

## Choose Level 1 or Level 2 Benefits

Accident Coverage provides 24-hour coverage or off-the-job coverage. Select the level of coverage that best meets your needs and budget.

BENEFITS	LEVEL 1	LEVEL 2
<p><b>Initial Accident Hospitalization</b></p> <p>This policy pays a benefit when an insured person is admitted to a hospital for at least 24 hours due to injuries from a covered accident or is admitted directly to an Intensive Care Unit (ICU). This benefit is payable only once for an accident and only once annually for each insured person. Confinement must start within 30 days of the accident.</p> <ul style="list-style-type: none"> <li>● Hospital Confinement .....</li> <li>● ICU Confinement .....</li> </ul>	<p>\$1,000</p> <p>\$1,500</p>	<p>\$1,000</p> <p>\$2,000</p>
<p><b>Accident Hospital Confinement</b></p> <p>This policy pays a daily benefit for each day an insured person is charged for a hospital room to receive medical care because of injuries caused by a covered accident. The first hospital room charge must be incurred within 30 days of the accident. This benefit is limited to 365 days per accident for each insured person. This benefit is not payable for the same days that the Rehabilitation Unit Benefit is paid.</p>	<p>\$250/day</p>	<p>\$300/day</p>
<p><b>Intensive Care Unit Confinement</b></p> <p>This policy pays a benefit, in addition to benefits payable for hospital confinement, for each day an insured person is charged for a room in an Intensive Care Unit due to an injury from an accident. This benefit is payable only if the first Intensive Care Unit charge is incurred within 30 days of the accident. This benefit payable for up to 15 days for each accident for an insured person.</p>	<p>\$500/day</p>	<p>\$500/day</p>
<p><b>Accident Emergency Treatment</b></p> <p>This policy pays a benefit if an insured person is treated by a physician or receives X-rays or treatment in a hospital emergency room or doctor's office for injuries caused by a covered accident. Treatment must be received within 72 hours of the accident. This benefit will be paid for each insured person only once for each accident and not more than once per 24-hour period.</p> <ul style="list-style-type: none"> <li>● Adult .....</li> <li>● Child .....</li> </ul>	<p>\$ 100</p> <p>\$ 50</p>	<p>\$ 100</p> <p>\$ 50</p>
<p><b>Accident Follow-Up Treatment</b></p> <p>This policy pays a benefit when an insured person receives emergency treatment for injuries within 72 hours of an accident and then later receives follow-up treatment from a physician at a physician's office or at a hospital as an outpatient. This benefit is limited to one treatment per day, up to a maximum of six treatments per accident, per insured person. This benefit is not payable for the same visit for which the Physical Therapy Benefit is payable. Treatment must begin within 30 days of the accident or discharge from the hospital.</p>	<p>\$ 25</p>	<p>\$ 35</p>

