

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM THE COMPANY.**



**LOYAL AMERICAN LIFE INSURANCE COMPANY**  
P.O. Box 559004 ♦ Austin, Texas 78755-9004 ♦ 800-633-6752

## **ACCIDENT EXPENSE INSURANCE POLICY**

(Applicable to Policy Form L-6020-TX)

### **REQUIRED OUTLINE OF COVERAGE**

**(1) Please Read The Policy Carefully.** This outline provides a very brief description of the important features of the policy. This is not an insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both You and Us. It is, therefore, important to **READ THE POLICY CAREFULLY.**

**This is not a policy of Workers' Compensation Insurance. The employer does not become a subscriber to the Workers' Compensation system by purchasing this policy. If the employer is a non-subscriber, the employer loses those benefits which would otherwise accrue under the workers' compensation laws. The employer must comply with the workers' compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.**

**(2) Accident Only Coverage.** This coverage is designed to provide coverage for death, dismemberment or Hospital and medical care resulting from a Covered Accident only. Coverage is provided for the benefits outline in paragraph (5). The benefits described in paragraph (5) may be limited by paragraph (8).

**(3) Terms Under Which the Policy May Be Returned and the Premium Refunded.** 10 Day Free Look. After You receive Your policy, take up to 10 days to examine Your policy. If You are not completely satisfied, You may return it to Us within 10 days. You will receive a full refund of the premium You paid.

**(4) Caution.** Please read Your application attached to this policy. This policy was issued based on Your responses to the questions on Your application. If Your answers are incorrect or untrue, We may have the right to deny benefits or terminate Your policy. The best time to clear up any questions is now, before a claim arises• If for any reason, any of Your answers are incorrect, contact Us at this address: P.O. Box 559004 ♦ Austin, Texas 78755-9004.

**(5) Benefits.** We will pay these benefits for Injuries received which require medical treatment due to a Covered Accident.

#### **INJURY**

##### **Burn**

- Second degree which covers at least 36% of the body surface; or
- Third degree which covers at least 9 square inches of the body surface.
- Must be treated by a Doctor within 72 hours after the accident.

#### **PLAN A**

**\$600**

#### **PLAN B**

**\$300**

##### **Dislocation (Separated Joint)**

- Must be diagnosed by a Doctor within 90 days after the accident.
- Benefit payable as shown for closed reduction with anesthesia.
- Benefit payable for reduction without anesthesia is 25% of the amount shown.
- Benefit payable for open reduction is 150% of the amount shown.

- Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than 150% of the amount for the joint involved which has the highest benefit amount.
- Benefit payable for incomplete dislocation is 25% of amount shown.
- Benefit payable for a fracture and a dislocation in the same accident is no more than 150% of the amount for the bone or joint involved which has the highest benefit amount.
- Benefit payable only for the first dislocation of a joint after the Effective Date. Subsequent dislocations of the same joint will not be covered.

**Benefit Amount:**

	<b><u>PLAN A</u></b>	<b><u>PLAN B</u></b>
Hip	<b>\$2,000</b>	<b>\$1,000</b>
Knee (except Patella)	<b>\$600</b>	<b>\$300</b>
Shoulder (Glenohumeral)	<b>\$800</b>	<b>\$400</b>
Collarbone		
Sternoclavicular	<b>\$800</b>	<b>\$400</b>
Acromioclavicular and separation	<b>\$600</b>	<b>\$300</b>
Ankle - Bone or Bones of the Foot (other than Toes)	<b>\$500</b>	<b>\$250</b>
Lower Jaw	<b>\$500</b>	<b>\$250</b>
Wrist	<b>\$400</b>	<b>\$200</b>
Elbow	<b>\$400</b>	<b>\$200</b>
One Toe or Finger	<b>\$100</b>	<b>\$50</b>

**Eye Injury**

- Must require surgery or the removal of a foreign object by a Doctor within 90 days after the accident.
- An examination with anesthesia will not be considered surgery.

	<b>\$200</b>	<b>\$100</b>
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**Fracture (Broken Bone)**

- Must be diagnosed by a Doctor within 90 days after the accident.
- Benefit payable as shown for closed reduction.
- Benefit payable for open reduction is 150% of the amount shown.
- Benefit payable for more than one fracture (open or closed reduction) is no more than 150% of the amount for the bone involved which has the highest benefit amount.
- Benefit payable for chip fracture is 25% of the amount shown.
- Benefit payable for a fracture and a dislocation in the same accident is no more than 150% of the amount for the bone or joint involved which has the highest benefit amount.

