy; and
- 4) Practices according to the Code of Ethics of the American Physical Therapy Association.

**Physician** means a person performing tasks that are within the limits of his or her medical license and is:

- 1) Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- 2) A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be the Insured or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

**Rehabilitation Unit** means a designated area or free-standing facility of a Hospital that provides physical, occupational or speech therapy on a short term basis.

**Spouse** means a person of the same or opposite sex who is legally married to the Insured under the laws of the state or jurisdiction in which the marriage took place. Whenever the term Spouse appears in the Policy, this provision also includes the definition of civil union into the Policy.

**Urgent Care Facility** means a free-standing facility that is not part of a Hospital or Emergency Room, which provides care on an urgent basis and is duly licensed by the agency responsible for licensing such facilities.

**We, Our, Us or the Company** means Combined Insurance Company of America.

**You or Your** means the Insured named in the Schedule of Benefits.

## **EXCLUSIONS**

No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

[No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.]

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

# **ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE**

## **ELIGIBILITY FOR COVERAGE**

You are eligible for coverage under this Policy if:

- 1) Your application is approved by Us; and
- 2) You are Actively at Work on the application date.

An Eligible Dependent is eligible for coverage on the later of:

- 1) The date You are eligible for insurance; or
- 2) The date You acquire the Dependent.

An Eligible Dependent is deemed to be acquired as follows:

- (a) Spouse: On the date of the marriage or the date the Domestic Partnership/Civil Union is established;
- (b) Natural Child: On the date of birth;
- (c) Adopted Child: On the date the child is placed in Your custody pursuant to an interim or permanent court order of adoption;
- (d) Stepchild: On the date of Your marriage to the child's parent or the date Domestic Partnership/Civil Union is established; or
- (e) Grandchild: On the date the child is dependent on You or Your Spouse for Federal Income Tax purposes.

## **[INTERIM COVERAGE**

This Policy will be in force from the date of Your application for coverage to the Effective Date if:

- 1) A payroll deduction authorization or request for electronic funds transfer (EFT) payment is executed on the date of Your application; and
- 2) The proposed Covered Persons are insurable for insurance according to Our rules and practices in effect on the date of Your application.]

## **ADDITION OF ELIGIBLE DEPENDENTS**

- 1) Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive written notice of the newborn within 45 days after birth, and You pay all required premiums within 31 days after receiving a notice of amount due. If notification of a newborn is received more than 45 days after birth, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 31 days after receiving a notice of amount due;
- 2) Newly Adopted Children: Coverage for an adopted child is effective from the date of an interim or permanent court order of placement. For coverage to continue, We must receive written notice of the adoption within 45 days after the date of the interim or permanent court order; and You must pay all required premiums within 31 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of the interim or permanent court order of adoption is received more than 45 days after the date of the interim or permanent court order, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 31 days after receiving a notice of amount due; or
- 3) Other than a Newborn or Newly Adopted Child: You must complete and sign an application that includes Your Dependents. If approved by Us, the additional coverage will be effective on the monthly anniversary of the Effective Date following approval.

## **TERMINATION OF COVERAGE**

Your coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Effective Date following the date We receive Your written request to have Your insurance terminated;
- 3) The date You enter into active duty status for the military service of any country; or
- 4) The date of Your death.

Your Dependent's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Effective Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date Your coverage terminates, except as provided in the Dependent Conversion provision;
- 4) The date the Dependent enters into active duty status for the military service of any country; or
- 5) The monthly anniversary of the Effective Date following the date We receive Your written request to terminate Dependent coverage for Your Spouse and/or Dependent child(ren).

## **CONTINUATION FOR INCAPACITATED CHILDREN**

Dependent children insured hereunder who are incapable of self-sustaining employment due to mental illness, developmental disability, or mental retardation or physical handicap, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on You for support and maintenance, may continue to be covered regardless of age.

You must claim incapacitated status within 31 days of such child attaining the age at which coverage for the Dependent would otherwise terminate. We will require proof of incapacity as often as necessary, but not more than once a year. We have the right to examine the Dependent but not more than once a year. Coverage for an incapacitated Dependent child will end on the earliest of:

- 1) The date the Dependent marries;
- 2) The date the Dependent obtains self-sustaining employment;
- 3) The date the Dependent ceases to be incapacitated;
- 4) The date the Dependent ceases to be chiefly dependent upon You for support and maintenance;
- 5) Sixty (60) days after a written request for proof of incapacity, if proof is not provided within such 60 days;
- 6) The date You or Your Dependent refuses to allow Us to examine the Dependent; or
- 7) The monthly anniversary of the Effective Date following the date We receive Your written request to terminate Dependent coverage for Your Dependent child(ren).

## **DEPENDENT CONVERSION**

If coverage of the Spouse listed in the Schedule of Benefits terminates due to Your death or divorce or annulment Your marriage, or termination of Your Domestic Partnership/Civil Union, the Spouse may purchase an individual policy of accident insurance. The Spouse may elect to include coverage for Dependent children under the new policy if coverage for Dependent children is terminated under this Policy due to Your death or by Your request at the time of the divorce, annulment, or termination of the Domestic Partnership/Civil Union.

The Spouse must complete an application for conversion within 60 days after the death, divorce, annulment or termination of the Domestic Partnership/Civil Union and pay the premium for the continued coverage within 31 days after application is made. No evidence of insurability will be required.

The effective date of the new policy will be the effective date of the termination of coverage under this Policy. The benefits provided in the new policy shall be substantially the same as the benefits provided under this Policy. The premium for the new policy will be that applicable to the attained age of the Spouse and the form and amount of insurance issued. The class of risk under the new policy will be the same as the class of risk under this Policy, or the most comparable class available.

