



*It's time to take control of your healthcare.*

**THIS IS NOT HEALTH INSURANCE. We are a direct pay medical network. Our provider will charge you at the time of service. Certain services are given to member at \$0 cost. for example, Talking to a Doctor and receiving a prescription, over the phone is a free service. In other cases, like a trip to the emergency room, we will pay you a predetermined amount once you send in proof that a charge was incurred. The schedule of service we will pay you for are listed in the Customer Agreement and outline of benefits. Services like dental and vision you will be charged a pre-negotiated rate at the time of service and you are responsible for making those payment. If you have any questions call customer service for an explanation prior to your scheduled service.**

## Be Prepared for Life's Unexpected Mishaps

We all know that you cannot plan for medical emergencies. They happen unexpectedly and in some cases can be very expensive. But current high rates of health insurance make it economically impossible for most households to afford coverage, especially since most households have medical bills that are far less than health insurance premiums and deductibles.

RethinkMyHealthcare solves that problem. Our network covers the most basic health needs. And we help shoulder the cost of unexpected health emergencies through our savings and immediate payout plan. What this means is that you get affordable healthcare coverage, without high premiums and without a complicated claims process.

---

The facts say you need the protection of the Rethink Coverage :

FACT NO. 1

ABOUT **1** OUT OF **8**

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.<sup>1</sup>

FACT NO. 2

**\$5,500**

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.<sup>1</sup>

---

<sup>1</sup>Injury Facts, 2014 Edition, National Safety Council.

## Understand the difference Rethink can make in your financial security.

RethinkMyHealthcare pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Rethink.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

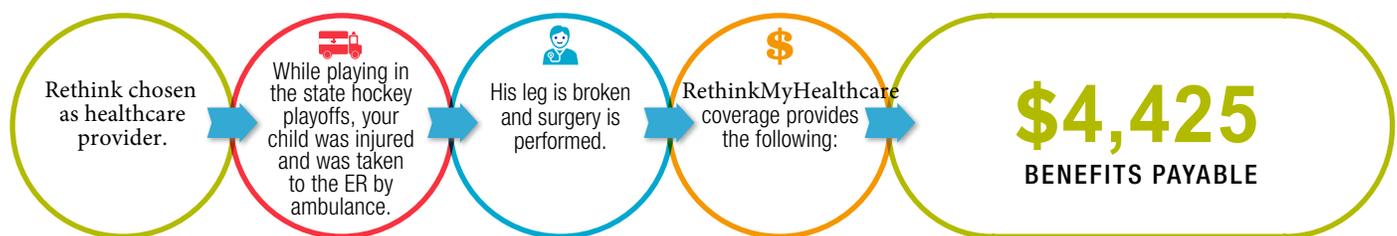
### What does the RethinkMyHealthcare Program include?

- Unlimited \$0 Cost calls to our Doctors for quick diagnosis and treatment.
- Health Matching Account to save for future unforeseen medical events
- Payments for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Payments for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Payments for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

### Why RethinkMyHealthcare may be the right choice for you:

- No underwriting questions to answer
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour access to Doctors

### How it works



The above example is based on a scenario for the RethinkMyHealthcare Plan with a \$10,000 HMA that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific- Sum Injuries Benefit of \$1,750 (fractured leg {femur}—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$250 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$315 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$210 (6 follow-up treatments);

This brochure is for illustrative purposes only. Refer to the outline of coverage and agreement for complete benefit details, definitions, limitations, and exclusions.