**Benefit Amount:**

Hip, Thigh (Femur)	<b>\$1,000</b>	<b>\$500</b>
Vertebrae, Body of (including Vertebral Processes)	<b>\$500</b>	<b>\$250</b>
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)	<b>\$500</b>	<b>\$250</b>
Skull (except Bonus of Face or Nose)		
Simple Non-reduction Skull Fracture	<b>\$500</b>	<b>\$250</b>
Depressed Skull Fracture	<b>\$1,500</b>	<b>\$750</b>
Leg (Tibia and/or Fibula)	<b>\$500</b>	<b>\$250</b>
Forearm, Hand (except fingers), Wrist, Foot (except Toes), Ankle, Knee Cap, Lower Jaw, Shoulder Blade, Bones of Face or Nose	<b>\$250</b>	<b>\$125</b>
Coccyx, One Rib	<b>\$100</b>	<b>\$50</b>
Finger, Toe	<b>\$100</b>	<b>\$50</b>

**Knee Cartilage - Torn** **\$500** **\$250**

- Must be treated by a Doctor within 60 days after the accident.
- Must be repaired through surgery by a Doctor within 6 months after the accident.

**Laceration**

- Must be repaired within 72 hours after the accident by a Doctor.
- If benefits are payable for a laceration on a finger or toe and You later lose that finger or toe as a result of the same accident, the amount We paid under the Laceration benefit will be subtracted from the Accidental Dismemberment benefit.
- If benefits are payable for a laceration on a hand, foot or eye and You later lose that hand, foot or sight of the eye as a result of the same accident, the amount We paid under the Laceration benefit will be subtracted from the Accidental Dismemberment benefit.

Benefit Amount:

	<b>PLAN A</b>	<b>PLAN B</b>
Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches	<b>\$50</b>	<b>\$25</b>
Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches	<b>\$200</b>	<b>\$100</b>
Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches	<b>\$400</b>	<b>\$200</b>
Laceration(s) are treated without stitches	<b>\$50</b>	<b>\$25</b>

**Prosthetic Device or Artificial Limb**

- Must be prescribed by a Doctor for functional use.
- Must be received within one year of the Covered Accident.
- Not payable for hearing aids, dental aids, false teeth, or for cosmetic prosthesis (e.g. hair wigs).
- We will not pay for joint replacements (e.g. artificial hip or knee).

Benefit Amount

One Prosthetic Device or Artificial Limb	<b>\$100</b>	<b>\$50</b>
More than one Prosthetic Device or Artificial Limb	<b>\$500</b>	<b>\$250</b>

**Tendon, Ligament, Rotator Cuff**

- Must be torn, ruptured or severed.
- Must be repaired through surgery by a Doctor within 90 days after the accident.

Benefit Amount:

Repair of one tendon, ligament or rotator cuff	<b>\$200</b>	<b>\$100</b>
Repair of more than one of the above	<b>\$500</b>	<b>\$250</b>

**HOSPITAL AND SERVICES**

**Accident Follow-Up Treatment**

**\$50 / visit** **\$25 / visit**

- Must need additional treatment of injuries sustained in a Covered Accident over and above emergency treatment administered in the first 72 hours following the accident.
- Benefit will not exceed 3 treatments per Covered Accident.

- Treatment must begin within 30 days of Covered Accident.
- Must be within 6 month period following Covered Accident.
- Must be furnished by a Doctor in a Doctor's office or in a Hospital on an outpatient basis.

**Air Ambulance**

**\$600**

**\$300**

- Benefit payable if a licensed professional air ambulance company transports You to or from a Hospital or between medical facilities.
- Must be within 48 hours after the accident.
- Benefit payable once per Covered Accident.

**Ambulance**

**\$150**

**\$75**

- Benefit payable if a licensed professional ambulance company transports You to or from a Hospital or between medical facilities by ground transportation.
- Must be within 90 days after the accident.
- Benefit payable once per Covered Accident.

**Appliance**

**\$50**

**\$25**

- Must be prescribed by a Doctor as an aid in personal locomotion or mobility.
- Use must begin within 90 days after the accident.
- Benefit payable once per Covered Accident.

