



Individual Accident Insurance

POLICY FORM HIC-ACC-POL-KS 7/09
Underwritten by Humana Insurance Company

► Plan Features

- On and off the job benefits
- Pays regardless of other coverage

Benefits For:

- Accident Medical Expense Benefit
- Accident Hospital Indemnity
- Dislocations and Fractures
- Accidental Death and Dismemberment

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Accident Medical Expense Benefit We will pay the Actual Charges incurred up to \$250 per unit if, as a result of Injury, a Covered Person requires medical or surgical treatment.	\$250	\$500	\$750
Accident Hospital Indemnity Benefit We will pay for each day a Covered Person is Confined during one or more periods of Hospital Confinement if: a) the Confinement is due to Injury; or b) the first day of Confinement occurs within 90 days after the accident.	\$100	\$200	\$300
Ambulance Service Benefit We will pay for regular ambulance service and for air Ambulance if as a result of an injury, a Covered Person requires ambulance service for transfer; a) to a Hospital; or b) from a Hospital.	Regular Ambulance / Air Ambulance \$100 / \$200 \$200/\$400 \$300/ \$600		

Dislocation and Fracture Benefit

We will pay the following amount shown based on Your selection of coverage:

For Fracture of Bone or Bones of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units	For Complete Dislocation of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Skull (except Bones of Face or Nose)	\$1,900	\$3,800	\$5,700	Hip Joint	\$2,000	\$4,000	\$6,000
Hip, Thigh (Femur)	\$2,000	\$4,000	\$6,000	Knee Joint (Except Patella)	\$ 800	\$1,600	\$2,400
Pelvis (Except Coccyx)	\$2,000	\$4,000	\$6,000	Bone or Bones of the Foot, Other than Toes	\$ 800	\$1,600	\$2,400
Arm, Between Shoulder and Elbow (Shaft)	\$1,100	\$2,200	\$3,300	Ankle Joint	\$ 800	\$1,600	\$2,400
Shoulder Blade (Scapula)	\$1,100	\$2,200	\$3,300	Wrist Joint	\$ 700	\$1,400	\$2,100
Leg (Tibia or Fibula)	\$1,100	\$2,200	\$3,300	Elbow Joint	\$ 600	\$1,200	\$1,800
Ankle	\$ 800	\$1,600	\$2,400	Shoulder Joint	\$ 400	\$ 800	\$1,200
Knee Cap (Patella)	\$ 800	\$1,600	\$2,400	Bone or Bones of the Hand, Other than Fingers	\$ 300	\$ 600	\$ 900
Collar Bone (Clavicle)	\$ 800	\$1,600	\$2,400	Collar Bone	\$ 300	\$ 600	\$ 900
Forearm (Radius or Ulna)	\$ 800	\$1,600	\$2,400	Two or More Fingers	\$ 140	\$ 280	\$ 420
Foot (Except Toes)	\$ 700	\$1,400	\$2,100	Two or More Toes	\$ 140	\$ 280	\$ 420
Hand or Wrist (Except Fingers)	\$ 700	\$1,400	\$2,100	One Finger or One Toe	\$ 60	\$ 120	\$ 180
Lower Jaw (Except Alveolar Process)	\$ 400	\$ 800	\$1,200				
Two or More Ribs, Fingers or Toes	\$ 300	\$ 600	\$ 900				
Bones of Face or Nose	\$ 300	\$ 600	\$ 900				
One Rib, Finger or Toe	\$ 140	\$ 280	\$ 420				
Coccyx	\$ 140	\$ 280	\$ 420				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%



**BAY BRIDGE
ADMINISTRATORS**

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Accidental Death and Dismemberment Benefit

We will pay the following amount shown based on Your selection of coverage:

For Loss of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units		Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Life	\$20,000	\$40,000	\$60,000	One Hand or One Arm	\$10,000	\$20,000	\$30,000
Both Hands or Both Feet or Sight of Both Eyes	\$20,000	\$40,000	\$60,000	One Foot or One Leg	\$10,000	\$20,000	\$30,000
Both Arms or Both Legs	\$20,000	\$40,000	\$60,000	One or More Entire Toes	\$ 1,000	\$ 2,000	\$ 3,000
One Hand or Arm and One Foot or Leg	\$20,000	\$40,000	\$60,000	One or More Entire Fingers	\$ 800	\$ 1,600	\$ 2,400
Sight of One Eye	\$10,000	\$20,000	\$30,000				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%

Loss means with regard to:

- a) hands and feet--actual severance through or above wrist or ankle joints;
- b) sight, entire and irrecoverable loss thereof;
- c) toes and fingers--actual severance through or above the metacarpophalangeal joints.

If loss is sustained by a Covered Person while riding as a fare-paying passenger on a scheduled Common Carrier, We will pay three times the amount payable under the Accidental Death and Dismemberment Benefit.

