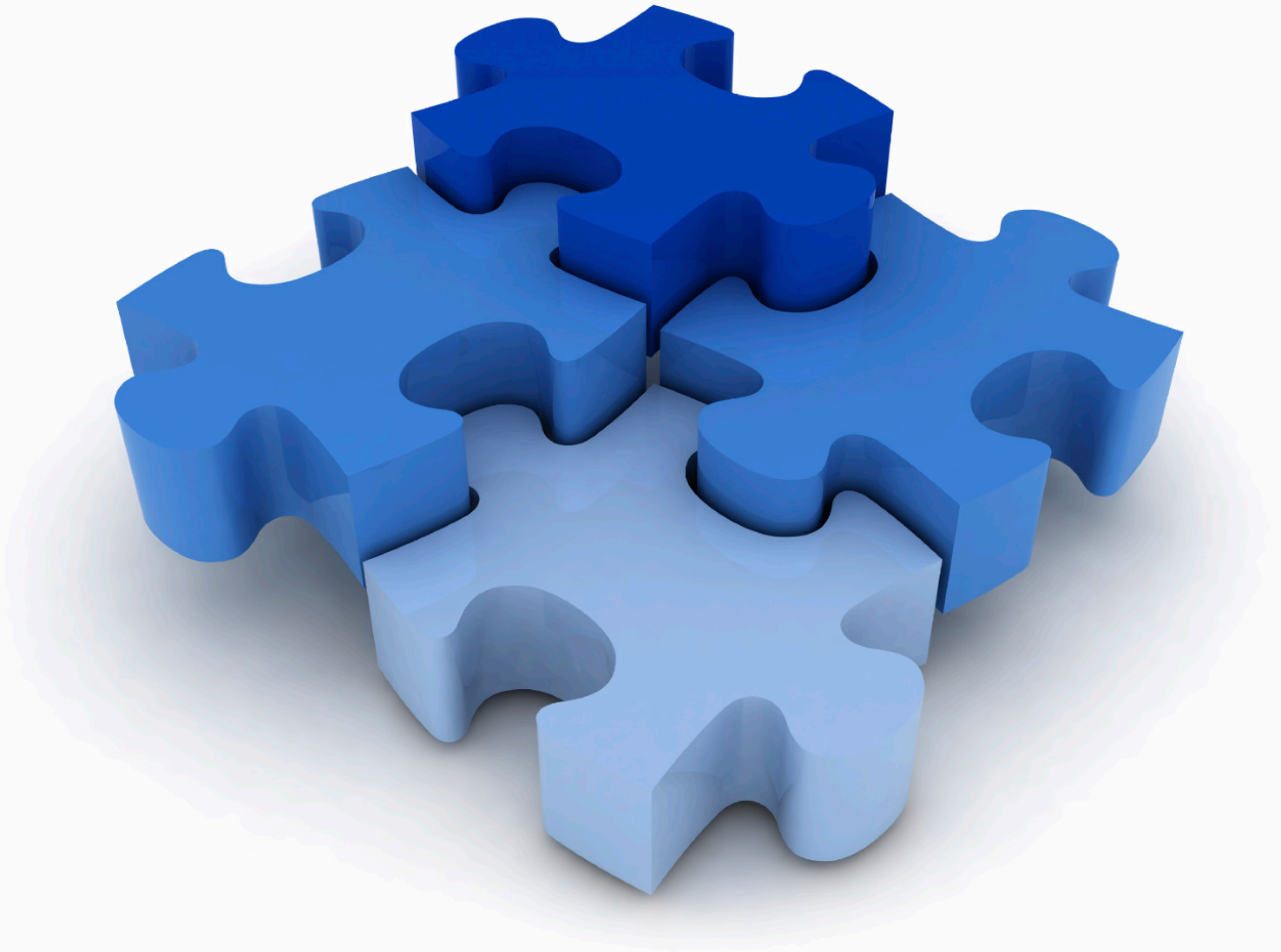




**Group Supplemental Insurance Coverage
Enrollment Guide for
Non-Occupational Accident Insurance**



Underwritten by





Non-Occupational Group Accident Insurance

Issue Age

- Employee & Spouse: 18–64
- Dependent Children: 0 days–19 years (25 full-time status)

Portability: If the employee is under the age of 70, coverage is portable without a change in the premium amount charged. Coverage can be continued through a monthly bank draft or quarterly, semi-annual or annual direct billing. The employee must have been continuously insured for at least six months prior to terminating contract.

