

For eligible employees of:

State of Wisconsin

Proposal Date: March 27, 2013
Proposal Date: December 14, 2012
Proposal expires in 90 days

Group Accident Advantage Plus Proposal

Underwritten by
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205



We've got you under our wing.®

Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- 2 Year Rate Guarantee
- Coverage is effective on the first of the month following the enrollment form approval date, provided payroll deductions begin during that month.

Eligibility

This product is only available through payroll deduction. To set up and maintain the group, there must be at least 25 employees paying premium.

Issue Ages

Employee	18–69
Spouse	18–64
Children	under age 26

Full-time, benefit-eligible employees who are working at least **16 hours** or more per week are eligible to apply. Employees must be actively at work on the date of application and the effective date of coverage. Seasonal and temporary employees are not eligible.

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

A spouse is the person married to the insured on the effective date of this coverage. A spouse means the legal spouse who is between the ages of 18–64. A spouse must not be hospitalized or unable to perform his or her normal duties or activities on the date of application and the effective date of coverage.

Dependent child means natural children, step-children, legally adopted children, or children placed for adoption who are younger than age 26.

Guaranteed-Issue

During the initial enrollment, and for newly eligible employees, coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

Portability

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. An employee may continue the coverage that is in force on the date employment ends, including dependent coverage that is in effect.

The employee will be allowed to continue the coverage until the date the employee fails to pay the required premium **or** the date the group master policy is terminated—whichever is earlier. Coverage may not be continued if the employee fails to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by the insured.

Accident Benefits – High Option

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

If the fracture requires open reduction, we will pay double the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than double the benefit amount for the fractured bone which has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is double the benefit amount for the fractured bone that has the higher dollar amount.

Accident Benefits – High Option (continued)

Complete Dislocations	
Closed Reduction Benefits	
Hip	\$3,000
Knee (not kneecap)	\$1,950
Shoulder	\$1,500
Foot/Ankle	\$1,200
Hand	\$1,050
Lower Jaw	\$900
Wrist	\$750
Elbow	\$600
Finger/Toe	\$240

If the dislocation requires open reduction, we will pay double of the amount shown.

Dislocation refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than double the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is double the benefit amount for the dislocated joint that has the higher dollar amount.

If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Accident Benefits – High Option *(continued)*

Paralysis	
Quadriplegia	\$10,000
Paraplegia	\$5,000

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2"–6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 72 hours after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 72 hours after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
Eye Injuries (treatment and surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days)	
<i>Single</i>	\$400
<i>Multiple</i>	\$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 90 days)	
<i>Injury occurs during first certificate year</i>	\$100
<i>Injury occurs after first certificate year</i>	\$400

Accident Benefits – High Option *(continued)*

Burns (treatment within 72 hours, first degree burns not covered)	
	Benefit
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>	\$1,000
<i>At least 10%, but not more than 25% of body surface covered</i>	\$5,000
<i>At least 25%, but not more than 35% of body surface covered</i>	\$10,000
<i>More than 35% of body surface covered</i>	\$20,000
Concussion (resulting in electroencephalogram abnormality)	\$200
Coma (state of profound unconsciousness 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 (injury to sound, natural teeth)	
<i>Repaired with crown</i>	\$150
<i>Resulting in extraction</i>	\$50

Medical Fees (for each accident)	
Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 72 hours after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

Emergency Room Treatment	\$200
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We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 72 hours after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Accident Benefits – High Option *(continued)*

Emergency Room Observation Benefit \$100

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 72 hours after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

Major Diagnostic Testing \$200

We will pay the amount shown if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred:

- Computerized tomography (CT scan)
- Computerized axial tomography (CAT)
- Magnetic resonance imaging (MRI)
- Electroencephalography (EEG)

These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.

Post Traumatic Stress Disorder Diagnosis \$200

Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a covered accident. We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.

This benefit is payable only once per covered accident.

Accident Follow-Up Treatment \$30

We will pay the amount shown for up to six treatments per covered accident, per covered person. 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 \$30

We will pay the amount shown 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.

Accident Benefits – High Option *(continued)*

Air Ambulance	\$1,000
Ambulance	\$200

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.

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 the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's 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.

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

Appliance	\$100
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We will pay the amount shown 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 the amount shown 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	\$50
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This benefit is payable after premiums have been paid for 12 months and while coverage is in force. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Mammograms
- Pap smears
- PSA tests
- Ultrasounds
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies

Accident Benefits – High Option *(continued)*

Hospital Admission \$1,000

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Confinement (per day) \$200

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Intensive Care (per day) \$400

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same Injury is 30 days.

This benefit is payable in addition to the Hospital Confinement Benefit.

Rehabilitation Unit Benefit (per day) \$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Is admitted for a hospital confinement,
- Is transferred to a bed in a rehabilitation unit of a hospital for treatment, **and**
- Incurs a charge.