## **CLAIM PROVISIONS**

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us at Our address shown on the first page of this Policy or as otherwise designated in writing by Us within 20 days after Loss covered by this Policy occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us. The notice should include Your name, address, telephone number, and Policy Number as shown in the Schedule of Benefits.

### **CLAIM FORMS**

When We receive the notice of claim, We will send the claimant forms for filing Proof of Loss. If these forms are not sent to the claimant within 15 days of our receipt of the notice of claim, the claimant will meet the Proof of Loss requirement by giving Us a written statement of the nature and extent of the Loss within the time limit stated in the Proof of Loss provision below.

### **PROOF OF LOSS**

Proof of Loss means the written claim form and other information requested by Us substantiating the nature and extent of the Loss. Proof of Loss must be completed and returned to Us within 90 days after the covered loss begins, or as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date Proof of Loss is otherwise required. You must give us the information We need to determine the reasonableness of any delay, if a benefit is payable, and how much the benefit should be.

### **TIME OF PAYMENT OF CLAIMS**

Benefits payable under this Policy will be paid immediately upon Our receipt of written Proof of Loss that is satisfactory to Us.

### **PAYMENT OF CLAIMS**

After We receive written Proof of Loss and process Your claim, We will pay any benefits due. Benefits will be paid to You, except that accidental death benefits payable as a result of Your death will be paid to the Beneficiary designated under the Policy (see "Beneficiary" provision). Any accrued benefits unpaid at Your death will be paid to the Beneficiary. If You did not name a Beneficiary, or if no Beneficiary survives You, any benefits due will be paid to Your estate. If benefits are payable to an estate or to a person who cannot give a valid release, We may in Our discretion pay up to \$1,000 to someone related to You or Beneficiary by blood or marriage. We will be discharged from all liability for any such payment made in good faith.

### **UNPAID PREMIUM**

On payment of a claim under this Policy, any premium then due and unpaid will be deducted from Your claim payment.

### **REFUND OF PREMIUM AT DEATH**

Upon notice of Your death, We will refund to the Beneficiary the portion of any premium that applies to a period beyond the end of the Policy month in which death occurred.

## **GENERAL PROVISIONS**

### **ENTIRE CONTRACT**

This Policy is a legal contract between You and Us. The entire contract consists of the Policy, and any applications, endorsements, riders, or amendments. No change in this Policy will be effective until approved by the President, a Vice President, or the Secretary of our Company. This approval must be noted on or attached to this Policy. No agent or broker has the authority to change this Policy or to waive any of its provisions.

### **TIME LIMIT ON CERTAIN DEFENSES**

After two (2) years from the Effective Date of this Policy, We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss incurred or Disability commencing after the expiration of such two (2) year period.

### **LEGAL ACTIONS**

You cannot bring a legal action to recover benefits under Your Policy for at least 60 days after You have given Us written Proof of Loss. You cannot start such an action more than three (3) years after the date Proof of Loss is required.

### **PAYMENT OF PREMIUM**

This Policy is issued in consideration of the Policy application, information provided by You, and payment of the first premium. The first premium is due on the Effective Date. Subsequent premiums are due and payable in advance. If You do not pay the premiums when due, this Policy will terminate subject to the Grace Period. The amount and frequency of premium payments are shown in the Schedule of Benefits.

All premiums are payable to Us or as otherwise designated in writing by Us. Premiums are payable while coverage continues. Premiums may be paid annually, semi-annually, quarterly, monthly, or subject to Company rules. You may change the frequency of premium payments by filing a written request in a form satisfactory to the Company.

### **GRACE PERIOD**

After You pay the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. Coverage shall remain in force during the Grace Period. If any premium is unpaid at the end of the Grace Period, coverage shall automatically terminate and this Policy will no longer be in force. This Grace Period does not apply if You request termination of this Policy.

### **REINSTATEMENT**

If coverage ends for failure to pay premium, You may apply for reinstatement by submitting an application and the required premium. Such application must be submitted within 90 days from the date coverage ended. If We approve the application, this Policy will be reinstated on the date of approval of such application. If We do not notify You that We have approved or disapproved the reinstatement application, this Policy will be reinstated on the 45th day after We receive Your completed reinstatement application and the required premium has been paid to Us.

The reinstated Policy will cover only Losses that result from Injuries received in a Covered Accident that occurs after the date the Policy is reinstated.

In all other respects, the rights of all parties will remain the same, subject to any provisions noted on or attached to the reinstated Policy. The statements in Your application for the reinstated Policy will be measured from the date of reinstatement with respect to the time periods stated in Time Limit on Certain Defenses provision.



**MISSTATEMENT OF AGE**

If a Covered Person's age has not been stated correctly, an adjustment in premium, coverage, or both, will be made. The adjustment will correct the coverage to what the premium paid would have bought at the Covered Person's true age. This change will be based on our rates in effect on the Effective Date.

**BENEFICIARY**

The Beneficiary for benefits payable upon Your death will be the Beneficiary named in the Policy application, unless You have changed the Beneficiary designation. Unless specifically designated as irrevocable, You may change the Beneficiary designation by written notice satisfactory to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the written notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Policy, or to make any other changes in this Policy.