Covered Persons

Family plan coverage may include the following: You; Your spouse; Your unmarried dependent children under age 21 (25 if full-time student); grandchildren dependent upon you for income tax purposes; and children required to be insured under a medical support order by a court. Incapacitated children are covered in accordance with the incapacitated child continuation provision in the policy.

Termination of Covered Persons:

Your coverage terminates on the earliest of:

- a) the date the Policy is terminated;
 - b) the date of Your death;
 - c) Your attainment of the Policy Age Limit; or
 - d) Your failure to pay the required premium, subject to the Grace Period.
- Your spouse, if covered under the policy, becomes the new insured upon Your death or the date Your coverage terminates because You reached the Policy Age Limit.

Coverage for Your spouse will terminate on the first to occur of:

- a) the termination of this Policy;
- b) the date following your divorce, legal separation or annulment of marriage;
- c) Your spouse's attainment of the Policy Age Limit;
- d) the date of Your spouse's death; or
- e) failure to pay the required premium, subject to the Grace Period.

Coverage for Your dependent child(ren) will terminate on the first to occur of:

- a) the termination of this Policy;
 - b) the policy anniversary date after he or she ceases to be a Dependent; or
 - c) failure to pay the required premium, subject to the Grace Period.
- Termination will be without prejudice to a claim that begins before termination.

Exclusions and Other Limitations

This Policy does not cover any loss resulting from:

- a. intentionally self-inflicted injury;
- b. suicide or attempted suicide, whether sane or insane;
- c. injury incurred prior to the effective date of coverage;
- d. war or act of war, whether declared or undeclared;
- e. injury sustained while in the armed forces of any country or international authority;
- f. injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- g. injury sustained while riding On any aircraft except as a fare-paying passenger in an aircraft provided by a licensed Common Carrier;
- h. injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- i. injury sustained while committing or attempting to commit a felony;
- j. injury sustained while the Covered Person is operating any motor vehicle while legally intoxicated from the use of alcohol;
- k. hernia, including complications due to hernia;
- l. driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- m. voluntarily taking poison;
- n. asphyxiation from voluntarily inhaling gas or fumes.

Pre-Existing Condition Limitation

If a Covered Person has a pre-existing condition, We will not pay benefits for such condition during the 2 year period beginning on the policy date.

Pre-existing Condition means a condition [a] which manifested itself prior to the effective date of coverage; or [b] for which medical advice or treatment was recommended by or received from a physician in the 5 years prior to the effective date of coverage.

Right to Return Policy

If You are not satisfied with this Policy for any reason, You may return it to us or to the agent from whom it was purchased within 10 days. We will consider it void from the Policy Date and any premium paid will be returned.

Renewability

Your Policy is Guaranteed Renewable until age 70, by payment of premiums as they become due. This Policy will terminate on the last day of the period for which premium is paid unless continued in force during a Grace Period.

Premium Change

We have the right to change the table of premium rates for this Policy. The change in premium will apply to all policies of this form number issued to insureds in Your state of residence. Premiums will be charged in accordance with the table of premium rates using the original classification.

Additional Benefits Rider HIC-ACC-ABR-KS 7/09

In consideration of an additional premium, We will pay the benefits listed below. Coverage for Primary Insured, Spouse and Child/Children based on Your selection of coverage.

Benefit Schedule

Bronze, Silver and Gold Options 1 Unit of Coverage

Abdominal or Thoracic Surgery Benefit - We will pay \$1,000 if a covered person undergoes abdominal or thoracic surgery to repair internal injuries as a result of a covered injury. The surgery must be performed within 3 days of the covered accident. For exploratory surgery done with no surgical repair, We will pay \$100.

Accident Follow-Up Treatment Benefit - We will pay \$50 per day a covered person receives a follow-up treatment provided that a benefit has been paid under the Medical Expense Benefit of the policy. This benefit is limited to 2 treatments per covered accident per covered person. Treatments must be administered by a physician in the physician's office or a hospital on an outpatient basis. Follow-up treatments must begin within 90 days of the covered accident and not take place longer than 6 months after the covered accident. This Benefit is not payable at the same time a benefit is payable under the Physical Therapy Benefit.

Appliance Benefit - We will pay \$125 for prescribed medical appliances that aid in personal mobility including wheelchair, crutches or walker. Use of these devices must begin within 90 days after a covered accident and the Benefit is payable only once per covered person per covered accident.

Blood and Plasma Benefit - We will pay \$300 for blood or plasma for a transfusion required for a covered accident. The transfusion must be within 3 days of the covered accident and is payable only once per covered person per accident.

Brain Injury Diagnosis Benefit - We will pay \$150 for the first diagnosis of the following traumatic brain injuries: cerebral contusion; cerebral laceration; concussion; or intercranial hemorrhage. The covered person must be treated within 3 days of a covered accident; and diagnosis made by computed tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scan or X-ray must occur within 30 days of the accident. This benefit is payable only once per covered person.