**Blood, Plasma, Platelets**

**\$100**

**\$50**

- Must require the transfusion, administration, cross matching, typing and processing of blood, plasma or platelets.
- Must be administered within 90 days after the Covered Accident.
- Benefit payable once per Covered Accident.

**Emergency Room Treatment**

**Adult: \$150**

**Adult: \$75**

**Child: \$75**

**Child: \$40**

- Must be of an emergent nature. Must require examination and treatment be a Doctor in a Hospital emergency room within 72 hours after the accident.
- If treatment is received in an emergency room and no charges are submitted, We will only pay \$30. If charges are later submitted, We will pay the benefit amount stated, minus the \$30 We have already paid.
- If You have been treated in an emergency room for a laceration that is repaired without stitches or the removal of a foreign object from the eye, We will pay a maximum of \$30.

**Family Lodging**

**\$100 / day**

**\$50 / day**

- Pays for one hotel or motel room for a Family Member to accompany You, if You require Confinement for treatment of Injuries sustained in a Covered Accident.
- Payable only during the same period of time You are Confined.
- Not payable for the trip to the Hospital.
- Hospital and hotel or motel must be more than 100 miles from Your residence.
- Local attending Doctor must prescribe the treatment.
- Benefit not to exceed 30 days per Covered Accident.

<p><b>Hospital Confinement</b></p> <ul style="list-style-type: none"> <li>• Must be Confined in a Hospital or a Hospital Intensive Care Unit - sub-acute.</li> <li>• Must be Confined within 6 months after the accident.</li> <li>• Benefit payable per day not to exceed 180 days per Covered Accident.</li> <li>• If You are Confined in a Hospital and are Confined again within 90 days for the same accident or related condition, We will treat this Confinement as a continuation of the prior Confinement.</li> <li>• If more than 90 days have passed between the periods of Confinement, We will treat this Confinement as a new Confinement.</li> <li>• If You are Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.</li> </ul>	<b>\$200 / day</b>	<b>\$100 / day</b>
<p><b>Hospital Intensive Care Unit Confinement</b></p> <ul style="list-style-type: none"> <li>• Must be Confined to a Hospital Intensive Care Unit.</li> <li>• Must begin within 30 days after the accident.</li> <li>• Benefit payable per day not to exceed 15 days per Covered Accident.</li> <li>• If You are Confined in a Hospital Intensive Care Unit and are Confined again within 90 days for the same accident or related condition, We will treat this Confinement as a continuation of the prior Confinement.</li> <li>• If more than 90 days have passed between the periods of Confinement, We will treat this Confinement as a new Confinement.</li> <li>• We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.</li> </ul>	<b>\$400 / day</b>	<b>\$200 / day</b>
<p><b>Initial Accident Hospitalization</b></p> <ul style="list-style-type: none"> <li>• Must be Confined in a Hospital or a Hospital Intensive Care Unit - sub-acute.</li> <li>• Must be Confined within 6 months after the accident.</li> </ul>	<b>\$500</b>	<b>\$250</b>
<p><b>Physical Therapy</b></p> <ul style="list-style-type: none"> <li>• Benefit payable per treatment with a maximum of 5 treatments per Covered Accident.</li> <li>• Must begin within 60 days after the accident. Must be completed within 6 months after the accident.</li> <li>• Must be prescribed by a Doctor and rendered by a licensed Physical Therapist. Services must be performed in an office or Hospital on an outpatient basis.</li> </ul>	<b>\$50 per treatment</b>	<b>\$25 per treatment</b>
<p><b>Transportation Benefit</b></p> <ul style="list-style-type: none"> <li>• Benefit payable for the trip to the Hospital.</li> <li>• Local attending Doctor must prescribe the treatment. The treatment must not be available locally.</li> <li>• Benefit is not payable for transportation to any Hospital within a 100-mile radius of the site of the accident or Your residence.</li> <li>• Benefit will not exceed 3 trips per calendar year per covered person.</li> </ul>	<b>\$300</b>	<b>\$150</b>

## ACCIDENTAL DEATH AND DISMEMBERMENT

### Accidental Death - Common Carrier

- Benefit payable if You are Injured while a fare paying passenger on a common carrier and the Injury causes You to die within 90 days after the accident.
- If We pay this benefit, We will not pay the Accidental Death - Other Accidents benefit.
- Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities.
- Taxis and privately chartered vehicles are not included in this benefit.