If any Beneficiary dies before You, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives You will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

**PHYSICAL EXAMINATION AND AUTOPSY**

We have the right to have a Covered Person examined when and as often as is reasonable during the handling of a claim and do an autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

**CONFORMITY WITH STATE STATUTES**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

**NOTICE**

If there are any questions about this Policy or if anyone seeks to replace this Policy, please contact a Combined Insurance Company of America agent or the Home Office of the Company. All inquiries should be in writing, stating the Policy Number.

COMBINED INSURANCE COMPANY OF AMERICA  
**Application for Accident Insurance**

Home Office: [Chicago, Illinois]

	(Home Office Use)	Application Date:
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I am applying for this coverage based on the following information:

**ACTION REQUESTED:**     New Policy    Conversion    Policy Change    Reinstatement    ]

APPLICANT NAME (First MI Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Mo/Day/Yr
APPLICANT'S HOME ADDRESS (Street, City, State, Zip)		Work Phone No.	[Social Security No.]
[Landline Phone No.]	[Mobile Phone No.]	[Email]	
Hire Date: Mo/Yr	[Sponsoring Organization]	EMPLOYER NAME	
Payment Method: <input type="checkbox"/> PRD <input type="checkbox"/> PAC <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____ ]			[ACCOUNT NO.]
BENEFICIARY'S Full Name		Relationship	

Are you actively at work at least [17½] hours each week?   Yes    No

**COVERAGE FOR:**     Applicant Only    Applicant & Spouse    Applicant & Children    Applicant, Spouse & Children    ]

**List all eligible persons to be covered on this plan: Applicant; Spouse; and Your Children age [26] or under.**

Name(s)	DOB: Mo/Day/Yr	Relationship	Gender
Applicant	(as above)	Self	(as above)
		Spouse	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 1	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 2	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 3	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 4	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 5	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 6	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 7	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 8	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 9	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 10	M <input type="checkbox"/> F <input type="checkbox"/>

Spouse includes an Eligible [Domestic Partner/Partner/Civil Union Partner] in a Civil Union who resides with and is financially interdependent with the Applicant, as defined in the Policy.

	PREMIUM - Mode
Plan: _____	<input type="checkbox"/> Weekly (52) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Semi-Monthly (24) <input type="checkbox"/> _____

**Premium Amount:**    \$ \_\_\_\_\_

It is very important that you review your application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct or not complete. **I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application. If coverage cannot be issued as applied for under the rules of the Company, I authorize Combined Insurance Company of America to issue reduced benefits and adjust premiums to match the coverage issued.** I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am applying allows for alternate methods to pay insurance premiums).

[This application may be completed by electronic or telephonic means. I acknowledge that Combined Insurance or its agent has verified my identity for this purpose in accordance with any applicable law or regulation. If completed by electronic means, I agree to provide my consent and authorization to complete an electronic transaction to apply for coverage, and that this authorization shall constitute an electronic signature. If completed by telephonic means, I acknowledge that I have not myself physically signed the application, but instead I hereby authorize Combined Insurance or its agent to accept my voice signature response. The responses received on this application will be attached and made part of the Policy. [I accept  ]

In applying for this coverage, I represent and affirm that the information which I have given as recorded on this application is true and complete to the best of my knowledge and belief.

**NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.**

This policy may only be issued if you have minimum essential coverage within the meaning of section 5000A(f) of the Internal Revenue Code, or you are treated as having minimum essential coverage due to your status as a bona fide resident of any possession of the United States pursuant to Code section 5000A(f)(4)(B). If you have employer-sponsored coverage, COBRA coverage, insurance purchased from DC Health Link, or other similar insurance, you likely have minimum essential coverage. If your minimum essential coverage is terminated for any reason, you should notify the company immediately.

(1) Do you have comprehensive medical coverage including the minimum essential coverage required by the Affordable Care Act (ACA) or are you treated as having minimum essential coverage due to your status as a bona fide resident of any possession of the United States?  Yes  No

*If you answered No to question 1, you are not eligible for this policy, in the form of hospital or fixed indemnity insurance.*

(2) Do you understand most supplemental policies may not pay full benefits if your ACA compliant minimum essential coverage plan is not in force?  Yes  No

(3) Do you understand that the benefits provided under this policy may be limited?  Yes  No

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

X \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

I, the authorized agent, have on the date of application recorded the information as given to me by the Applicant.  
Signature of Licensed Agent \_\_\_\_\_ Code # \_\_\_\_\_

**SERFF Tracking #:**

ACEH-131361501

**State Tracking #:****Company Tracking #:**

18-AH-2015491

**State:**

District of Columbia

**Filing Company:**

Combined Insurance Company of America

**TOI/Sub-TOI:**

H021 Individual Health - Accident Only/H021.000 Health - Accident Only

**Product Name:**

Accident Only Policy

**Project Name/Number:**

Accident Only Policy/14382-DC

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Readability Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Readability Certification.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	08/27/2018

<b>Satisfied - Item:</b>	Variability Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Variability Memorandum.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	08/27/2018

<b>Satisfied - Item:</b>	District of Columbia Life & Health Insurance Guaranty Association
<b>Comments:</b>	
<b>Attachment(s):</b>	Form No. 106019-DC-1014.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	08/27/2018

<b>Satisfied - Item:</b>	Cover Letter 14382-DC
<b>Comments:</b>	
<b>Attachment(s):</b>	Cover Letter 14382-DC.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	08/27/2018



## READABILITY CERTIFICATION

Form Nos. 14382-DC - Accident Only Policy  
144182-DC - Application

The above captioned form(s) have a Flesch Index Score of SEE BELOW and meet(s) the minimum reading ease requirements.

