

America's *Choice*

Accident Protector Excess Medical Accident Insurance



Accident Protection
for everyday **LIFE**

AGENT ILLUSTRATION GUIDE – FOR AGENT USE ONLY

USHEALTH
GROUP

Insurance Underwritten by
Freedom Life Insurance Company of America



Children ages 5-14 account for nearly **40%** of all sports-related injuries treated in a hospital **emergency room**. The rate and severity of injury increases with the child's age.

Source: Safe Kids USA, Sports and Recreation Safety Fact Sheet

Accidents Happen

Accidents happen every day and You can't plan for the unexpected... or can You? You owe it to Yourself and Your family to have extra protection for Your everyday life. America's Choice Accident Protector gives You the peace of mind of knowing You've got extra coverage for those unpredictable yet extremely common accident expenses.

America's Choice Accident Protector is designed to help fill in the gap between Your major medical coverage deductibles, co-payments, and out-of-pocket expenses.

Excess Medical Expense Coverage*

We give You the option to select coverage that fits Your budget and needs. Choose Your coverage amount from the list below.

- \$2,500 per Insured with \$100 deductible
- \$5,000 per Insured with \$250 deductible
- \$7,500 per Insured with \$250 deductible
- \$10,000 per Insured with \$500 deductible
- \$12,500 per Insured with \$500 deductible
- \$15,000 per Insured with \$500 deductible

What is Excess Medical Expense Coverage?

America's Choice Accident Protector pays You up to the Excess Medical Expense Coverage for the remaining amount of medical expenses incurred per Insured per Accident.

Excess Medical Expenses Coverage may include: Medically Necessary treatment by a physician, nurse or dentist; hospital room and board; outpatient surgery; ambulance; dental work to sound natural teeth; drugs; medicines; diagnostic tests and x-rays; oxygen; casts; splints; crutches; blood; plasma; and rental of durable medical equipment for a covered Accident or Injury. Benefits are subject to Your Excess Medical Expense Deductible per Accident per Insured.

Emergency Air Ambulance

Many accidents require emergency transportation to a Hospital or other facility. Rest easy knowing we've got You covered regardless of the Excess Medical Expense Coverage selected.

- \$4,000 per Accident per Insured

Your coverage includes the amount of Emergency Air Ambulance expense up to the maximum of \$4,000 per Accident per Insured for Medically Necessary transportation by air within 90 days from the date of Injury sustained in an Accident, to the nearest Hospital qualified to render treatment in an Emergency.

Accidental Death and Dismemberment**

Unintentional Injuries continue to be the fifth leading cause of death in America (Source: National Safety Council, Injury Facts, 2009). With Accident Protector, if an Insured's Injury results in a loss, We will pay You up to 100% of the AD&D maximum** based on this schedule:

- Loss of Life 100%
- Loss of Limbs (two or more) 100%
- Loss of Speech and Loss of Hearing (both ears) 100%
- Loss of Sight (both eyes) 100%
- Loss of Limb (one) 50%
- Loss of Speech 50%
- Loss of Hearing (both ears) 50%
- Loss of Sight (one eye) 50%
- Loss of Hand (one) 50%
- Loss of Foot (one) 50%
- Loss of Hearing (one ear) 25%
- Loss of Thumb and Index Finger (same hand) 25%

Premium Rate Adjustment

We will not raise Your premium rates on an individual basis due to Your personal claims experience. We may raise Your premium rates on Your Renewal Date based on Your Renewal Premium Class for all Certificates in Your state.

*Benefits reduce by 50% on the 65th birthday of the Primary Insured and the spouse of the Primary Insured.

**AD&D Maximum equal to Excess Medical Expense Coverage Maximum Benefit selected.



Unintentional Injuries continue to be the **5th LEADING CAUSE OF DEATH** in America, exceeded only by heart disease, cancer, stroke, and chronic lower respiratory disease.

Source: National Safety Council, Injury Facts, 2009

Help Cover The Cost Of Deductibles, Co-Pays & Other Expenses Not Covered By Your Major Medical Plan

Mandatory Dispute Resolution

The Certificate contains Appeal of Claims Procedures for the prompt, fair and efficient resolution of any Appeal of Claims. This provision provides for the parties to first attempt to achieve resolution of any Appeal of Claims through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through binding arbitration.

Mandatory Dispute Resolution procedures are not applicable in the following states: Arkansas, Nebraska, Ohio, Iowa, Indiana, South Carolina, Tennessee and West Virginia.

Termination & Renewability

Coverage is conditionally renewable except when:

- You are no longer an eligible individual;
- the Group Policy is terminated by the Group Policyholder;
- the due date of any unpaid Renewal Premium, subject to the grace period;
- You terminate coverage by notifying Us of the date You desire coverage to terminate and specify the Insured whose coverage is to terminate;
- We are required by the order of an appropriate regulatory authority to non-renew or cancel the Group Policy or a Class under the Group Policy;
- We elect to discontinue offering accident coverage to all individuals in Your state; and
- We receive due proof that fraud or intentional misrepresentation of material fact existed in the application for Your coverage or the coverage of Your Spouse or Children under the Group Policy or in a Claim for Benefits.