This benefit is limited to 30 days per period of-hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

Accident Benefits – High Option *(continued)*

Accidental Death & Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$50,000	\$25,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
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

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**
- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

Accidental Common Carrier Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

Common carrier means:

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; **or**
- A railroad train which is licensed and operated for passenger service only; **or**
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

Accident Benefits – Low Option

Complete Fractures	
Closed Reduction Benefits	
Hip/Thigh	\$2,000
Vertebrae	\$1,800
Pelvis	\$1,600
Skull (Depressed)	\$1,500
Leg	\$1,200
Forearm/Hand	\$1,000
Foot/Ankle/Knee Cap	\$1,000
Shoulder Blade/Collar Bone	\$800
Lower Jaw (Mandible)	\$800
Skull (Simple)	\$700
Upper Arm/Upper Jaw	\$700
Facial Bones (Except teeth)	\$600
Vertebral Processes	\$400
Coccyx/Rib/Finger/Toe	\$160

If the fracture requires open reduction, we will pay double the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than double the benefit amount for the fractured bone which has the highest dollar amount.

Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is double the benefit amount for the fractured bone that has the higher dollar amount.

Accident Benefits – Low Option *(continued)*

Complete Dislocations	
Closed Reduction Benefits	
Hip	\$1,500
Knee (not kneecap)	\$975
Shoulder	\$750
Foot/Ankle	\$600
Hand	\$525
Lower Jaw	\$450
Wrist	\$375
Elbow	\$300
Finger/Toe	\$120

If the dislocation requires open reduction, we will pay double of the amount shown.

Dislocation refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan.

Multiple dislocations refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than double the benefit amount for the dislocated joint that has the higher dollar amount.

Partial dislocation is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is double the benefit amount for the dislocated joint that has the higher dollar amount.

If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Accident Benefits – Low Option *(continued)*

Paralysis	
Quadriplegia	\$5,000
Paraplegia	\$2,500

Paralysis means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, and
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$25
2" – 6" long	\$100
Over 6" long	\$200
Lacerations not requiring stitches	\$12.50

The laceration must be repaired with stitches by a doctor within 72 hours after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 72 hours after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
Eye Injuries (treatment and surgery within 90 days)	\$125
Removal of foreign body from eye (requiring no surgery)	\$25
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days)	
Single	\$200
Multiple	\$300
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)	
Injury occurs during first certificate year	\$50
Injury occurs after first certificate year	\$200
Torn Knee Cartilage (treatment within 60 days, surgical repair within 90 days)	
Injury occurs during first certificate year	\$50
Injury occurs after first certificate year	\$200

Accident Benefits – Low Option *(continued)*

Burns (treatment within 72 hours, first degree burns not covered)	
	Benefit
Second Degree	
<i>Less than 10% of body surface covered</i>	\$50
<i>At least 10%, but not more than 25% of body surface covered</i>	\$100
<i>At least 25%, but not more than 35% of body surface covered</i>	\$250
<i>More than 35% of body surface covered</i>	\$500
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>	\$2,500
<i>At least 25%, but not more than 35% of body surface covered</i>	\$5,000
<i>More than 35% of body surface covered</i>	\$10,000
Concussion (resulting in electroencephalogram abnormality)	\$100
Coma (state of profound unconsciousness lasting 30 days or more)	\$5,000
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$500
Exploratory Surgery (without repair, i.e. arthroscopy)	\$125
Emergency Dental Work (injury to sound, natural teeth)	
<i>Repaired with crown</i>	\$75
<i>Resulting in extraction</i>	\$25

Medical Fees (for each accident)	
Employee or Spouse	\$62.50
Child(ren)	\$37.50

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 72 hours after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

Emergency Room Treatment	\$100
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We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a-hospital emergency room **and**
- Receives initial treatment within 72 hours after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Accident Benefits – Low Option *(continued)*

Emergency Room Observation Benefit \$50

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 72 hours after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

Major Diagnostic Testing \$100

We will pay the amount shown if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred:

- Computerized tomography (CT scan)
- Computerized axial tomography (CAT)
- Magnetic resonance imaging (MRI)
- Electroencephalography (EEG)

These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.

Post-Traumatic Stress Disorder Diagnosis \$100

Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a covered accident. We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist. This benefit is payable only once per covered accident.

Accident Follow-Up Treatment \$15

We will pay the amount shown 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 \$15

We will pay the amount shown 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.

Accident Benefits – Low Option *(continued)*

Air Ambulance	\$500
Ambulance	\$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.

Transportation (within 90 days)	
Train or Plane	\$150
Bus	\$75

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

Blood/Plasma	\$50
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$250
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$50
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We will pay the amount shown 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)	\$50
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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 the amount shown 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	\$25
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This benefit is payable after premiums have been paid for 12 months and while coverage is in force. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Mammograms
- Pap smears
- PSA tests
- Ultrasounds
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies

Accident Benefits – Low Option *(continued)*

Hospital Admission \$500

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Confinement (per day) \$100

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Intensive Care (per day) \$200

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which you can collect the Hospital Intensive Care Benefit for the same Injury is 30 days.

This benefit is payable in addition to the Hospital Confinement Benefit.

Rehabilitation Unit Benefit (per day) \$37.50

We will pay the amount shown for injuries received in a covered accident if the insured:

- Is admitted for a hospital confinement,
- Is transferred to a bed in a rehabilitation unit of a hospital for treatment, **and**
- Incur a charge.

