

AccidentAdvance Benefit Summary

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

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

Plan Selection - Off-the-Job Only Coverage

Off-the-Job Only Coverage

Excludes accidents that occur in the workplace or during the course of any employment for pay, benefit, or profit.

Module 1 - Accident Emergency Treatment

10 Units

Accident Emergency Treatment Benefit

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

\$ 250

Major Diagnostic Examination Benefit

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

\$ 400

Dislocation Benefit

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

Dislocated Joint

Open Reduction

Closed Reduction

Hip	\$ 8,000	\$ 2,700
Knee or Shoulder	\$ 2,700	\$ 1,100
Collar Bone	\$ 4,300	\$ 800
Ankle or Foot (except toes)	\$ 2,700	\$ 800
Lower Jaw	\$ 2,700	\$ 1,400
Wrist or Elbow	\$ 2,200	\$ 1,100
Toe or Finger	\$ 600	\$ 300

Fracture Benefit

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

Fractured Bone

Open Reduction

Closed Reduction

Coccyx	\$ 1,400	\$ 700
Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$ 3,400	\$ 1,700
Hip	\$ 10,000	\$ 3,400
Leg	\$ 4,200	\$ 3,400
Nose, Heel or Fingers	\$ 3,400	\$ 700
Rib(s)	\$ 6,700	\$ 700
Skull	\$ 5,400	\$ 2,000
Toes	\$ 1,400	\$ 700
Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$ 4,000	\$ 1,700
Vertebrae	\$ 1,700	\$ 1,700
Vertebral Processes	\$ 6,700	\$ 1,000

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

Module 2 - Follow-Up Visits and Physical Therapy

6 Units

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

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

\$ 60

Physical Therapy Benefit – Maximum of 10 treatments per accident.

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

\$ 60

Module 3 - Initial Accident Hospitalization		0.5 Units
Initial Accident Hospitalization Benefit Benefit is payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$ 150
Ambulance Benefit For ambulance transportation by a licensed ambulance service to the nearest hospital for treatment within 96 hours of the accident.	Ground Ambulance	\$ 30
	Air Ambulance	\$ 150

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

Accidental Death and Dismemberment Rider		0.5 Units
Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only 1 of the following benefits will be paid per covered person per accident. This benefit will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
1. Common Carrier Accidental Death - resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation.		\$ 15,000
2. "Automobile Accidental Death - resulting from a covered accident that occurs while riding in a private motor vehicle not being used to transport passengers for hire. "&IF(StatePicked="Maryland", "", "No benefit is payable if the covered person is driving the vehicle while not holding a current and valid drivers a) If the covered person was wearing and properly utilizing a seat belt and was seated in a position intended to be protected by an air bag system that deployed during the accident, as evidenced by the accident police report. b) If the covered person was wearing and properly utilizing a seat belt, as evidenced by the accident police report, but an air bag was not present or was not deployed. c) If the covered person was not wearing a seat belt.		\$ 11,000
		\$ 10,000
		\$ 7,500
3. Other Accidental Death - other than those described above.		\$ 5,000
Transportation of Remains Benefit For transporting remains to a mortuary near the primary residence of the covered person if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$ 200
Additional Benefits for Accidental Death The following benefits will be paid to the survivor, if applicable, if an accidental death benefit is payable. These benefits do not require the spouse or child to be covered under this rider. If there is not a survivor that meets the eligibility for these benefits then a reduced benefit will be paid to the beneficiary.		
Surviving Child Educational Benefit - child must be between the ages of 17 and 21 and be a full time student at an accredited college, university, 2-year college, vocational, or trade school within 365 days of the accidental death. This benefit will be paid each year for up to 4 years while the child remains a full-time student. This benefit will be paid for each eligible child.		\$ 400
Licensed Day Care Center Benefit - child must be between newborn and 12 and "attending a licensed day care"&IF(StatePicked="South Dakota", "", ", who is not an immediate family member,")&" within 90 days from the date of the accidental death. The day care must be necessary for the survivor to work or obtain training for work. "		\$ 150
Career Enhancement Benefit - survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		\$ 400