# Rethink Coverage

<b>OCCURENCE NAME</b>	<b>AMOUNT</b>		
<b>INITIAL ACCIDENT HOSPITALIZATION</b>	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person		
<b>ACCIDENT HOSPITAL CONFINEMENT</b>	\$250 per day, up to 365 days per covered accident, per covered person		
<b>INTENSIVE CARE UNIT CONFINEMENT</b>	Additional \$400 per day for up to 15 days, per covered accident, per covered person Payable once per 24-hour period and only once per covered accident, per covered person		
<b>ACCIDENT TREATMENT</b>	Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120		
<b>AMBULANCE</b>	\$200 ground ambulance transportation or \$1,500 air ambulance transportation		
<b>BLOOD/PLASMA/PLATELETS</b>	\$200 once per covered accident, per covered person		
<b>MAJOR DIAGNOSTIC AND IMAGING EXAMS</b>	\$200 per calendar year, per covered person		
<b>ACCIDENT FOLLOW-UP TREATMENT</b>	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person		
<b>THERAPY</b>	\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person		
<b>APPLIANCES</b>	Benefits are payable for the medical appliances listed below: Back brace: \$300      Wheelchair: \$300      Walker: \$100 Body jacket: \$300      Leg brace: \$125      Walking boot: \$100 Knee scooter: \$300      Crutches: \$100      Cane: \$25 Payable once per covered accident, per covered person		
<b>PROSTHESIS</b>	\$800 once per covered accident, per covered person		
<b>PROSTHESIS REPAIR OR REPLACEMENT</b>	\$800 once per covered person, per lifetime		
<b>REHABILITATION FACILITY</b>	\$150 per day		
<b>HOME MODIFICATION</b>	\$3,000 once per covered accident, per covered person Pays benefits for the treatments listed below:		
<b>ACCIDENT SPECIFIC-SUM INJURIES BENEFITS</b>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>DISLOCATIONS</b> ..... \$100–\$3,750  <b>BURNS</b> ..... \$125–\$12,500  <b>SKIN GRAFTS</b> ..... 50% of the burns benefit amount paid for the burn involved  <b>EYE INJURIES</b>  Surgical repair..... \$300  Removal of foreign body by a physician .. \$65  <b>LACERATIONS</b>  Not requiring sutures ..... \$35  Less than 5 centimeters ..... \$65  At least 5 cm but not more than 15 cm . \$250  Over 15 centimeters ..... \$500  <b>FRACTURES</b> ..... \$125–\$3,500  <b>CONCUSSION (brain)</b>..... \$150 </td> <td style="vertical-align: top; padding-left: 20px;"> <b>EMERGENCY DENTAL WORK</b>  Broken tooth repaired with crown ..... \$400  Broken tooth resulting in extraction ..... \$130  <b>COMA</b> ..... \$12,500  <b>PARALYSIS</b>  Quadriplegia ..... \$12,500  Paraplegia..... \$6,250  Hemiplegia..... \$4,750  <b>SURGICAL PROCEDURES</b> ..... \$200–\$1,250  <b>MISCELLANEOUS SURGICAL PROCEDURES</b> ..... \$120–\$300  <b>PAIN MANAGEMENT (NON-SURGICAL)</b>  Epidural..... \$100 </td> </tr> </table>	<b>DISLOCATIONS</b> ..... \$100–\$3,750 <b>BURNS</b> ..... \$125–\$12,500 <b>SKIN GRAFTS</b> ..... 50% of the burns benefit amount paid for the burn involved <b>EYE INJURIES</b> Surgical repair..... \$300 Removal of foreign body by a physician .. \$65 <b>LACERATIONS</b> Not requiring sutures ..... \$35 Less than 5 centimeters ..... \$65 At least 5 cm but not more than 15 cm . \$250 Over 15 centimeters ..... \$500 <b>FRACTURES</b> ..... \$125–\$3,500 <b>CONCUSSION (brain)</b> ..... \$150	<b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown ..... \$400 Broken tooth resulting in extraction ..... \$130 <b>COMA</b> ..... \$12,500 <b>PARALYSIS</b> Quadriplegia ..... \$12,500 Paraplegia..... \$6,250 Hemiplegia..... \$4,750 <b>SURGICAL PROCEDURES</b> ..... \$200–\$1,250 <b>MISCELLANEOUS SURGICAL PROCEDURES</b> ..... \$120–\$300 <b>PAIN MANAGEMENT (NON-SURGICAL)</b> Epidural..... \$100
<b>DISLOCATIONS</b> ..... \$100–\$3,750 <b>BURNS</b> ..... \$125–\$12,500 <b>SKIN GRAFTS</b> ..... 50% of the burns benefit amount paid for the burn involved <b>EYE INJURIES</b> Surgical repair..... \$300 Removal of foreign body by a physician .. \$65 <b>LACERATIONS</b> Not requiring sutures ..... \$35 Less than 5 centimeters ..... \$65 At least 5 cm but not more than 15 cm . \$250 Over 15 centimeters ..... \$500 <b>FRACTURES</b> ..... \$125–\$3,500 <b>CONCUSSION (brain)</b> ..... \$150	<b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown ..... \$400 Broken tooth resulting in extraction ..... \$130 <b>COMA</b> ..... \$12,500 <b>PARALYSIS</b> Quadriplegia ..... \$12,500 Paraplegia..... \$6,250 Hemiplegia..... \$4,750 <b>SURGICAL PROCEDURES</b> ..... \$200–\$1,250 <b>MISCELLANEOUS SURGICAL PROCEDURES</b> ..... \$120–\$300 <b>PAIN MANAGEMENT (NON-SURGICAL)</b> Epidural..... \$100		

**THIS IS NOT HEALTH INSURANCE. We are a direct pay medical network. Our provider will charge you at the time of service. Certain services are given to member at \$0 cost. for example, Talking to a Doctor and receiving a prescription, over the phone is a free service. In other cases, like a trip to the emergency room, we will pay you a predetermined amount once you send in proof that a charge was incurred. The schedule of service we will pay you for are listed in the Customer Agreement and outline of benefits. Services like dental and vision you will be charged a pre-negotiated rate at the time of service and you are responsible for making those payment. If you have any questions call customer service for an explanation prior to your scheduled service.**

---

---

# INDIVIDUAL COVERAGE

---

---

RethinkMyHealthcare  
(herein referred to as RethinkMyHealthcare)  
Worldwide Headquarters • 55 Lane Road Suite 430 Fairfield NJ 07004  
1.XXX-XXXX(XXX-XXX-XXXX)

## INDIVIDUAL MEMBERSHIP AGREEMENT

THE AGREEMENT PROVIDES LIMITED BENEFITS.