Non-Covered Items at a Glance

No Benefits are payable for any loss caused by:

- Injury due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- intentionally self-inflicted Injury;
- suicide or any suicide attempt while sane or insane;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- services provided by You or a Provider who is a member of an Insured's Family;
- an Injury occurring outside the borders of the United States of America or its territories;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or attempting to commit assault or illegal activity;
- participation in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare-paying passenger traveling on a regularly scheduled commercial airline flight;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- Mental and Emotional Disorders;
- for the purposes of the Emergency Air Ambulance Benefit the Insured's medical condition was not sufficiently acute or severe upon arrival at the Hospital to result in an Inpatient admission and Confinement in the Hospital immediately following the Insured's evaluation and treatment in the emergency room of such Hospital;
- an Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if: (i) a chemical test administered in the jurisdiction where either the Accident occurred or the Insured was medically treated is at or above the legal limit set by that jurisdiction; or (ii) the level of alcohol was such that a person's coordination and/or ability to reason was impaired, regardless of the legal limit set by that jurisdiction;
- Sickness;
- expenses incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, alcoholism, or drug addiction/abuse;
- the unintended or accidental results of any procedure, surgery or operation performed either for cosmetic purpose or in an attempt to surgically treat any Sickness, or any elective procedure not Medically Necessary, including but not limited to organ donation and elective sterilization;
- intentional inhalation or ingestion of any poison, gas or fumes; and
- services that are not Medically Necessary.
- expenses incurred as the result of an Injury that are in excess of the Usual and Customary expenses incurred for Medically Necessary treatment of such Injury;
- expenses incurred for the Medically Necessary treatment of an Injury for which the Insured has no legal liability and responsibility for payment;
- expenses incurred for the Medically Necessary treatment of an Injury that are covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage (e.g. uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPO plan, workers' compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid, Medicare, Medicare Supplement coverage, Medicare Advantage, and any other government provided benefits that cover the Medically Necessary treatment of bodily Injuries sustained in an Accident);
- the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by an Insured of any motor vehicle without a valid operator's license/permit;
- bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material;
- participation in a riot, civil commotion or insurrection;
- actively serving in the armed forces, including the National Guard and Army Reserve;
- Injury from being arrested or incarcerated or caused while incarcerated in a penal institution or government detention facility;
- engaging in bungee jumping, parachuting, rock climbing, para-sailing, para-kiting, mountaineering, or as driver or passenger on an off-road ATV vehicle, or any other hazardous avocation;
- Injuries from raising, caring for, handling or working with dangerous animals; and
- participation in rodeo or equestrian events, semi-professional or professional sports or any other hazardous activity for wage, compensation profit.

ACA Individual Mandate & Shared Responsibility Payment

The individual mandate under the ACA generally requires individuals to have "minimum essential coverage" in 2014 and beyond, or be subject to payment of an annual "shared responsibility payment", the amount of which is based, in part, upon the individual's household income each year. The ACA's "shared responsibility payment" has also been referred to from time to time as a tax and as a penalty, and is payable to the federal government. The Accident Protector Plan is an excess medical expense coverage insurance plan which provides coverage for the remaining amount of medical expenses incurred per Insured per covered accident, as such it is not "health insurance coverage" under the ACA. If an individual (a) does not receive an ACA exemption annually from the federal government for the individual mandate, or (b) does not maintain "minimum essential coverage" under the ACA for 9 or more consecutive months during each year, (including coverage under one of the following types of plans (i) an employer sponsored group health plan, (ii) a grandfathered health plan, (iii) a non-grandfathered health plan for which the government has granted a waiver of the individual mandate, or (iv) an ACA essential health benefits plan), he will be subject to the ACA's annual "shared responsibility payment", even if covered under the Accident Protector Plan. For additional information on the individual mandate, "shared responsibility payment", exemptions from the mandate and other matters concerning the ACA, please visit www.healthcare.gov, the federal government's website.

Accidents CAN Happen . . .

Children ages 5-14 account for nearly **40%** of all sports-related injuries treated in a hospital **emergency room**. The rate and severity of injury increases with the child's age.¹

1 out of 9 Americans seek **medical attention** for an **injury EACH YEAR**.²

Unintentional injuries accounted for **27.6 million visits** to the **emergency room**.²

¹Safe Kids USA, *Sports and Recreation Safety Fact Sheet*,

²National Safety Council, *Injury Facts, 2009*

Underwritten by:
Freedom Life Insurance Company of America
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Group Policy: GRP-P-06-FLIC

Freedom Life Insurance Company of America has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including collection of certain enrollment fees and monthly membership dues on behalf of the association, and transmission to the association of monthly membership census data. Freedom Life Insurance Company of America is paid a monthly fee by the association for these administrative services.

Note: The information shown here and in any accompanying literature does not provide full details of the Certificate. Different plan provisions may apply in certain states. This brochure is only a brief description of Benefits available. The complete terms of the coverage, including exclusions, and any state required provisions are in the Certificate.

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