<u>Form Nos.</u>	<u>Flesch Index Score</u>
14382-DC	68
144182-DC	63

Marivic Chiong, Assistant Secretary



**VARIABILITY MEMORANDUM**

<b>Form No. 14382-DC - Accident Only Policy</b>	
[Home Office;; Policyholder Service Address:]	Bracketed address to alleviate a future filing of these forms if the company addresses change.
[Signature & Title]	Bracketed the Officer Signature and title to alleviate a future filing of these forms if the officer or title changes.
Table of Contents – [Page]	Page numbers may vary depending on margins needing to be changed for the computer print system.
Schedule of Benefits	Variable to allow for the Insured's specific information to be inserted.

**SCHEDULE OF BENEFITS**

	<b>Insured</b>	<b>[Spouse]</b>	<b>[Child]</b>
<b>ABDOMINAL AND THORACIC SURGERY BENEFIT</b>	[\$375 - \$4,000]	[\$375 - \$4,000]	[\$375 - \$4,000]
<b>ACCIDENT FIRST OCCURRENCE</b>	[\$0 – 500] amount paid upon receipt of the first claim for a Covered Accident only one per Certificate		
<b>ACCIDENTAL DEATH BENEFIT</b>	[\$0 - \$100,000]	[\$0 - \$100,000]	[\$0 - \$100,000]
<b>ACCIDENTAL DEATH COMMON CARRIER BENEFIT</b>	[\$0 - \$200,000]	[\$0 - \$200,000]	[\$0 - \$200,000]
<b>ACCIDENT FOLLOW-UP TREATMENT BENEFIT</b>			
Per visit	[\$0 - \$200]	[\$0 - \$200]	[\$0 - \$200]
Maximum visits	[1 – 15]	[1 – 15]	[1 – 15]
<b>AIR AMBULANCE BENEFIT</b>	[\$500 - \$5,000]	[\$500 - \$5,000]	[\$500 - \$5,000]
<b>AMBULANCE BENEFIT</b>	[\$60-\$600]	[\$60-\$600]	[\$60-\$600]
<b>APPLIANCE BENEFIT</b>	[\$30-\$800]	[\$30-\$800]	[\$30-\$800]
<b>BLOOD, PLASMA, PLATELETS BENEFIT</b>	[\$50 - \$800]	[\$50 - \$800]	[\$50 - \$800]
<b>BURN BENEFIT</b>			
Third-degree burns that cover 35 or more square inches of body surface	[\$3,500-	[\$3,500-	[\$3,500-

	\$25,000]	\$25,000]	\$25,000]
Third-degree burns that cover at least 9 square inches of body surface but less than 35 square inches of body surface	[\$750-\$7,500]	[\$750-\$7,500]	[\$750-\$7,500]
Second-degree burns that cover at least 36% of body surface	[\$350-\$5,000]	[\$350-\$5,000]	[\$350-\$5,000]
<b>CATASTROPHIC ACCIDENT BENEFIT</b>			
Catastrophic Accident Benefit prior to age 70	[\$0-\$200,000]	[\$0-\$200,000]	[\$0-\$200,000]
Catastrophic Accident Benefit on or after age 70	[\$0-\$200,000]	[\$0-\$200,000]	[\$0-\$200,000]
Elimination Period	[0-365] days	[0-365] days	[0-365] days
<b>CHIROPRACTIC TREATMENT BENEFIT</b>			
Chiropractic Treatment Benefit	[\$0 - \$200]	[\$0 - \$200]	[\$0 - \$200]
Maximum visits per accident	[0-12]	[3-12]	[3-12]
Maximum visits per calendar year	[6-18]	[6-18]	[6-18]
<b>COMA INJURY BENEFIT</b>			
	[\$3,000 - \$30,000]	[\$3,000 - \$30,000]	[\$3,000 - \$30,000]
<b>CONCUSSION BENEFIT</b>			
	[\$30-\$300]	[\$30-\$300]	[\$30-\$300]
<b>DISLOCATION BENEFIT - OPEN REDUCTION WITH ANESTHESIA</b>			
Ankle or foot (other than toes)	[\$200-\$6,000]	[\$200-\$6,000]	[\$200-\$6,000]
Bone or bones of the hand (other than fingers)	[\$200-\$6,000]	[\$200-\$6,000]	[\$200-\$6,000]
Collarbone (acromioclavicular and separation)	[\$50-\$800]	[\$50-\$800]	[\$50-\$800]
Collarbone (sternoclavicular)	[\$200-\$6,000]	[\$200-\$6,000]	[\$200-\$6,000]
Elbow	[\$200-\$6,000]	[\$200-\$6,000]	[\$200-\$6,000]
Hip	[\$800-\$15,000]	[\$800-\$15,000]	[\$800-\$15,000]
Knee (except patella)	[\$200-\$6,000]	[\$200-\$6,000]	[\$200-\$6,000]
Lower jaw	[\$200 - \$6,000]	[\$200 - \$6,000]	[\$200 - \$6,000]
One toe or finger	[\$25 - \$800]	[\$25 - \$800]	[\$25 - \$800]
Shoulder (glenohumeral)	[\$200 - \$6,000]	[\$200 - \$6,000]	[\$200 - \$6,000]
Wrist	[\$200 - \$6,000]	[\$200 - \$6,000]	[\$200 - \$6,000]
<b>DISLOCATION BENEFIT - CLOSED REDUCTION WITH ANESTHESIA</b>			
Ankle or foot (other than toes)	[\$100 - \$6,000]	[\$100 - \$6,000]	[\$100 - \$6,000]
Bone or bones of the hand (other than fingers)	[\$100 - \$6,000]	[\$100 - \$6,000]	[\$100 - \$6,000]