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**Time Insurance Company**

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

BENEFITS	LEVEL 1	LEVEL 2
<b>Accident Specific-Sum Injuries</b>		
This policy pays the following benefits if an insured person receives treatment for injuries sustained in an accident:		
<b>Burns (treated by a physician within 72 hours after an accident)</b>		
<i>2nd Degree Burns</i>		
• 225 or more square centimeters of the body surface . . . . .	\$ 2,000	\$ 2,500
• 160-224 square centimeters of the body surface . . . . .	\$ 1,600	\$ 2,000
• 65-159 square centimeters of the body surface . . . . .	\$ 1,200	\$ 1,500
• 40-64 square centimeters of the body surface . . . . .	\$ 800	\$ 1,000
• 21-39 square centimeters of the body surface . . . . .	\$ 400	\$ 500
• 20 or less square centimeters of the body surface . . . . .	\$ 200	\$ 250
<i>3rd Degree Burns</i>		
• 225 or more square centimeters of the body surface . . . . .	\$20,000	\$25,000
• 160-224 square centimeters of the body surface . . . . .	\$14,000	\$17,500
• 65-159 square centimeters of the body surface . . . . .	\$ 6,000	\$ 7,500
• 40-64 square centimeters of the body surface . . . . .	\$ 2,000	\$ 2,500
• 21-39 square centimeters of the body surface . . . . .	\$ 1,000	\$ 1,250
• 20 or less square centimeters of the body surface . . . . .	\$ 400	\$ 500
<b>Coma – Duration of at least 7 days . . . . .</b>	\$15,000	\$20,000
<b>Concussion (brain)</b>		
This policy pays a benefit if an insured person suffers a significant blow to the head which results in unconsciousness. . . . .		
	\$ 100	\$ 100
<b>Dislocation (reduced under general anesthesia)</b>		
Benefits are payable for only the first dislocation of a joint and no more than two dislocations per accident, per insured person.		
<i>Open Reduction</i>		
• Hip . . . . .	\$ 4,000	\$ 5,000
• Knee or Shoulder . . . . .	\$ 1,000	\$ 1,250
• Collar Bone . . . . .	\$ 1,600	\$ 2,000
• Ankle or Foot (excluding toes) . . . . .	\$ 1,000	\$ 1,250
• Lower Jaw . . . . .	\$ 1,000	\$ 1,250
• Wrist or Elbow . . . . .	\$ 800	\$ 1,000
• Toe or Finger . . . . .	\$ 200	\$ 250
<i>Closed Reduction</i>		
• Hip . . . . .	\$ 1,000	\$ 1,250
• Knee or Shoulder . . . . .	\$ 400	\$ 500
• Collar Bone . . . . .	\$ 300	\$ 400
• Ankle or Foot (excluding toes) . . . . .	\$ 300	\$ 400
• Lower Jaw . . . . .	\$ 500	\$ 650
• Wrist or Elbow . . . . .	\$ 400	\$ 500
• Toe or Finger . . . . .	\$ 100	\$ 130
This policy pays 25% of the amount shown for the closed reduction dislocation if a dislocation is reduced with non-general anesthesia or no anesthesia by a physician.		
<b>Emergency Dental Work from Accidental Blow to the Mouth</b>		
• Broken teeth repaired with crowns . . . . .	\$ 300	\$ 400
• Broken teeth resulting in extractions . . . . .	\$ 100	\$ 130
This policy pays for no more than one dental benefit per accident, per insured person.		
<b>Eye Injury</b>		
• Surgical Repair . . . . .	\$ 500	\$ 600
• Removal of a foreign body by a physician . . . . .	\$ 100	\$ 130

BENEFITS	LEVEL 1	LEVEL 2
<b>Fractures</b>		
This policy pays up to two fractures per accident, per insured person.		
<i>Open Reduction</i>		
● Hip	\$ 4,000	\$ 5,000
● Leg	\$ 2,000	\$ 2,500
● Hand (excluding fingers)	\$ 1,000	\$ 1,250
● Foot (excluding toes/heels)	\$ 1,000	\$ 1,250
● Wrist, Elbow, Ankle or Kneecap	\$ 1,000	\$ 1,250
● Shoulder Blade or Forearm	\$ 1,000	\$ 1,250
● Lower Jaw	\$ 1,000	\$ 1,250
● Vertebrae (body of), Pelvis (excluding coccyx) or Sternum	\$ 2,000	\$ 2,500
● Upper Jaw, Upper Arm or Face (excluding nose)	\$ 1,200	\$ 1,500
● Rib	\$ 2,000	\$ 2,500
● Nose, Heel, or Finger	\$ 1,000	\$ 1,250
● Coccyx	\$ 400	\$ 500
● Toe	\$ 400	\$ 500
● Vertebral Processes	\$ 2,000	\$ 2,500
● Skull		
– Depressed	\$3,000	\$ 3,750
– Not Depressed	\$1,000	\$ 1,250
<i>Closed Reduction</i>		
● Hip	\$ 2,000	\$ 2,500
● Leg	\$ 1,000	\$ 1,250
● Hand (excluding fingers)	\$ 500	\$ 650
● Foot (excluding toes/heels)	\$ 500	\$ 650
● Wrist, Elbow, Ankle or Kneecap	\$ 500	\$ 650
● Shoulder Blade or Forearm	\$ 500	\$ 650
● Lower Jaw	\$ 500	\$ 650
● Vertebrae (body of), Pelvis (excluding coccyx) or Sternum	\$ 1,000	\$ 1,250
● Upper Jaw, Upper Arm or Face (excluding nose)	\$ 600	\$ 750
● Rib	\$ 200	\$ 250
● Nose, Heel or Finger	\$ 200	\$ 250
● Coccyx	\$ 200	\$ 250
● Toe	\$ 200	\$ 250
● Vertebral Processes	\$ 300	\$ 400
● Skull		
– Depressed	\$ 3,000	\$ 3,750
– Not Depressed	\$ 1,000	\$ 1,250
For chip fractures and other fractures not reduced by open or closed reduction, this policy pays 25% of the benefit amount shown for closed reduction.		
<b>Lacerations Requiring Sutures</b>		
Lacerations must be repaired within 72 hours after the accident under the attendance of a physician.		
● Lacerations over 15 centimeters (total of all lacerations)	\$ 800	\$ 1,000
● Lacerations at least 5-14 centimeters (total of all lacerations)	\$ 400	\$ 500
● Single lacerations less than 5 centimeters	\$ 100	\$ 130
● Lacerations not requiring sutures and treated by a physician	\$ 50	\$ 70
<b>Paralysis</b>		
If an insured person suffers paralysis as a result of an accident, this policy pays the applicable benefit. The duration of the paralysis must be a minimum of 30 days. This benefit is payable once per insured person.		
● Quadriplegia (Paralysis of 4 limbs)	\$50,000	\$50,000
● Paraplegia (Paralysis of 2 limbs)	\$25,000	\$25,000
<b>Skin Grafts</b>		
This policy pays a total of 50% of the burn benefit amount if you receive one or more skin grafts for a covered burn.		