This benefit is limited to 30 days per period of-hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

Accident Benefits – Low Option *(continued)*

Accidental Death & Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$25,000	\$12,500	\$2,500
Accidental Common Carrier Death	\$50,000	\$25,000	\$7,500
Single Dismemberment	\$6,250	\$2,500	\$1,250
Double Dismemberment	\$12,500	\$5,000	\$2,500
Loss of One or More Fingers or Toes	\$625	\$250	\$125
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$50	\$50	\$50

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**
- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

Accidental Common Carrier Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

Common carrier means:

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; or
- A railroad train which is licensed and operated for passenger service only; or
- A boat or ship which is licensed for passenger service and operated on a regular schedule between established ports.

GROUP ACCIDENT+ INSURANCE

Policy Series CA7800

AC^G

State of Wisconsin 24 hr High

HIGH OPTION - 24 HOUR PLAN	Monthly (12pp/yr)
Employee	\$13.75
Employee and Spouse	\$21.06
Employee and Dependent Children	\$23.81
Family	\$31.12

Wellness Benefit included in Rates

Please Note: Premiums and benefits shown are accurate as of publication. They are subject to change.



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GROUP ACCIDENT+ INSURANCE
Policy Series CA7800



State of Wisconsin 24 hr Low

LOW OPTION - 24 HOUR PLAN	Monthly (12pp/yr)
Employee	\$6.91
Employee and Spouse	\$10.58
Employee and Dependent Children	\$11.97
Family	\$15.64

Wellness Benefit included in Rates

Please Note: Premiums and benefits shown are accurate as of publication. They are subject to change.



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Limitations and Exclusions

We will not pay benefits for injury, total disability, or death contributed to, caused by, or resulting from:

- **War** – participating in war or any act of war, declared or not; 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 by this certificate when you are in such service.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **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.
- **Self-Inflicted Injuries** – injuring or attempting to injure yourself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- **Intoxication** – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. *Legally intoxicated* means that condition as defined by the law of the jurisdiction in which the accident occurred.)
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job.
- **Sports** – participating in any organized sport –professional or semi-professional.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental Treatment except as a result of a covered accident.

Terminations

An employee's coverage will terminate on whichever occurs first:

- The date the master policy is terminated.
- The 31st day after the premium due date, if the premium has not been paid.
- The date an insured no longer meets the definition of an employee, unless the insured takes advantage of the portability privilege.
- The date an insured no longer belongs to an eligible class.

If the master policy and/or certificate terminates, we will provide coverage for claims arising from covered accidents that occurred while the plan was in force.

Definitions

Accidental Injury or **Injuries** means bodily injury or injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of covered accident.

Actively at Work is defined as your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Calendar Year is defined as January 1 through December 31 of the same year.

Covered Accident means an unforeseen and unexpected traumatic event resulting in bodily Injury. An event meets the qualifications of covered accident if it:

- Occurs on or after the Plan's Effective Date,
- Occurs while coverage is in force, **and**
- Is not specifically excluded.

Dependent child means dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. You or your spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the child's 26th birthday.

Doctor is defined as a person who is:

- Legally qualified to practice medicine,
- Licensed as a physician by the state where treatment is received, **and**
- Licensed to treat the type of condition for which a claim is made.

A doctor does not include you or your family member.

Employee is a person who meets eligibility requirements in the master policy, and who is covered under this plan. The employee is the primary insured under this plan.

Family member includes the employee's spouse (who is defined as an employee's legal wife or husband) as well as the following members of the insured's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Definitions (*continued*)

Hospital refers to a place that:

- Is legally licensed and operated as a hospital;
- Provides overnight care of injured and sick people;
- Is supervised by a doctor;
- Has full-time nurses supervised by a registered nurse;
- Has on-site or pre-arranged use of x-ray equipment, laboratory, and surgical facilities; and
- Maintains permanent medical history records.

A hospital is **not**:

- A nursing home;
- An extended-care facility;
- A convalescent home;
- A rest home or a home for the aged;
- A place for alcoholics or drug addicts; **or**
- A mental institution.

Hospital Intensive Care Unit refers to a specifically designed hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured. Hospital intensive care units must be:

- Separate and apart from the surgical recovery room;
- Separate and apart from rooms, beds, and wards customarily used for patient confinement;
- Permanently equipped with special life-saving equipment to care for the critically ill or injured; **and**
- Under constant and continuous observation by nursing staffs assigned to the intensive care units on an exclusive, full-time basis.

Psychiatrist is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.

Psychologist is a clinical mental health professional who works with patients. Is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Rehabilitation Unit is a unit of a hospital providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

Spouse is the legal wife or husband who is between ages 18 and 64 and who is named on the enrollment application. Coverage on your spouse terminates when he or she attains age 70.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Your Occupation means the occupation in which you are regularly engaged at the time you become disabled.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

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This proposal is a brief description of coverage, not a contract. Read your policy carefully for exact plan language, terms and conditions.