Collarbone (acromioclavicular and separation)	[\$25 - \$800]	[\$25 - \$800]	[\$25 - \$800]
Collarbone (sternoclavicular)	[\$100 - \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Elbow	[\$100 - \$6,000]	[\$100 - \$6,000]	[\$100 - \$6,000]
Hip	[\$400 - \$15,000]	[\$400 - \$15,000]	[\$400 - \$15,000]
Knee (except patella)	[\$100 - \$6,000]	[\$100 - \$6,000]	[\$100 - \$6,000]
Lower jaw	[\$100 - \$6,000]	[\$100 - \$6,000]	[\$100 - \$6,000]
One toe or finger	[\$25-\$800]	[\$25-\$800]	[\$25-\$800]
Shoulder (glenohumeral)	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Wrist	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]

Benefit amount without anesthesia or for Incomplete Dislocation is [0% - 50%] of applicable Closed Reduction Benefit.

**EMERGENCY DENTAL BENEFIT**

Crown	[\$75-\$1,000]	[\$75- \$1,000]	[\$75-\$1,000]
Extraction	[\$25-\$250]	[\$25- \$250]	[\$25-\$250]

**EMERGENCY ROOM TREATMENT BENEFIT**

[\$25-\$500]	[\$25- \$500]	[\$25-\$500]
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**EYE INJURY BENEFIT**

[\$100-\$750]	[\$100- \$750]	[\$100-\$750]
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**FAMILY CARE BENEFIT**

Maximum Days	[\$0-\$200]	[\$0- \$200]	[\$0 ]
	[0-60]	[0-60]	

**FRACTURE BENEFIT - OPEN REDUCTION**

Ankle (medial or lateral malleolus)	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Body of vertebrae	[\$500- \$15,000]	[\$500- \$15,000]	[\$500- \$15,000]
Bones of face (except mandible or maxilla)	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Bones of nose	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Coccyx	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Finger, toe	[\$25- \$800]	[\$25-\$800]	[\$25-\$800]
Foot (except toes)	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Forearm (radius and/or ulna)	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Hand, Wrist (except fingers)	[\$100- \$6,000]	[\$100- \$6,000]	[\$100- \$6,000]
Hip	[\$800- \$15,000]	[\$800- \$15,000]	[\$800- \$15,000]
Kneecap (patella)	[\$100-	[\$100-	[\$100-



Leg (tibia and/or fibula)	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Lower jaw, mandible (except alveolar process)	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx)	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Rib	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Shoulder blade (scapula), collarbone (clavicle), sternum	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Skull (except bones of face or nose) depressed skull fracture	\$15,000] [\$800- \$15,000]	\$15,000] [\$800- \$15,000]	\$15,000] [\$800- \$15,000]
Skull (except bones of face or nose) simple non-depressed skull fracture	\$15,000] [\$800- \$15,000]	\$1,600] [\$800- \$1,600]	\$15,000] [\$800- \$15,000]
Thigh (femur)	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Upper arm between elbow and shoulder (humerus)	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Upper jaw, maxilla (except alveolar process)	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
Vertebral processes	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]	\$6,000] [\$100- \$6,000]
<b>FRACTURE BENEFIT - CLOSED REDUCTION</b>			
Ankle (medial or lateral malleolus)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Body of vertebrae (excluding mandible or maxilla)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Bones of face (except mandible or maxilla)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Bones of nose	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Coccyx	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Finger, toe	\$800] [\$25- \$800]	\$800] [\$25-\$800]	[\$25-\$800]
Foot (except toes)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Forearm (radius and/or ulna), hand	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Hand, Wrist (except fingers)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Hip (femur)	\$15,000] [\$40- \$15,000]	\$15,000] [\$40- \$15,000]	[\$40-\$15,000]
Kneecap (patella)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Leg (tibia and/or fibula)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Lower jaw, mandible (except alveolar process)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx)	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Rib	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]
Shoulder blade (scapula), collarbone (clavicle), sternum	\$6,000] [\$50- \$6,000]	\$6,000] [\$50- \$6,000]	[\$50-\$6,000]

Skull (except bones of face or nose) depressed skull fracture	[\$40-15,000]	[\$40-15,000]	[\$40-15,000]
Skull (except bones of face or nose) simple non-depressed skull fracture	[\$40 - 15,000]	[\$40 - 15,000]	[\$40 - 15,000]
Thigh (femur)	[\$50-\$6,000]	[\$50-\$6,000]	[\$50 - \$6,000]
Upper arm between elbow and shoulder (humerus)	[\$50-\$6,000]	[\$50-\$6,000]	[\$50 - \$6,000]
Upper jaw, maxilla (except alveolar process)	[\$50-\$6,000]	[\$50-\$6,000]	[\$50 - \$6,000]
Vertebral processes	[\$50-\$6,000]	[\$50-\$6,000]	[\$50 - \$6,000]

Benefit amount for a Chip or Avulsion Fracture is [0% - 50%] of the applicable Closed Reduction Benefit.