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BENEFITS	LEVEL 1	LEVEL 2
<b>Surgical Procedures</b>		
This policy pays a benefit for surgical repair of injuries sustained in an accident. Treatment must be performed within one year of the accident. Two or more surgical procedures performed through the same incision are considered one procedure and benefits are paid based upon the most expensive procedure.		
<ul style="list-style-type: none"> <li>● <i>Repair of:</i> <ul style="list-style-type: none"> <li>– Torn Tendon and/or Ligament . . . . . \$ 1,000</li> <li>– Torn Rotator Cuff . . . . . \$ 1,000</li> <li>– Ruptured Disc . . . . . \$ 1,000</li> <li>– Torn Knee Cartilage . . . . . \$ 1,000</li> </ul> </li> <li>● Arthroscopy without surgical repair . . . . . \$ 500</li> <li>● Open abdominal (including exploratory laparotomy), cranial, hernia or thoracic surgery . . . . . \$ 2,000</li> <li>● Miscellaneous surgery requiring general anesthesia that is not covered by any other Specific-Sum Injury Benefit. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed. . . . . \$ 500</li> </ul>		
	\$ 1,250	\$ 1,250
	\$ 1,250	\$ 1,250
	\$ 1,250	\$ 1,250
	\$ 1,250	\$ 1,250
	\$ 600	\$ 600
	\$ 2,500	\$ 2,500
	\$ 600	\$ 600
<b>Accidental Death</b>		
This lump-sum benefit is payable if, within 90 days of a covered accident, an insured person dies due to the accident.		
<p><b>Adult</b></p> <ul style="list-style-type: none"> <li>● Common carrier accidents . . . . . \$150,000</li> <li>● Accidents other than common carrier accidents . . . . . \$ 30,000</li> </ul> <p><b>Dependent Child</b></p> <ul style="list-style-type: none"> <li>● Common carrier accidents . . . . . \$ 75,000</li> <li>● Accidents other than common carrier accidents . . . . . \$ 15,000</li> </ul>		
	\$250,000	\$ 50,000
	\$100,000	\$ 20,000
	\$ 20,000	
<b>Accidental Dismemberment</b>		
This lump-sum benefit is payable if as the result of a covered accident an insured person suffers dismemberment within 90 days of the accident.		
<p><b>Adult</b></p> <ul style="list-style-type: none"> <li>● Both arms and both legs . . . . . \$ 30,000</li> <li>● Two eyes, feet, hands, arms or legs . . . . . \$ 30,000</li> <li>● One eye, foot, hand, arm or leg . . . . . \$ 7,500</li> <li>● One or more fingers, and/or one or more toes . . . . . \$ 1,500</li> </ul> <p><b>Dependent Child</b></p> <ul style="list-style-type: none"> <li>● Both arms and both legs . . . . . \$ 15,000</li> <li>● Two eyes, feet, hands, arms or legs . . . . . \$ 15,000</li> <li>● One eye, foot, hand, arm or leg . . . . . \$ 3,750</li> <li>● One or more fingers, and/or one or more toes . . . . . \$ 750</li> </ul>		
	\$ 50,000	\$ 50,000
	\$ 12,500	\$ 2,500
	\$ 20,000	\$ 20,000
	\$ 20,000	\$ 5,000
	\$ 1,000	
Only the highest single benefit per insured person is paid. Benefits are paid only once per accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit is paid.		
<b>Ambulance</b>		
This policy pays a benefit if a licensed professional ambulance is used to transport an insured person to a hospital or Acute Care Facility within 72 hours of a covered accident.		
<ul style="list-style-type: none"> <li>● Ground Ambulance . . . . . \$ 150</li> <li>● Air Ambulance . . . . . \$ 1,000</li> </ul>		
	\$ 200	\$ 1,500
<b>Appliances</b>		
This policy pays a benefit for wheelchairs, leg or back braces, crutches, walkers or other medical appliances to aid in personal movement if the appliance is prescribed by a physician as necessary due to injuries caused by an accident. This benefit is limited to one appliance per covered accident per insured person.	\$ 100	\$ 125