Guarantee Issue (for all applicants): No health questions asked in order to participate.

Spouse and Child Coverage: Employee must apply for spouse and children to be eligible for coverage.

Product Highlights:

Medical Fees (per accident): If an insured is injured in a covered accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies and x-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.

Hospital Admission: We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident (within six (6) months of the date of the accident). We will pay this benefit once per calendar year per insured. This benefit is not payable for confinement to an observation unit, or for emergency room or out-patient treatment.

Hospital Confinement: We will provide this benefit due to a covered accident beginning on the first day of hospital confinement for up to 365 days per covered accident. Hospital Confinement must begin within 90 days from the date of the accident. Payable once per hospital confinement even if the confinement is caused by more than one injury.

Hospital Intensive Care: Benefit paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement benefit.

Paralysis: Paralysis means the permanent loss of movement of two or more limbs. If the insured is injured in a covered accident (lasting 90 days or more & diagnosed by a physician within 90 days), we will pay this benefit.

Scheduled Benefit for Major Injuries: Fractures and Dislocations (scheduled by type)

Scheduled Benefit for Specific Injuries: Burns, Lacerations, Ruptured Discs, Tendons/Ligaments, Torn Knee Cartilage, Eye Injuries, Concussion, Coma, and Emergency Dental Work (scheduled by type)

Scheduled Benefit for Additional Coverage: Ambulance & Air Ambulance, Blood/Plasma, Appliances, Internal Injuries, Accident Follow-Up Treatment, Exploratory Surgery, Prosthesis, Physical Therapy, Transportation and Family Lodging, & Wellness Visits (scheduled by type)

Accidental Death and Dismemberment Benefit

Non-Occupational Group Accident Insurance



Complete Fractures (diagnosis and treatment within 90 days)

	Closed Reduction	Open Reduction
Hip/Thigh	\$4,000	\$6,000
Vertebrae	\$3,600	\$5,400
Pelvis	\$3,200	\$4,800
Skull (Depressed)	\$3,000	\$4,500
Leg	\$2,400	\$3,600
Forearm / Hand / Wrist	\$2,000	\$3,000
Foot / Ankle / Knee Cap	\$2,000	\$3,000
Shoulder Blade / Collar Bone	\$1,600	\$2,400
Lower Jaw (Mandible)	\$1,600	\$2,400
Skull (Simple)	\$1,400	\$2,100
Upper Arm / Upper Jaw	\$1,400	\$2,100
Facial Bones	\$1,200	\$1,800
Vertebral Processes	\$800	\$1,200
Coccyx / Rib / Finger / Toe	\$320	\$480

If more than one fracture requiring open or closed reduction occurs in any one accident, we will pay the scheduled benefit for each fracture, not to exceed 150 percent of the scheduled benefit amount with for the bone fractured with the highest dollar value. Benefits for chip fractures are payable at 10 percent of the scheduled amount shown for the affected bone.

Complete Dislocations (diagnosis and treatment within 90 days)

	Closed Reduction	Open Reduction
Hip	\$2,700	\$4,050
Knee (not Kneecap)	\$1,950	\$2,925
Shoulder	\$1,500	\$2,250
Foot / Ankle	\$1,200	\$1,800
Hand	\$1,050	\$1,575
Lower Jaw	\$900	\$1,350
Wrist	\$750	\$1,125
Elbow	\$600	\$900
Finger / Toe	\$240	\$360

If more than one dislocation requiring open or closed reduction occurs in any one accident, we will pay the scheduled benefit for each dislocation, not to exceed 150 percent of the scheduled benefit amount for the dislocation with the highest dollar value. Benefits for partial dislocations are payable at 25 percent of the scheduled amount shown for the affected joint. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 150 percent of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered should they become dislocated while coverage is in force.



Non-Occupational Group Accident Insurance

Paralysis (lasting more than 90 days)

	Member & Spouse	Children
Quadriplegia	\$10,000	\$5,000
Paraplegia	\$5,000	\$2,500

Lacerations (treatment and repair within 72 hours)

Up to 2" long	\$50
2" to 6" long	\$200
Over 6" long	\$400

For lacerations not requiring stitches and treated by a physician, we pay \$25. For multiple lacerations, we will pay for the largest single laceration requiring stitches.