<b>HERNIATED DISC BENEFIT</b>	[\$200-\$2,000]	[\$200-\$2,000]	[\$200-\$2,000]
<b>HOSPITAL ADMISSION BENEFIT</b>	[\$200-\$5,000]	[\$200-\$5,000]	[\$200-\$5,000]
<b>HOSPITAL ADMISSION ICU BENEFIT</b>	[\$200-\$10,000]	[\$200-\$10,000]	[\$200-\$10,000]
<b>HOSPITAL CONFINEMENT BENEFIT</b>			
Per day	[\$100-\$500]	[\$100-\$500]	[\$100-\$500]
Maximum Benefit Period	[365-730] days	[365-730] days	[365-730] days
<b>HOSPITAL CONFINEMENT ICU BENEFIT</b>			
Per day	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]
Maximum Benefit Period	[15-45] days	[15-45] days	[15-45] days
<b>INITIAL DOCTOR'S OFFICE VISIT</b>	[\$25-\$200]	[\$25-\$200]	[\$25-\$200]
<b>INTERNAL ORGAN LOSS BENEFIT</b>	[\$1,000-\$6,000]	[\$1,000-\$6,000]	[\$1,000-\$6,000]
<b>KNEE CARTILAGE TORN BENEFIT</b>			
Repaired with surgery	[\$200-\$2,000]	[\$200-\$2,000]	[\$200-\$2,000]
Exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement)	[\$50-\$500]	[\$50-\$500]	[\$50 - \$500]
<b>LACERATION BENEFIT - Total of all Lacerations are:</b>			
Over 15 centimeters long and repaired by stitches	[\$150-\$1,500]	[\$150-\$1,500]	[\$150-\$1,500]
Greater than 5 centimeters but not more than 15 centimeters and repaired by stitches	[\$75-\$750]	[\$75-\$750]	[\$75-\$750]
Not more than 5 centimeters and repaired by stitches	[\$20-\$200]	[\$20-\$200]	[\$20-\$200]
Laceration not requiring stitches	[\$10-\$75]	[\$10-\$75]	[\$10-\$75]
<b>LODGING BENEFIT</b>			
Per night	[\$50-\$400]	[\$50-\$400]	[\$50-\$400]

Maximum Benefit Period	[15-60] nights	[15-60] nights	[15-60] nights
<b>LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT</b>			
Loss of both hands or both feet or sight of both eyes or any combination of two or more	[\$500- \$50,000]	[\$500- \$50,000]	[\$500- \$50,000]
Loss of one hand or one foot or sight of one eye	[\$2,500- \$25,000]	[\$2,500- \$25,000]	[\$2,500- \$25,000]
Loss of two or more fingers or two or more toes or any combination of two or more fingers or toes	[\$600- \$5,000]	[\$600- \$5,000]	[\$600- \$5,000]
Loss of one finger or one toe	[\$300- \$2,500]	[\$300- \$2,500]	[\$300- \$2,500]
<b>MAJOR DIAGNOSTIC EXAM BENEFIT</b>			
	[\$50- \$500]	[\$50-\$500]	[\$50-\$500]
<b>NON-OCCUPATIONAL ACCIDENTAL DISABILITY BENEFIT (Disability beginning prior to age 72)</b>			
Monthly Benefit Amount	[\$0-\$5,000]		
Maximum Benefit Period	[3-12] months		
Elimination Period	[0 days]		
<b>OUTPATIENT SURGERY FACILITY BENEFIT</b>			
	[\$0-\$200]	[\$0-\$200]	[\$0-\$200]
<b>PHYSICAL THERAPY BENEFIT</b>			
Per visit	[\$10- \$100]	[\$10-\$100]	[\$10-\$100]
Maximum visits	[3-24]	[3-24]	[3-24]
<b>PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT</b>			
More than one prosthetic device or artificial limb	[\$500- \$7,500]	[\$500- \$7,500]	[\$500- \$7,500]
One prosthetic device or artificial limb	[\$250- \$3,750]	[\$250- \$3,750]	[\$250- \$3,750]
<b>REHABILITATION ADMISSION BENEFIT</b>			
	[\$100- \$2,000]	[\$100- \$2,000]	[\$100- \$2,000]
<b>RECOVERY BENEFIT</b>			
Per day	[\$50-\$500]	[\$50-\$500]	[\$50-\$500]
Maximum Benefit Period	[1-60] days	[1-60] days	[1-60] days
<b>REHABILITATION UNIT BENEFITS</b>			
Per day	[\$50-\$500]	[\$50-\$500]	[\$50-\$500]
Maximum Benefit Period	[15-60] days	[15-60] days	[15-60] days
<b>SKIN GRAFT BENEFIT</b>			
	[25% to 100%] of applicable Burn Benefit Amount		
<b>SPORTS PACKAGE BENEFIT</b>			
	[25% to 125%] of amount paid for the Covered Accident, limited to \$500 to \$10,000 in any 12 month period regardless of the number of Covered Accidents		

**TENDON, LIGAMENT, ROTATOR CUFF BENEFIT**

Repair of more than one	[\$300-\$3,000]	[\$300-\$3,000]	[\$300-\$3,000]
Repair of one	[\$200-\$2,000]	[\$200-\$2,000]	[\$200-\$2,000]
Exploratory arthroscopic surgery without repair	[\$50-\$500]	[\$50-\$500]	[\$50-\$500]

**TRANSPORTATION BENEFIT**

Per round trip	[\$150-\$1,500]	[\$150-\$1,500]	[\$150-\$1,500]
Maximum trips	[3-10]	[3-10]	[3-10]

**URGENT CARE BENEFIT**

[\$25-\$500]	[\$25-\$500]	[\$25-\$500]
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**WELLNESS BENEFIT**

[\$25-\$250]	[\$25-\$250]	[\$25-\$250]
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**X-RAY BENEFIT**

[\$10-\$150]	[\$10-\$150]	[\$10-\$150]
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<b>BENEFITS</b>	
Accident First Occurrence  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Accidental Death Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Accidental Death Common Carrier Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Catastrophic Accident Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Chiropractic Treatment Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Family Care Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Non-Occupational Accidental Disability Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.