BENEFITS	LEVEL 1	LEVEL 2
<p><b>Blood/Plasma/Platelets</b> This policy pays a benefit when an insured person receives blood/plasma or platelets (but not immunoglobulins) because of injuries caused by a covered accident. This benefit is limited to one payment per insured person per covered accident.</p>	\$ 150	\$ 200
<p><b>Lodging</b> This policy pays a per-day benefit (up to an annual maximum of 30 days for each covered accident) for hotel expenses incurred by immediate family members who accompany an insured person while he/she is confined to a hospital or medical facility that is more than 100 miles from the insured person's residence as a result of a covered accident.</p>	\$100/day	\$125/day
<p><b>Major Diagnostic Exams</b> This policy pays a benefit if, as a result of injuries suffered in a covered accident, a physician prescribes or requests that an insured person receive an angiogram, arteriogram, CT scan, EEG (electroencephalogram), or MRI (magnetic resonance imaging), and the exam is performed in a hospital (including an Ambulatory Surgery Center) or physician's office. Benefits are payable once per calendar year.</p>	\$ 200	\$ 200
<p><b>Physical Therapy</b> This policy pays a per-day benefit for up to 10 days for each treatment given by a Physical Therapist prescribed by a physician to treat injuries caused by a covered accident. Treatment must start within 30 days of the accident or discharge from the hospital and will not be covered after six months from the accident or hospital discharge. The benefit will only be paid if the insured person received emergency treatment for a covered accident and will not be paid for the same day as the Follow-up Treatment Benefit.</p>	\$ 25	\$ 35
<p><b>Prosthesis</b> This policy pays a benefit for a prosthetic device if it is prescribed by a physician as necessary due to injuries caused by a covered accident. This benefit is limited to one prosthesis per covered accident per insured person.</p>	\$ 500	\$ 750
<p><b>Rehabilitation Unit</b> This policy pays a daily benefit when an insured person is confined in a hospital and then transferred to a bed in a Rehabilitation Unit of a hospital for an injury, and is charged for a room. This benefit is limited to 30 days for each insured person per period of hospital confinement and is limited to 60 days per calendar year. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid for the same day. The highest eligible benefit will be paid.</p>	\$100/day	\$150/day
<p><b>Transportation</b> This policy pays a benefit when, as a result of injuries caused by a covered accident, the attending physician prescribes and an insured person receives medical care that is not available at a hospital within 100 miles of the accident or the insured person's residence. This benefit will not be paid for transportation by ground or air ambulance. This benefit is limited to three round trips per calendar year per insured person. If the medical care is for a dependent child, this benefit will include commercial travel by one parent or guardian.</p>	\$ 400	\$ 600

This is an accident-only insurance plan. It provides limited benefits for specified treatment of accidental injuries. It is not a major medical insurance plan. Limitations and exclusions apply; please use in conjunction with the Accident Coverage brochure, Form 30245.

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