



Group Voluntary 24 hour Accident (Florida)

BASE ACCIDENT BENEFITS		Low Plan
Accidental Death	Primary Insured	\$100,000
	Spouse, if covered	\$50,000
	Child(ren), if covered	\$25,000
Common Carrier Accident Death	Primary Insured	\$500,000
	Spouse, if covered	\$250,000
	Child(ren), if covered	\$125,000
Dismemberment	Primary Insured	Up to \$200,000
	Spouse, if covered	Up to \$100,000
	Child(ren), if covered	Up to \$50,000
Dislocation or Fracture Family Dislocation or Fracture Enhancement	Primary Insured	Up to \$8,000
	Spouse, if covered	Up to \$4,000
	Child(ren), if covered	Up to \$2,000
Initial Hospitalization Confinement		\$2,000
Hospital Confinement (per day)		\$800
Intensive Care (per day)		\$1,600
Ambulance	Regular	\$800
	Air	\$2,400
Medical Expenses		Up to \$600
Outpatient Physicians Treatment		\$50
Hospital Admission Benefit.		\$2,000
Lacerations Benefit		\$200
Burns Benefit	less than 15% of body	\$400
	15% or more of body	\$2,000
Skin Graft Benefit (% of Burns)		50%
Brain Injury Diagnosis Benefit		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$100
Paralysis Benefit	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance Benefit		\$20,000
Open Abdominal or Thoracic Surgery Benefit		\$5,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit	Surgery	\$2,500
	Exploratory	\$750
Ruptured Disc Surgery Benefit		\$2,500
Eye Surgery Benefit		\$400
General Anesthesia Benefit		\$400
Blood and Plasma Benefit		\$1,200
Appliance Benefit		\$500
Medical Supplies Benefit		\$20
Medicine Benefit		\$20
Prosthesis Benefit	1 device	\$1,000
	2 or more devices	\$2,000
Physical Therapy Benefit (per day)		\$120
Rehabilitation Unit Benefit (per day)		\$400
Non-local Transportation Benefit (per trip)		\$800
Family Member Lodging Benefit (per day)		\$200
Post-Accident Transportation Benefit		\$400
Accident Follow-Up Treatment Benefit (per day)		\$200



premiums – semi-monthly

PLAN DESIGN	EE	EE + SP	EE + CH	F
<b>Low Plan</b> 2 Units Base	\$7.26	\$13.44	\$12.30	\$18.48

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

Plan design and rates indicate which of the following optional items are applicable to the proposed plan. Below information includes all possible policy provisions and options available in the proposed situs state.

Group Voluntary 24 hour Accident pays the following benefits for covered on and off the job accidental injuries that result within 90 days (180 days for Accidental Death or Dismemberment) from the date of the accident. A physician must diagnose covered losses. Any loss not stated is not covered. Treatment must be received in the United States or its territories.

**BASE ACCIDENT BENEFITS DESCRIPTIONS**

**Accidental Death** – If accident occurs on a common carrier, the policy pays 5 times the amount otherwise payable.

**Dismemberment** - Amount paid for dismemberment depends on dismemberment, as shown in policy schedule.

**Family Dislocation or Fracture** - Amount paid depends on dislocation or fracture, as shown in policy schedule. Only dislocations and fractures listed in policy schedule are covered.

**Initial Hospitalization Confinement** - For each covered person, the policy will pay the one-time benefit shown above when the covered person is admitted for an overnight stay in the hospital as a result of an injury.

**Hospital Confinement** – Benefit paid per day, Maximum of 90 days per injury.

**Intensive Care** - When a covered person is hospitalized and admitted into the intensive care unit as a result of an injury, the policy will pay the benefit shown above per day of confinement. The maximum number of days that this benefit is payable as the result of a single injury is 90 days.

**Ambulance** - Needed as a result of an accidental injury.

**Medical Expenses** - Medical fees up to benefit shown for each covered person. Expenses incurred for this benefit are limited to: physician fees, X-rays, emergency room services, and repair to natural teeth if diagnosed by a dentist to have resulted from an injury.

**Outpatient Physicians Treatment** - Pays benefit shown for each visit by a covered person to a doctor, outside of a hospital, for any reason. This benefit is payable a maximum of two times in a calendar year per covered person, not to exceed 4 times per year for Individual and Spouse Coverage, Individual and Child(ren) Coverage or Family Coverage.



**Hospital Admission Benefit** - This benefit is payable only for accidents occurring 12 months after the covered person has been continuously covered by the policy. We pay the amount shown for the first hospital confinement during a calendar year, provided a benefit is paid under the Hospital Confinement Benefit. The covered person must be confined to a hospital within 3 days after the accident. This benefit is payable only once per covered person per hospital confinement per calendar year.

**Lacerations Benefit** - We pay the amount shown if a covered person receives treatment for one or more lacerations (cuts) within 3 days after the accident. This benefit is payable only once per covered person per calendar year.

**Burns Benefit** - We pay the amount shown if a covered person receives treatment for one or more 2nd or 3rd degree burns, other than sun burns, within 3 days after the accident. We pay the applicable amount only once per covered person per accident.

**Skin Graft Benefit** - We pay the amount shown if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns Benefit. The skin graft must be performed within 90 days after the accident. This benefit is payable only once per covered person per accident.

**Brain Injury Diagnosis Benefit** - We pay the amount shown upon the first diagnosis of one of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered person must be first treated by a physician within 3 days after the accident. Diagnosis of the covered traumatic brain injury by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or X-ray must occur within 30 days after the accident. This benefit is payable only once per covered person.