Outpatient Surgery Facility Service Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
Sport Package Benefit [This benefit is not applicable to [a][an Accidental Death Benefit[,] [nor] Common Carrier Death Benefit][, nor] [Catastrophic Accident Benefit], if any.]	Bracketed to allow flexibility.
Wellness Benefit  [If an amount greater than zero is shown for this benefit in the Schedule of Benefits,]	Benefit will be included dependent on the plan design or coverage marketed to the Applicant.  Bracketed to allow flexibility.
<b>DEFINITIONS</b>	
Active Employee, Actively at Work – [17½]  Ranges	Bracketed to allow the hours to be changed to reflect the Policyholders work hour requirements.  17½ - 40
Eligible Dependent – Item 4 – [27]; Item 5 - [27]  Ranges	Bracketed to allow us to adjust if the state statute on dependent age changes.  26 - 30
[Catastrophic Loss]	Bracketed material is dependent on marketing plan or plan design.
[Chiropractic Care Services]	Bracketed material is dependent on marketing plan or plan design.
[Common Carrier]	Bracketed material is dependent on marketing plan or plan design.
[Disability, Disabled, Total Disability, Totally Disabled]	Bracketed material is dependent on marketing plan or plan design.
[Elimination Period]	Bracketed material is dependent on marketing plan or plan design.
Non-Occupational Injury]	Bracketed material is dependent on marketing plan or plan design.
<b>EXCLUSIONS</b>	
[No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.]	Bracketed material is dependent on marketing plan or plan design.
<b>ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION OF COVERAGE</b>	
[Interim Coverage]	Bracketed material is dependent on marketing plan or plan design.
<b>GENERAL PROVISIONS</b>	
<b>Proof of Loss</b> [Verification of continued Disability, when requested, must be provided within 90 days after the end of each monthly benefit period in which You are Totally Disabled or as soon as reasonably possible.]	Bracketed material is dependent on marketing plan or plan design.

**Form No. 144182-DC – Application for Accident Insurance**

Home Office: [Chicago, Illinois]	Bracketed address to alleviate a future filing of these forms if the company addresses change.
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Action Requested: [New Policy, Conversion, Policy Change, Reinstatement]	Bracketed to allow for the removal of one or more options.
[Social Security No.]	Bracketed to allow for removal of social security section or to obtain just the last four digits.  (1) Company executively gives directive not to obtain the SSN# or just obtain the last four digits. (2) Company may have a directive of not allowing third party vendors to obtain employee SSN#.
[Landline Phone No.], [Mobile Phone No.]	Bracketed to accommodate changes in technology and or phone terminology.
[Email]	Bracketed to allow for company decision to remove if not needed for business operations.
Payment Method: [ Payroll Deduct, PAC, Other]	Bracketed to allow for the removal of one or more payment options.
[26]	Bracketed to allow us to adjust if the state statue on dependent age changes.
Ranges	26 - 30
[17½]	Bracketed to allow the hours to be changed to reflect the Policyholders work hour requirements.
Ranges	17½ - 40
<b>Coverage For:</b> [Applicant Only, Applicant & Spouse, Applicant & Children, Applicant, Spouse & Children]	Bracketed to allow for the removal of one or more options.
Premium Mode	Bracketed to allow for the removal of one or more modal options.
[I acknowledge receipt of the outline of coverage.]	Bracketed to allow for removal when used by Direct Response or when no outline is required or is being sent with the policy.
Agent Authorization	Bracketed to allow for removal of this section when application taken electronically via the Internet or Direct Response.

# COMBINED INSURANCE COMPANY OF AMERICA

111 East Wacker Drive • Suite 700  
Chicago, Illinois 60601

## SUMMARY OF GENERAL PURPOSES, COVERAGE LIMITATIONS AND CONSUMER PROTECTION

### General Purposes

Residents of the District of Columbia should know that licensed insurers who sell health insurance, life insurance, and annuities in the District of Columbia are members of the District of Columbia Life and Health Insurance Guaranty Association (“Guaranty Association”).

The purpose of the Guaranty Association is to provide statutorily-determined benefits associated with covered policies and contracts in the unlikely event that a member insurer is unable to meet its financial obligations and is found by a court of law to be insolvent. When a member insurer is found by a court to be insolvent, the Guaranty Association will assess the other member insurers to satisfy the benefits associated with any outstanding covered claims of persons residing in the District of Columbia. However, the protection provided through the Guaranty Association is subjected to certain statutory limits explained under “Coverage Limitations” section, below. In some cases, the Guaranty Association may facilitate the reassignment of policies or contracts to other licensed insurance companies to keep the coverage in-force, with no change in contractual rights or benefits.

### Coverage

The Guaranty Association, established pursuant to the Life and Health Guaranty Association Act of 1992 (“Act”), effective July 22, 1992 (D.C. Law 9-129; D.C. Official Code § 31-5401 *et seq.*), provides insolvency protection for certain types of insurance policies and contracts.

The insolvency protections provided by the Guaranty Association is generally conditioned on a person being 1) a resident of the District of Columbia and 2) the individual insured or owner under a health insurance, life insurance, or annuity contract issued by a member insurer, or insured under a group policy insurance contract issued by a member insurer. Beneficiaries, payees, or assignees of District insureds are also covered under the Act, even if they reside in another state.

