

## ACCIDENT INSURANCE (with AD&D Benefits)

Payouts for Loss	Payout
LOSS OF LIFE	100%
LOSS OF TWO OR MORE HANDS & FEET	100%
LOSS OF ONE HAND OR FOOT AND LOSS OF SIGHT IN ONE EYE	100%
LOSS OF SIGHT IN BOTH EYES	50%
LOSS OF SPEECH AND HEARING	50%
LOSS OF ONE HAND OR FOOT	50%
LOSS OF SIGHT IN ONE EYE	50%
LOSS OF SPEECH	50%
LOSS OF HEARING (BOTH EARS)	25%

Inpatient Benefits	Payout
SEMI-PRIVATE ROOM	100%
ICU / CRITICAL CARE UNIT	100%
MISC EXPENSE (BOARDING)	100% up to \$1000
REGISTERED NURSE SERVICES	25%
PHYSICAL SERVICES - SURGERY	100%
PHYSICIANS SERVICES - ASSISTANT SURGEON	100%
LOSS OF SIGHT IN ONE EYE	100%
PHYSICIAN SERVICES - ANAESTHESIA	100%
PHYSICIAN SERVICES - IN HOSPITAL PHYSICIAN - NON-SURGICAL	100% up to \$75

### PLAN FEATURES:

- Benefit pays for **ACCIDENTS ONLY**
- SERVICES:** Inpatient, Outpatient, Complete and Partial & Complete Loss
- Benefit Structure:**  
Reimbursement Indemnity: Liberty Mutual will reimburse you the amount you are CHARGED up to the Benefit LEVEL you choose:

**BASIC:**                    **\$2500**

**PREFERRED:**           **\$5000**

**PREMIUM:**             **\$7500**

**ELITE:**                    **\$10,000**

**SPOUSE BENEFIT IS 100% OF INSURED AND 50% FOR CHILDREN**

**COVERAGE OPTIONS FOR INDIVIDUAL OR CHILDREN (children covered up to age 26)**

Outpatient Benefits	Payout
PHYSICIAN OFFICE - NON-SURGICAL	100% up to \$75
MRI, X-RAY, CT (combined maximum)	100% up to \$500
OUTPATIENT PHYSIOTHERAPY (acupuncture, massage, etc.)	100% up to 30 (one per day)
HOSPITAL OUTPATIENT SURGERY FACILITIES	25%
PHYSICAL SERVICES - SURGERY	100%
AMBULANCE SERVICES	100% up to \$1000
MEDICAL EQUIPMENT RENTAL	100% up to \$300
DENTAL SERVICES	100% up to \$250/tooth - max \$500
OUTPATIENT PRESCRIPTION DRUGS	100% up to \$500

**ACCIDENT MEDICAL EXPENSE Insurance** – underwritten by Liberty Mutual

Monthly Premiums:

	<b>BASIC COVERAGE</b>	<b>PREFERRED COVERAGE</b>	<b>PREMIUM COVERAGE</b>	<b>ELITE COVERAGE</b>
<b>ACCIDENT MEDICAL EXPENSE BENEFIT</b>	\$2500	\$5000	\$7500	\$10,000
<b>LOSS BENEFIT</b>	\$5000	\$10,000	\$25,000	\$20,000
<b>INDIVIDUAL PREMIUM</b>	<b>\$6.30</b>	<b>\$8.98</b>	<b>\$11.61</b>	<b>\$13.51</b>
<b>FAMILY PREMIUM</b>	<b>\$12.74</b>	<b>\$19.44</b>	<b>\$26.03</b>	<b>\$30.79</b>

Ideal for: Anyone who are active, concerned about medical expenses due to an accident (24/7 but if the injury is covered by workman’s compensation, the benefit will NOT be paid – read exclusions!) as well as Accidental Death or partial loss.

**EXAMPLE:** John was in a moped accident, took an ambulance, went to the ER, and had an x-ray, revealing a broken shoulder. He had outpatient surgery the next day to repair the break and subsequent massage therapy for 10 sessions:

- Ambulance \$1,000 (charge was over \$100)
- X-Ray \$500 (charge was \$500)
- Emergency Room admittance \$1,000
- Outpatient Surgery \$4000 (charge for facility was \$4000)
- Rehab \$1,000 (10 visits x \$100)
- Prescription Drugs \$100 (John’s charges were \$100)

**TOTAL CASH PAID TO JOHN: \$7600**

John signed up for the Elite Coverage for \$13.51 per month which has a maximum benefit of \$10,000 per event (not annually). Had John been admitted to the hospital or ICU, he would have received the maximum amount: \$10,000.

Had John died in the crash, his beneficiaries would have received \$20,000 (or twice the Accident Benefit Amount).

With this coverage in place, you would receive cash benefits to spend as you see fit.