BENEFITS PROVIDED ARE SUPPLEMENTAL  
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

### OUTLINE OF COVERAGE

This IS NOT A MEDICARE SUPPLEMENT policy.

(1) Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Rethink My Healthcare. It is, therefore, important that you READ YOUR COVERAGE CAREFULLY!

(2) Coverage is designed to provide, to persons covered, coverage for certain losses resulting from a covered accident and regular care through the Rethink Network, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) Benefits. Rethink will pay/offer the following benefits  
**Telemedicine Benefits-** 24/7 coverage for covered members. Telemedicine visits are free.  
**PriceMDs** - Surgery containment pricing. We guarantee the pricing supplied by PriceMDs to be accurate for treatments through their system of Surgeons.

**Dental Cost savings** - pricing for all dental procedures is supplied under contract form Dentemax. We guarantee the availability of rates given by Dentemax at suppliers who are designated by them.

#### HOSPITAL BENEFITS:

##### INITIAL ACCIDENT HOSPITALIZATION

BENEFIT: Rethink will pay \$1,000 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident or Rethink will pay \$2,000 if a Covered Person is admitted directly to an Intensive

Care Unit of a Hospital for treatment for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including

Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

#### ACCIDENT HOSPITAL CONFINEMENT

BENEFIT: Rethink will pay \$250 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident. Rethink will pay this benefit up to 3 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.

#### INTENSIVE CARE UNIT CONFINEMENT

BENEFIT: Rethink will pay an additional \$400 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Injuries sustained in a covered accident. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

#### SERVICE BENEFITS:

ACCIDENT TREATMENT BENEFIT: Rethink will pay the applicable amount shown below when a Covered Person receives treatment for Injuries sustained in a covered accident. This benefit is payable for treatment received under the care of a Physician at a(n):

Hospital Emergency Room with X-Ray \$200

Hospital Emergency Room without X-Ray \$170

Office or facility (other than a Hospital Emergency Room) with X-Ray \$150

Office or facility (other than a Hospital Emergency Room) without X-Ray \$120

Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per Covered Person.

**AMBULANCE BENEFIT:** Rethink will pay \$200 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Rethink will pay \$1,500 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service. Payment may be made directly to the provider of the ambulance services or jointly to the Named Insured and the provider.

**BLOOD/PLASMA/PLATELETS BENEFIT:** RethinkMyHealthcare will pay \$200 when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

**MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** Rethink will pay \$200 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**AFTER CARE SERVICES:**

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** Rethink will pay \$35 per day when a Covered Person receives treatment for Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Rethink will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received under the care of a

Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.

**THERAPY BENEFIT:** Rethink will pay \$35 per therapy treatment when a Covered Person receives treatment for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. RethinkMyHealthcare will pay for one treatment per day for up to a maximum of ten treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident. The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.

**APPLIANCES BENEFIT:** RethinkMyHealthcare will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in a covered accident. Benefits are payable for the following types of appliances:

Back brace	\$300
Body jacket	\$300
Knee scooter	\$300
Wheelchair	\$300
Leg brace	\$125
Crutches	\$100
Walker	\$100
Walking boot	\$100
Cane	\$25

This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS BENEFIT:** Rethink will pay \$800 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or

dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS REPAIR OR REPLACEMENT BENEFIT:**  
RethinkMyHealthcare will pay \$800 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

**REHABILITATION FACILITY BENEFIT:** Rethink will pay \$150 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.

**HOME MODIFICATION BENEFIT:**  
RethinkMyHealthcare will pay \$3,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:**  
When a Covered Person receives treatment under the care of a Physician for Injuries sustained in a covered accident, Rethink will pay specified benefits ranging from \$35–\$12,500 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, surgical procedures, miscellaneous surgical procedures and pain management. See policy for specific amounts payable.

---

**(5) Exceptions, Reductions and Limitations of the Policy:**

Rethink will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.

For any benefit to be payable, the Injury, treatment, or loss must occur on or after the Effective Date of coverage and while coverage is in force.

Rethink will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.

