

Leaders Lifestyle

Secure Group Accident Insurance



24-Hour Insurance with Additional Benefits Rider

Basic Plan

Benefit	Elite	Premier
The Accident Medical Expense¹ "Bucket of Money"	up to \$1,500	up to \$2,000
Outpatient Physician Expense ²	\$50	\$50
Immediate Hospitalization ³	\$2,250	\$3,000
Dislocation or Fracture ⁴ (Schedule) (up to)	\$5,000	\$8,000
Daily Hospital Confinement ⁵	\$300	\$400
Daily Hospital ICU Confinement ⁶	\$600	\$900
Ground/Air Ambulance Service	\$750/\$2,250	\$1,000/\$3,000
Accidental Death & Dismemberment (up to)	Common carrier pays 4X's the benefits below ⁸	
Employee	\$30,000	\$40,000
Spouse ⁷	\$15,000	\$20,000
Child ⁷	\$7,500	\$10,000

- Actual charges, as defined in the policy, up to the maximum shown, per covered person/per accident.
- Limited to 2 visits per calendar year per covered person. Maximum of 4 visits per calendar year per family if dependent coverage is selected.
- Pays amount shown once per calendar year upon first confinement that is within 5 days of a covered accident.
- Up to max amount shown, see benefit schedule in policy. Multiple losses from same injury pays 150% of largest benefit applicable.
- Payable up to 90 days per covered accident when confinement is within 90 days of a covered accident.
- Payable up to 90 days per covered accident when confinement is within 5 days of a covered accident.
- Amounts apply only when purchasing dependent coverage (employee/spouse, employee/child or family).
- Must be a fare-paying passenger on a scheduled common carrier (plane, bus, taxi, boat, etc.).

For Complete Dislocation of:
All covered members for option selected:

Hip	100%
Knee (Except Patella)	50%
Foot, Other than Toes	35%
Ankle, Shoulder	35%
Hand, Other than Fingers	20%
Lower Jaw	20%
Wrist, Elbow	20%
Finger, Toe	6%

For Fracture of Bone or Bones of:
All covered members for option selected:

Hip Bone (pelvis) or Femur	100%
Vertebrae	75%
Skull (depressed or ping pong fracture)	65%
Leg (tibia or fibula)	50%
Bones of the Foot, Ankle or Kneecap (patella)	40%
Bones of the Hand or Wrist	40%
Forearm (Radius or Ulna)	40%
Lower Jaw, Shoulder blade, Collar Blade	35%
Upper Arm, Upper Jaw	25%
Skull (Simple, non-depressed fracture)	25%
Facial Bones (or nose)	20%
Finger, Toe, Rib, Coccyx	6%

For Dismemberment of:

	Primary Insured	Spouse*	Child*
Both Hands or Both Feet or Sight of Both Eyes	100%	100%	100%
Both Arms or Both Legs	100%	100%	100%
One Hand or Arm and One Foot or Leg	100%	100%	100%
Sight of One Eye	50%	50%	50%
One Hand or One Arm	50%	50%	50%
One Foot or One Leg	50%	50%	50%
One or More Entire Toes	5%	5%	5%
One or More Entire Fingers	4%	4%	4%

* Applies if coverage is selected

Premium Schedule

ElitePlan with ABR				
Mode	Employee	Employee/Spouse	Employee/Child	Family

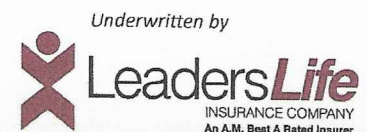
Premier Plan with ABR				
Mode	Employee	Employee/Spouse	Employee/Child	Family

Enhanced AD&D Premium Schedule[†]

Option 1 (EE \$25,000/Spouse \$12,500/Child \$6,250)				
Mode	Employee	Employee/Spouse	Employee/Child	Family

Option 2 (EE \$50,000/Spouse \$25,000/Child \$12,500)				
Mode	Employee	Employee/Spouse	Employee/Child	Family

[†] Tier must match Basic Accident coverage selected



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Optional Benefit Riders

Additional Benefit Rider - Schedule of Benefits

Benefit Schedule	We Will Pay	Maximum Benefit Period
Abdominal or Thoracic Surgery	\$1,000 to repair internal injuries \$100 for exploratory with no repair	Once per covered person per covered accident
Accident Follow-up Treatment	\$50 per visit	4 treatments per covered person per covered accident
Appliance	\$125 when prescribed by physician	Once per covered person per covered accident
Blood and Plasma	\$300 for required transfusion	Once per covered person per covered accident
Brain Injury Diagnosis	\$150 for first diagnosis following traumatic brain injuries	Once per covered person
Burn	\$100 if burns cover ≤15% of body \$500 if burns cover >15% of body	Once per covered person per covered accident
Coma	\$15,000 lasting 5 or more consecutive days	Once per covered person per covered accident
Eye Injury	\$100 for surgery or removal of foreign object	Once per covered person per covered accident
Family Member Lodging	\$100 per day for one family member	30 days per covered accident
Laceration (cuts)	\$50 when treated by a physician within 3 days of a covered accident	Once per covered person per calendar year
Non Local Transportation	\$300 when treatment is prescribed by a physician	3 times per covered accident
Paralysis	\$10,000 for paraplegia \$20,000 for quadriplegia (Confirmed by physician within 3 days and lasting at least 90 consecutive days)	Once per covered person per lifetime
Physical Therapy	\$30 per day	6 treatments per covered person per covered accident
Prosthesis (hand, foot or eye only)	\$500 for 1 device \$1,000 for 2 devices	Once per covered person per covered accident
Ruptured Disk	\$500 when diagnosed within 180 days of the date of a covered accident	Once per covered person per covered accident
Skin Graft (added to Burn Benefit of this rider)	50% of the Burn Benefit when the covered burn requires a skin graft	Once per covered person per covered accident
Tendon, Ligament Rotator Cuff or Knee Cartilage (when torn, ruptured or severed)	\$500 for surgical repair \$150 for exploratory with no repair	Once per covered person per covered accident

Underwritten by

