



## COVERAGE OPTIONS

This insurance plan provides benefits for covered medical expenses resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the participant is:

- practicing or participating in a special risk activity while under the supervision of a Policyholder's employee, and
- traveling to or from such special risk activity while under the supervision of a Policyholder's employee.

The Policy provides a maximum benefit up to \$25,000 per injury and covers all special risk activities sponsored and supervised by the Policyholder.

All participants must purchase coverage.

The Medical Benefits and Exclusions apply to Coverage Options.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the Policyholder as stated on the application. A copy of the Privacy Notice and Certificate of Coverage (where applicable) will be sent to the policyholder.

In UT, injury means an accidental injury or injuries sustained by the insured which is a direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while coverage is in force. All related injuries and recurrent symptoms of the same or similar condition will be considered one injury.

## MEDICAL BENEFITS

When injury covered by this policy results in treatment by a licensed physician within 60 days from the date of injury, the Company will pay the usual and customary charges (U&C) incurred for necessary services and supplies as listed below, for expenses incurred within one year from the date of injury up to a maximum benefit of \$25,000 per injury.

Our insurance policy would be secondary to all other valid coverage. A claim must be filed with other valid coverage first! (Coverage is primary in ID, OH, or SD)

Unless otherwise stated all amounts listed below are per injury.

### PHYSICIAN'S SERVICES

- Surgical Operations (surgeon, assistant surgeon, anesthesia) U&C, up to \$2,500
- Nonsurgical Care (including physiotherapy treatment performed other than in a hospital, 1 treatment per day) U&C, up to \$100 for each treatment, maximum 10 treatments

### HOSPITAL CARE

- Inpatient Care
  - Hospital Semi-Private Room U&C, up to \$700 per day
  - Hospital Miscellaneous U&C, up to \$1,000
- Outpatient Care (facility charges for outpatient day surgery) U&C, up to \$1,000
- Emergency Room U&C for hospital miscellaneous charges incurred, up to \$1,000

Note: Benefits for hospital miscellaneous charges are limited to services not scheduled under medical benefits.

### X-RAY SERVICES

(includes charges for reading) U&C, up to \$300

### DIAGNOSTIC IMAGING (MRI, CT Scan, bone scan)

(includes charges for reading) U&C, up to \$500

### DENTAL TREATMENT

(in lieu of all other medical benefits) U&C, up to \$200 for repair and/or replacement of each sound and natural tooth. (Sound tooth in SD)

### AMBULANCE SERVICES

U&C, up to \$500

### ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)

U&C, up to \$200

### PRESCRIPTION DRUGS (take home)

U&C, up to \$100

### MOTOR VEHICLE INJURY

Same as any injury up to \$1,000

Loss of Life \$ 2,000  
Loss of an Eye \$ 2,000

Double Dismemberment \$10,000  
Single Dismemberment \$ 2,000

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.