Burn Benefit - We will pay \$100 if burns cover less than 15% of the body surface and \$500 if burns cover more than 15% of the body surface for one or more second or third degree burns other than sunburn. Treatment must be within 3 days of the covered accident and the benefit is payable only once per covered person per covered accident.

Coma Benefit - We will pay \$15,000 if a covered person is in a Coma as defined in this rider which lasts 5 or more consecutive days as a result of a covered accident. This benefit is payable only once per covered person.

Eye Injury Benefit - We will pay \$100 for surgery or the removal of a foreign object from the eye. Treatment must be performed by a physician and occur within 90 days of the accident. An examination without anesthesia is not considered a surgery. This benefit is payable only once per covered person per covered accident.

Family Member Lodging Benefit - We will pay \$100 per day for lodging of one adult member of a covered person's family when a covered person is confined in a non-local hospital or speciality free standing treatment center while undergoing treatment for a covered accident. This benefit is payable for 30 days for each covered accident. This benefit is payable only if the Non-local Transportation Benefit is payable under the covered accident. This benefit will not be paid if the family member lives within 60 miles of the treatment facility.

Hospital Intensive Care Confinement Benefit - We will pay \$400 per day that a covered person is confined to a hospital Intensive Care Unit. Confinement must begin within 3 days after a covered accident and is payable for up to 60 days of continuous confinement in the Intensive Care Unit. For a partial day confinement, the daily benefit will be pro-rated based on the number of hours confined divided by 24 hours.

Immediate Hospitalization Benefit - We will pay \$1,000 upon the first confinement to a hospital during a calendar year for a covered accident providing that a benefit is payable under the Hospital Confinement Benefit of the policy. The covered person must be confined to the hospital within 3 days of a covered accident and is payable only once per covered person per hospital confinement and only once per calendar year.

Laceration Benefit - We will pay \$50 for lacerations or cuts treated by a physician within 3 days of a covered accident. This benefit is only payable once per covered person per calendar year.

Non Local Transportation Benefit - We will pay \$300 per trip for non-local treatment at a hospital or speciality free-standing treatment center nearest the covered person's home. Treatment must be prescribed by a physician and the same treatment or care cannot be obtained locally. Non-local is treatment that is 60 miles or more one way from the covered person's home. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. This benefit is payable 3 times per covered accident. This benefit does not cover ground or air ambulance.

Paralysis Benefit - We will pay \$10,000 for paraplegia and \$20,000 for quadriplegia if a covered person receives a spinal cord injury resulting in complete and permanent loss of use of two or more limbs. An attending physician must confirm the paralysis within 3 days of a covered accident and the paralysis must last for at least 90 consecutive days. This benefit is payable only once per covered person.

Physical Therapy Benefit - We will pay \$30 per day a covered person receives physical therapy treatment. This benefit is only payable if a benefit has been paid under the Medical Expense Benefit of the policy. We will pay for a maximum of one treatment per day with a maximum of 6 treatments per covered accident per covered person. This benefit is only payable for injuries resulting from a covered accident where benefits begin within 90 days of the covered accident. Treatments after 6 months after a covered accident are not covered. This benefit is not payable for a same visit for which a benefit is payable under the Accident Follow-Up Treatment Benefit.

Prosthesis Benefit - We will pay \$500 for one device and \$1,000 for 2 or more devices for a prosthetic hand, foot, or eye that is prescribed by a physician. This benefit is payable if a benefit is paid for the loss of hand, foot, or eye under the Accidental Dismemberment benefit of the policy. The device or devices must be received within 180 days of a covered accident. This benefit is payable only once per covered person per covered accident.

Ruptured Disc Benefit - We will pay \$500 for a ruptured disc of the spine. The ruptured disc must be diagnosed as a result of a covered accident and surgically repaired by a physician within 180 days of the date of the covered accident.

Skin Graft Benefit - We will pay 50% of the Burn Benefit under this rider if a covered person receives a skin graft for a burn for which a benefit is paid under the Burn Benefit. The skin graft must be performed by a physician to treat a covered burn within 90 days of a covered accident. This benefit is payable only once per covered person per covered accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit - We will pay \$500 per injury for an injured tendon, ligament, rotator cuff or knee cartilage. The injury site must be torn, ruptured, or severed and surgically repaired by a physician within 180 days of a covered accident. If exploratory surgery using arthroscopy is done and no surgical repair is done, we will pay \$150 for the exploratory surgery. This benefit is not paid if a benefit is paid under the Ruptured Disc Benefit of the rider for the same covered accident.

The benefits under this rider are subject to the Pre-existing Condition Limitation of the policy. All other general provisions of the Policy to which this rider is attached apply to this rider.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or c) when the Insured Person gives Us Written Notice to terminate this rider.

Upon receipt of your policy, please review it and your application.

If any information is incorrect, please contact:

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**