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit** - We pay the amount shown if a covered person receives a CT scan or MRI within 180 days after the accident. The covered person must first be treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident per calendar year.

**Paralysis Benefit** - We pay the amount shown if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician within 3 days after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

**Coma with Respiratory Assistance Benefit** - We pay the amount shown if a covered person is in a coma as defined. This benefit is payable only once per covered person.

**Open Abdominal or Thoracic Surgery Benefit** - We pay the amount shown if a covered person undergoes open abdominal or thoracic surgery for internal injuries within 3 days after the accident. We pay this benefit even if no surgical repair is required. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit** - We pay the first amount shown if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician within 180 days after the accident. If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay the second amount shown. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation and we will pay the amount for the procedure with the largest dollar amount benefit.

**Ruptured Disc Surgery Benefit** - We pay the amount shown if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician within 180 days after the accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Eye Surgery Benefit** - We pay the amount shown for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician within 90 days after the accident. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person per accident.

**General Anesthesia Benefit** - We pay the amount shown if a covered person received general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under the Surgery Benefit of the policy. The surgery must be performed by a physician within 180 days after the accident.

**Blood and Plasma Benefit** - We pay the amount shown if a covered person receives a blood or plasma transfusion within 3 days after the accident. This benefit is payable only once per covered person per accident.



**Appliance Benefit** - We pay the amount shown if a covered person receives one of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. The use of a medical appliance must begin within 90 days after the accident. This benefit is payable only once per covered person per accident.

**Medical Supplies Benefit** - We pay the amount shown for over-the-counter medical supplies purchased for a covered person provided a benefit is paid for the accident under the Medical Expenses Benefit in the policy. The supplies must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

**Medicine Benefit** - We pay the amount shown per accident for prescription or over-the-counter medicine purchased for a covered person provided a benefit is paid for the accident under the Medical Expenses Benefit in the policy. The medicine must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

**Prosthesis Benefit** - We pay the amount shown for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is paid only if a benefit is paid for the loss of an arm, leg, hand, foot or eye under the Dismemberment Benefit in the policy. The prosthetic device must be received within 180 days after the accident. This benefit is payable only once per covered person per accident.

**Physical Therapy Benefit** - We pay the amount shown per day for physical therapy treatment received by a covered person when prescribed by a physician for an injury, provided a benefit is paid under the Medical Expenses Benefit in the policy. We pay for one physical therapy treatment per day for up to a maximum of 6 treatments per accident per covered person. Chiropractic services are excluded. Physical Therapy must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment Benefit is paid.

**Rehabilitation Unit Benefit** - We pay the amount shown per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This benefit is paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. This benefit is not payable for days on which the Hospital Confinement Benefit in the policy is paid.

**Non-local Transportation Benefit** - We pay the amount shown per trip, up to 3 trips per accident, for non-local treatment of a covered person at a hospital or other specialized freestanding treatment center prescribed by a physician when the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 100 miles or more from the covered person's home to the nearest treatment facility. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. Transportation by ground or air ambulance is not covered under this benefit.

**Family Member Lodging Benefit** - We pay the amount shown per day, up to 30 days for each accident, for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a non-local hospital or other specialized freestanding treatment center for treatment. This benefit is only payable if the Non-local Transportation Benefit is paid. This benefit will not be paid if the family member lives within 100 miles one-way of the treatment facility.

**Post-Accident Transportation Benefit** - We pay the amount shown if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier. A common carrier means a method of transport with defined published routes, time schedules and rates approved by regulators including public airlines, railroads, and bus lines. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Hospital Confinement Benefit in the policy is paid. This benefit is payable only once per covered person per calendar year.

**Accident Follow-Up Treatment Benefit** - We pay the amount shown per day for follow-up treatment received by a covered person provided a benefit is paid under the Medical Expenses Benefit in the policy. We pay for one follow-up treatment per day for up to a maximum of 2 treatments per covered accident per covered person. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Treatment must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Physical Therapy Benefit is paid.



### Terms of Coverage

Coverage is subject in every way to the terms of the policy that is issued to the policyholder (employer). The group policy may at any time be amended or discontinued by agreement between us and the policyholder. Your consent is not required for this. Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Individual and Child(ren) coverage includes only you and eligible children. Individual and Spouse coverage includes only you and your eligible spouse.

### Effective Date

The effective date of your coverage will be the policy date assigned by the Home Office and shown on your certificate specification page, not the application date.

### Pre-Existing Condition, Limitations and Exclusions

If a covered person has a Pre-Existing Condition as defined, the policy does not pay benefits for such conditions during the 12-month period beginning on the date that person became a covered person. A Pre-Existing Condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. We do not pay for an injury incurred prior to the effective date of coverage subject to the Contestability Provision; or any act of war whether or not declared, insurrection, rebellion, or participation in a riot; suicide or any attempt at suicide, whether sane or insane; any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any race track or speedway; or hernia, including complications due to hernia. Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

### Termination of Coverage

Your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you are in active employment, except as provided under the "Temporarily Not Working" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible. If your spouse is a covered person your spouse's coverage ends upon valid decree of divorce or your death. Coverage for your child will end on the issue day of the month that follows when the child reaches age 26 or otherwise does not meet the requirements of an eligible dependent.

### Portability Privilege

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for portability coverage. This means the covered person may continue the same benefits you had under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

The policy is a Limited Benefit Accident Insurance policy which only provides benefits for accidents as defined or other optional benefits described herein.

The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide, available from American Heritage Life Insurance Company.

This illustration highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the insured and the insurance company.