Accidental Dismemberment Benefits	
Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	
One or more fingers or one or more toes	\$ 250
One eye, hand, foot, arm, or leg	\$ 1,000
Two eyes, hands, or feet	\$ 2,500
Speech or hearing in both ears	\$ 2,500
Two arms or two legs	\$ 2,500
Speech and hearing in both ears	\$ 5,000
Both arms and both legs	\$ 5,000
Total amount of dismemberment benefits per covered person per accident will not exceed:	\$ 5,000
Accident Hospital and ICU Income Rider	
2 Units	
Accident Hospital Income Benefit - For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.	\$ 50
Accident ICU Benefit - For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.	\$ 150
Expanded Benefits Rider	
7 Units	
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.	
Burns - Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	
Second-degree burns of at least 25% but not more than 35% of body surface	\$ 420
Second-degree burns of more than 35% of body surface	\$ 1,050
Third-degree burns covering 6 through 10 square centimeters of body surface	\$ 1,050
Third-degree burns covering 10 through 25 square centimeters of body surface	\$ 2,800
Third-degree burns covering 25 through 35 square centimeters of body surface	\$ 6,300
Third-degree burns covering more than 35 square centimeters of body surface	\$ 8,400
Lacerations - Must be treated or repaired within 96 hours of the accident	
Lacerations not requiring sutures	\$ 28
Single laceration less than 7.5 centimeters	\$ 56
Lacerations 7.6 to 20 centimeters	\$ 210
Lacerations over 20 centimeters	\$ 420
Eye Injury	
With surgical repair	\$ 280
Non-surgical removal of foreign body by a physician	\$ 49
Emergency Dental Work	
One or more broken teeth repaired with crowns	\$ 210
One or more broken teeth resulting in extractions	\$ 56
Brain Concussion - Must be diagnosed by a physician within 96 hours of the accident	\$ 140
Coma - Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs, and require the use of life support systems.	\$ 10,500
Paralysis - Lasting a minimum of 30 days.	
Quadriplegia (paralysis of four limbs)	\$ 10,500
Paraplegia (paralysis of lower limbs)	\$ 5,250
Tendons, Ligaments, and/or Rotator Cuffs - Must be detached, torn, ruptured, or severed and surgically repaired by a physician within 1 year of the accident. Only one of the following benefits is payable.	
Arthroscopic surgery with no repair	\$ 140
Repair of one	\$ 350
Repair of two or more	\$ 700
Ruptured Discs and/or Torn Knee Cartilage - Must be surgically repaired by a physician within 1 year of the accident. Only one of the following benefits is payable.	
Shaved cartilage (debridement) or arthroscopic surgery with no repair	\$ 140
Repair of one	\$ 350
Repair of two or more	\$ 700

Major Surgery – For an open abdominal, cranial, or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.	\$ 1,050
Appliance – For a medical appliance recommended by a physician as an aid in personal locomotion. Appliances include items such as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for prosthetic devices.	\$ 140
Prosthetic Devices – For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic prosthetic devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.	
One prosthetic device	\$ 525
Two or more prosthetic devices	\$ 1,050
Blood, Plasma, and Platelets – Required for the treatment of injuries due to a covered accident. IF(StatePicked="Maryland", "", "Immunoglobulins are not covered.")	\$ 280
Transportation – Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefits are not payable for transportation to any hospital within a 100-mile radius of the site of the accident or the residence of the covered person.	\$ 420
Family Lodging – Benefit is payable per day, maximum of 30 days, for one motel/hotel room "for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician."&" Hospital confinement must be in a facility at least 100 miles from the covered person's residence and confinement must begin within 30 days of the accident. "&IF(StatePicked="South Dakota", "", "Benefits are not payable for services rendered by an	\$ 105
Wellness Benefit Rider	0 Units
After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test for the covered employee/member and one test for a covered spouse.	\$ 0
<u>Health Screening Tests payable under this benefit include:</u>	
Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 125 (blood test for ovarian cancer)	Pap test
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Serum cholesterol test to determine HDL/LDL level
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography

Monthly Rates			<i>Valid in the state of Arizona</i>
Individual	Single Parent Family	Two-Adult Family	Family
\$ 11.02	\$ 16.01	\$ 16.82	\$ 22.48

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

The following riders are optional. The policyholder selects which riders to include and the benefit period for each selected rider. The applicant chooses the benefit level for each rider.

Accident Only Disability Income Rider							
Monthly benefits are payable when a covered employee/member suffers continuous Total Disability as the result of a covered accident, not to exceed the Benefit Period. Total Disability must occur within 90 days of the accident. This rider will match the Plan Selection (24 Hour or Off-The-Job) for the base policy. This rider terminates the first of the month following the employee/member's 70th birthday.							Benefit Period: 6 Months
Additional Monthly Premium for this Rider							
Monthly Benefit	\$ 200	\$ 300	\$ 400	\$ 500	\$ 600	\$ 700	\$ 800
18-64	1.60	2.40	3.20	4.00	4.80	5.60	6.40
Monthly Benefit	\$ 900	\$ 1,000	\$ 1,100	\$ 1,200	\$ 1,300	\$ 1,400	\$ 1,500
18-64	7.20	8.00	8.80	9.60	10.40	11.20	12.00