Rethink will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void. Rethink cannot make payments to individuals that are known to engage in illegal activity per Office of Foreign Assets Control (OFAC) regulation.

Rethink will not pay benefits whenever fraud is committed in making a claim under the coverage or any prior claim under any other Rethink coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.

Rethink will not pay benefits for an Injury, treatment, or loss that is caused by or occurs as a result of a Covered Person's:

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Voluntarily taking any kind of poison or inhaling any kind of gas or fumes;

- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (“felony” is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

(6) Renewability. The agreement is guaranteed-renewable for your lifetime by the timely payment of membership fees at the rate in effect at the beginning of each term, except that we may discontinue or terminate the membership if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the membership, including claims for benefits under the membership. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

(7) Limits of Liability. The maximum benefit paid is equal to the 150% of the target HMA Benefit.

(8) THIS IS NOT INSURANCE. Payments that are made are made against the projected benefit of your HMA. Payments to you will be deducted over 36 months from your HMA.

**(9) This customer agreement by and between the holder outlines the agreement that exists between Rethink My HealthCare and you as the customer. Please read the content and familiarize with the agreement. If there is any questions or concerns please contact Customer Service. Your damages in the event that you have a dispute over the terms of this agreement are limited to the payments that you have made. All disputes should be made in writing and sent to the Company. We have a full 100% money back guarantee on any payment made within 30 days of a dispute.**

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing your personal independence in everyday living.

The ADLs are:

- Bathing: Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Maintaining continence: Controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
- Transferring: Moving between a bed and a chair, or a bed and a wheelchair;
- Dressing: Putting on and taking off all necessary items of clothing;
- Toileting: Getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
- Eating: Performing all major tasks of getting food into your body.

**CATASTROPHIC LOSS:** An injury that results in total and permanent or irrevocable loss of: the sight of one eye; the use of one hand/arm; or the use of one foot/leg.

**COMMON-CARRIER ACCIDENT:** An accident directly involving a common-carrier vehicle in which a covered person is a passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A passenger is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. A common-carrier accident does not include any hazardous activity accident or any accident directly involving private, on demand, or chartered transportation in which a covered person is a passenger at the time of the accident.

**COVERED PERSON:** Any person insured under the coverage type you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. This includes the relationship created by a domestic partnership. Newborn children are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify RethinkMyHealthcare in writing within 31 days of the child's birth. Upon notification, RethinkMyHealthcare will convert the policy to one-parent family or two-parent family coverage

and advise you of the additional premium due, if any. Coverage provided under any one-parent family or two-parent family policy will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. A dependent child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the effective date notification. The effective date is not the date you signed the application for coverage.

**HAZARDOUS ACTIVITY ACCIDENT:** An accident while a covered person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft. A hazardous activity accident does not include any common-carrier accidents.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary, and the result of a covered injury. Confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause. See the limitations and exclusions for injuries not covered by the policy.

**OTHER ACCIDENT:** An accident that is not classified as either a common-carrier accident or a hazardous activity accident and that is not specifically excluded in the limitations and exclusions.

**SICKNESS:** An illness, disease, infection, disorder, or condition not caused by an injury, that first manifests on or after the effective date of coverage and while coverage is in force.

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, clinic, or other such location.

The term hospital does not include any institution or part thereof used as a rehabilitation facility; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; a psychiatric unit; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation facility does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician, occupational therapist, physical therapist, or speech therapist does not include you or a member of your immediate family.

Burns must be treated by a physician within 72 hours after a covered accident. If a covered person receives one or more skin grafts for a covered burn, we will pay a total of 50 percent of the burns benefit amount that we paid for the burn involved.

Dislocations must be diagnosed by a physician within 72 hours after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two dislocations per covered accident, per covered person. Benefits are payable for only the first dislocation of a joint. If a dislocation is reduced with local or no anesthesia by a physician, we will pay 25 percent of the amount shown for the closed reduction dislocation.

Coma must have a duration of at least seven days. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants. We will pay for no more than one emergency dental work benefit per covered accident, per covered person.

Fractures must be diagnosed by a physician within 14 days after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two fractures per covered accident, per covered person. For the closed reduction for chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown in the policy.

Lacerations must be repaired within 72 hours after the accident and repaired under the attendance of a physician. A laceration resulting from an open fracture will not be payable under the laceration benefit.

Paralysis must be confirmed by the attending physician. The duration of the paralysis must be a minimum of 30 days. This benefit will be payable once per covered person.

Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure.

A miscellaneous surgical procedures benefit is only payable for one miscellaneous surgical procedure, per 24-hour period, even though more than one surgical procedure may be performed.

When a covered person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a hospital or a physician's office for injuries sustained in a covered accident, we will pay a pain management benefit amount. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per covered person.