Injuries Requiring Surgery

Eye Injuries (treatment and surgery within 90 days)	\$250
Removal of Foreign Body (requiring no surgery)	\$50
Tendons / Ligaments (treatment within 60 days, surgical repair within 90 days)	
Single	\$400
Multiple	\$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment within 60 days, surgical repair within one year)	
<i>Injury occurs during first certificate year</i>	\$100
<i>Injury occurs after first certificate year</i>	\$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year)	
<i>Injury occurs during first certificate year</i>	\$100
<i>Injury occurs after first certificate year</i>	\$400



Non-Occupational Group Accident Insurance



Burns (treatment within 72 hours)		
Second Degree	<i>Less than 10% of body surface covered</i>	\$100
	<i>At least 10%, but not more than 25% of body surface covered</i>	\$200
	<i>At least 25%, but not more than 35% of body surface covered</i>	\$500
	<i>More than 35% of body surface covered</i>	\$1,000
Third Degree	<i>Less than 10% of body surface covered</i>	\$500
	<i>At least 10%, but not more than 25% of body surface covered</i>	\$3,000
	<i>At least 25%, but not more than 35% of body surface covered</i>	\$7,000
	<i>More than 35% of body surface covered</i>	\$10,000
Concussion (resulting in electroencephalogram abnormality)		\$200
Coma (lasting 30 days or more)		\$10,000
Internal Injuries (resulting in open abdominal or thoracic surgery)		\$1,000
Exploratory Surgery (without repair, i.e. arthroscopy)		\$250
Emergency Dental Work	<i>Repaired with Crown</i>	\$150
	<i>Resulting in Extraction</i>	\$50

Medical Fees (for each accident)	
Member & Spouse	\$125
Child(ren)	\$75

If an insured is injured in a covered accident and receive treatment within one year, we will pay up to the applicable amount for physician charges, emergency room services and x-rays. The total amount payable will not exceed the maximum shown above per accident. Initial treatment must be received within 60 days from the date of the accident.

Accident Follow-up Treatment	\$25
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We will pay this benefit for up to six treatments per covered accident, per covered person for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

Physical Therapy	\$25
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We will pay this benefit for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 72 hours of the accident and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the accident follow-up treatment benefit is paid.

Air Ambulance	Ambulance
\$500	\$100

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown above.



Non-Occupational Group Accident Insurance

Transportation (within 90 days)	
Train or Plane	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown above. The distance to the location of the hospital must be more than 50 miles from your residence.

Blood / Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown above.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown above. Hearing aids, wigs, or dental aids, including false teeth are not covered.

Appliance	\$100
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We will pay this benefit for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces and walkers.

Family Lodging Benefit (per night)	\$100
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If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, We will pay this benefit for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

Wellness	\$60
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After 12 months of paid premium and while coverage is in force, we will pay this benefit for one covered person to undergo routine examinations or other preventative testing once each 12-month period. Benefits include, and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, PSA, ultrasounds and blood screenings.

Hospital Admission	\$1,000
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We will pay this benefit when you are admitted to a hospital within 6 months of a covered accident and confined as a resident bed patient because of injuries received in a covered accident. We will pay this benefit once per calendar year per insured person.

Hospital Confinement (per day)	\$200
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We will provide this benefit on the first day of hospital confinement for up to 365 days. Hospital confinement must begin within 90 days from the date of the accident.

Hospital Intensive Care (per day)	\$400
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Benefit paid up to 30 days per covered accident. Benefits are paid in addition to the hospital confinement benefit.

Non-Occupational Group Accident Insurance



Accidental Death & Dismemberment (within 90 days)

	Member	Spouse	Child(ren)
Accidental Death	\$25,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$6,250	\$2,500	\$1,250
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

Weekly Premiums

Member	\$2.91
Member & Spouse	\$4.26
Member & Dependent Child(ren)	\$5.97
Member, Spouse, and Dependent Child(ren)	\$7.32

Limitations and Exclusions:

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Sickness - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
4. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
5. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
6. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
7. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
8. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
9. Illegal Acts - participating or attempting to participate in a felony, or working at an illegal job.
10. Sports - participating in any organized sport: professional or semi-professional.
11. Driving - driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
12. Avocations - mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
13. Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.
14. an injury arising from any employment;
15. injury or sickness covered by Worker's Compensation.



**Use supplemental coverage
to complete your puzzle!**

Enroll Today!

This coverage has exclusions, limitations and terms under which it may be continued in force or discontinued.
For costs and complete details of the coverage, call or write Continental American Insurance Company
at 888-730-2244 or 2801 Devine Street, Columbia, SC 29205