<b>Insured: \$100,000</b>	<b>Insured: \$50,000</b>
<b>Spouse: \$50,000</b>	<b>Spouse: \$25,000</b>
<b>Child: \$15,000</b>	<b>Child: \$7,500</b>

### Accidental Death - Other Accidents

- Benefit payable if an Injury causes You to die within 90 days after a Covered Accident.
- If We pay this benefit, We will not pay the Accidental Death - Common Carrier benefit.

<b>Insured: \$25,000</b>	<b>Insured: \$12,500</b>
<b>Spouse: \$10,000</b>	<b>Spouse: \$5,000</b>
<b>Child: \$5,000</b>	<b>Child: \$2,500</b>

### Accidental Dismemberment

We will pay the applicable benefit for dismemberment due to a Covered Accident. Dismemberment must occur within 90 days of the accident.

#### Loss of Finger(s) and/or Loss of Toe(s)

Insured	<b>\$1,250</b>	<b>\$625</b>
Spouse	<b>\$500</b>	<b>\$500</b>
Child	<b>\$500</b>	<b>\$500</b>

#### Loss of Sight of Eye, Loss of Hand, Loss of Foot, Loss of Arm, or Loss of Leg

Insured	<b>\$5,000</b>	<b>\$2,500</b>
Spouse	<b>\$2,000</b>	<b>\$1,000</b>
Child	<b>\$1,000</b>	<b>\$500</b>

#### Loss of Sight of both Eyes, Loss of both Hands, or Loss of both Feet

Insured	<b>\$12,500</b>	<b>\$6,250</b>
Spouse	<b>\$5,000</b>	<b>\$2,500</b>
Child	<b>\$2,500</b>	<b>\$1,250</b>

#### Loss of both Arms or Loss of both Legs

Insured	<b>\$12,500</b>	<b>\$6,250</b>
Spouse	<b>\$5,000</b>	<b>\$2,500</b>
Child	<b>\$2,500</b>	<b>\$1,250</b>

#### Loss of both Arms and Loss of both Legs

Insured	<b>\$25,000</b>	<b>\$12,500</b>
Spouse	<b>\$10,000</b>	<b>\$5,000</b>
Child	<b>\$5,000</b>	<b>\$2,500</b>

**Only the largest benefit will be paid for any one accident.**

## **(6) Definitions**

Confined or Confinement means the assignment to a bed as an overnight resident patient in a Hospital on the advice of a Doctor.

A Covered Accident is an accident which:

- occurs after the Effective Date of the policy;
- occurs while the policy is in force; and
- is not excluded by specific description in the policy.

Injury means an Injury to Your body which is caused by a Covered Accident.

Loss of Arm means that the arm is cut off through or above the elbow joint or the use of the arm is permanently lost.

Loss of Finger means that a finger is cut off at the joint (proximate to the first interphalangeal joint) where it is attached to the hand.

Loss of Foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of Hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of Leg means that the leg is cut off through or above the knee joint or the use of the leg is permanently lost.

Loss of Sight of Eye means that at least 80% of vision is permanently lost.

Loss of Toe means that the toe is cut off at the joint (proximate to the first interphalangeal joint) where it is attached to the foot.

## **(7) What Is Not Covered By This Policy**

We will not pay benefits for any Injury as a result of You(r):

- operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
- participating or attempting to participate in an illegal activity;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- intentionally causing a self-inflicted Injury;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat sickness;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- committing or trying to commit suicide, whether sane or insane;
- involvement in any period of armed conflict, even if it is not declared; or
- traveling more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and Virgin Islands.

**(8) Renewability**

The policy is guaranteed renewable for life as long as premiums are paid when they are due.

A Child shall cease to be covered on the premium due date on or next following the earlier of such Child's 21st birthday (25th birthday if a full-time student) or date of marriage.

We have the right to change the premium We charge. However, We cannot single out anyone for a premium change. The premium may be changed only if We change it on all policies of this kind in the state where the policy was issued.

**(9) Premiums**

	Individual	Single Parent	Husband/Wife	Family
<b>Policy</b>	<b>Plan</b> _____	<b>Monthly Premium</b> _____	<b>Annual Premium</b> _____	

Premiums must be paid to Us when they are due. If a premium is not paid when it is due, it can be paid during the next 31 days. These 31 days are called the Grace Period. The policy will remain in force during the Grace Period. However, if premiums are not paid by the end of the Grace Period, the policy will terminate.