### Coverage Limitations

The Act also limits the amount the Guaranty Association is obligated to pay. The benefits for which the Guaranty Association may become liable shall be limited to the lesser of:

- The contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or
- With respect to any one life, regardless of the number of policies, contracts, or certificates:
  - ▶ \$300,000 in life insurance death benefits for any one life; including net cash surrender or net cash withdrawal values;

- \$300,000 in the present value of annuity benefits, including net cash surrender or net cash withdrawal values;
- \$300,000 in the present value of structured settlement annuity benefits, including net cash surrender or net cash withdrawal values;
- \$300,000 for long-term care insurance benefits;
- \$300,000 for disability insurance benefits;
- \$500,000 for basic hospital, medical, and surgical insurance, or major medical insurance benefits;
- \$100,000 for coverage not defined as disability insurance or basic hospital, medical and surgical insurance or major medical insurance or long term care insurance including any net cash surrender and net cash withdrawal values.

In no event is the Guaranty Association liable for more than \$300,000 in benefits with respect to any one life (\$500,000 in the event of basic hospital, medical and surgical insurance or major medical insurance).

Additionally, the Guaranty Association is not obligated to cover more than \$5,000,000 for multiple non-group policies of life insurance with one owner of regardless of the number of policies owned.

### **Exclusions Examples**

Policy or contract holders are not protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was domiciled in a state whose guaranty association law protects insureds that live outside of that state);
- Their insurer was not authorized to do business in the District of Columbia; or
- Their policy was issued by a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, a non-profit hospital or medical service organization, a health maintenance organization, or a risk retention group.

The Guaranty Association also does not cover:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Any plan or program of an employer or association that provides life, health, or annuity benefits to its employees or members and is self-funded;
- Interest rate guarantees which exceed certain statutory limitations;
- Dividends, experience rating credits or fees for services in connection with a policy;
- Credits given in connection with the administration of a policy by a group contract holder; or
- Unallocated annuity contracts.



## **Consumer Protection**

To learn more about the above referenced protections, please visit the Guaranty Association's website at [www.dclifcga.org](http://www.dclifcga.org). Additional questions may be directed to the District of Columbia Department of Insurance, Securities and Banking (DISB) and they will respond to questions not specifically addressed in this disclosure document.

Policy or contract holders with additional questions may contact either:

**District of Columbia  
Department of Insurance, Securities  
and Banking  
810 First Street, N.E., Suite 701  
Washington, DC 20002  
(202) 727-8000**

**District of Columbia  
Life and Health Guaranty  
Association  
1200 G Street, N.W.  
Washington, DC 20005  
(202) 434-8771**

Pursuant to the Act (D.C. Official Code § 31-5416), insurers are required to provide notice to policy and contract holders of the existence of the Guaranty Association and the amounts of coverage provided under the Act. Your insurer and agent are prohibited by law from using the existence of the Guaranty Association and the protection it provides to market insurance products. You should not rely on the insolvency protection provided under the Act when selecting an insurer or insurance product. If you have obtained this document from an agent in connection with the purchase of a policy or contract, you should be aware that such delivery does not guarantee that the Guaranty Association would cover your policy or contract. Any determination of whether a policy or contract will be covered will be determined solely by the coverage provisions of the Act.

This disclosure is intended to summarize the general purpose of the Act and does not address all the provisions of the Act. Moreover, the disclosure is not intended and should not be relied upon to alter any rights established in any policy or contract or under the Act.



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March 1, 2018

Andre Beard  
District of Columbia Insurance Department  
Department of Insurance, Securities and Banking  
810 First Street N.E., Suite 701  
Washington, D.C. 20002

**Company Tracking Number: 18-AH-2015491**  
**SERFF Tracking Number: ACEH-131361501**  
**Combined Insurance Company of America**  
**FEIN Number 36-2136262**  
**NAIC Number 626-62146**  
Form No. 14382-DC - Accident Only Policy  
Form No. 144182-DC – Application  
**Individual Accident Only**  
**FILING SUBMITTED FOR REVIEW & APPROVAL**

Dear Mr. Beard:

Submitted for your review and approval are the above-captioned forms. These forms are new and do not replace any previously approved forms. Form No. 14382-DC is an individual accident only policy that provides coverage for hospital, outpatient, fractures, accidental death and other accident benefits. Form No. 144182-DC is the application form.

The policy form contains variable materials. A variability memorandum is attached under the supporting documentation tab.

The actuarial memorandum and rate sheet were filed separately under SERFF Tracking #ACEH-131361480.

These forms will be marketed through licensed insurance producers/agent, brokers, point of sale, agent solicitations through telephone sales, as well as internet, worksite and other direct response marketing approaches. The application form will be completed and/or transmitted either by paper or through electronic means. If the application is completed via electronic or telephone means, we certify that we will comply with your state's statutes regarding privacy and electronic signatures.

The premium will be paid by payroll deduction or other premium collection means.

We have requested an implementation date on approval. However, please note that we may implement at a later date subject to readiness of our systems and administrative processes in place for this new product.

The forms are in final printed format. However, it is possible that actual issued forms may have different format and font style (but not the type size) as a result of different computer publishing systems. Therefore, page breaks may occur at different lines. We do not anticipate refile for typographical errors, format changes or font style variations.

We appreciate your time in reviewing this filing. Please call me at our toll free number or email me if you have further questions or need additional information.

COMBINED INSURANCE COMPANY OF AMERICA

*Linda Armstrong*

Linda Armstrong  
Senior Policy Analyst