

Leaders Lifestyle

Secure Group Accident Insurance



24-Hour Insurance with Additional Benefits Rider

Basic Plan

Benefit	Advantage	Elite
The Accident Medical Expense¹ "Bucket of Money"		
Outpatient Physician Expense ²	\$50	\$50
Immediate Hospitalization ³	\$1,000	\$1,500
Dislocation or Fracture ⁴ (Schedule) (up to)	\$1,500	\$3,000
Daily Hospital Confinement ⁵	\$200	\$300
Daily Hospital ICU Confinement ⁶	\$400	\$600
Ground\Air Ambulance Service	\$300/\$900	\$400/\$1,200
Accidental Death & Dismemberment (up to)	Common carrier pays 4X's the benefits below ⁸	
Employee	\$20,000	\$30,000
Spouse ⁷	\$10,000	\$15,000
Child ⁷	\$5,000	\$30,000

- Actual charges, as defined in the policy, up to the maximum shown, per covered person/per accident.
- 2 visits per year, 4 visits per family if Dependent coverage is purchased.
- Pays amount shown once per calendar year upon first confinement that is within 5 days of a covered accident.
- Up to max amount shown, see benefit schedule in policy. Multiple losses from same injury pays 150% of largest benefit applicable.
- Payable up to 90 days per covered accident when confinement is within 90 days of a covered accident.
- Payable up to 90 days per covered accident when confinement is within 5 days of a covered accident.
- Amounts apply only when purchasing dependent coverage (employee/spouse, employee/child or family).
- Must be a fare-paying passenger on a scheduled common carrier (plane, bus, taxi, boat, etc.).

For Complete Dislocation of:				
All covered members for option selected:				
Hip	100%			
Knee (Except Patella)	50%			
Foot, Other than Toes	35%			
Ankle, Shoulder	35%			
Hand, Other than Fingers	20%			
Lower Jaw	20%			
Wrist, Elbow	20%			
Finger, Toe	6%			
For Fracture of Bone or Bones of:				
All covered members for option selected:				
Hip Bone (pelvis) or Femur	100%			
Vertebrae	75%			
Skull (depressed or ping pong fracture)	65%			
Leg (tibia or fibula)	50%			
Bones of the Foot, Ankle or Kneecap (patella)	40%			
Bones of the Hand or Wrist	40%			
Forearm (Radius or Ulna)	40%			
Lower Jaw, Shoulder blade, Collar Blade	35%			
Upper Arm, Upper Jaw	25%			
Skull (Simple, non-depressed fracture)	25%			
Facial Bones (or nose)	20%			
Finger, Toe, Rib, Coccyx	6%			
For Dismemberment of:		Primary Insured	Spouse*	Child*
Both Hands or Both Feet or Sight of Both Eyes	100%	100%	100%	
Both Arms or Both Legs	100%	100%	100%	
One Hand or Arm and One Foot or Leg	100%	100%	100%	
Sight of One Eye	50%	50%	50%	
One Hand or One Arm	50%	50%	50%	
One Foot or One Leg	50%	50%	50%	
One or More Entire Toes	5%	5%	5%	
One or More Entire Fingers	4%	4%	4%	

* Applies if coverage is selected

Premium Schedule

Advantage Plan with ABR				
Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	\$ 3.78	\$ 6.89	\$ 8.18	\$ 10.31
Monthly	\$16.38	\$29.87	\$35.43	\$44.66

ElitePlan with ABR				
Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	\$ 5.22	\$ 9.45	\$ 10.95	\$ 13.70
Monthly	\$22.64	\$40.96	\$47.47	\$59.39

Enhanced AD&D Premium Schedule[†]

Option 1 (EE \$25,000/Spouse \$12,500/Child \$6,250)				
Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	\$0.35	\$0.46	\$0.52	\$0.58
Monthly	\$1.50	\$2.00	\$2.25	\$2.50

Option 2 (EE \$50,000/Spouse \$25,000/Child \$12,500)				
Mode	Employee	Employee/Spouse	Employee/Child	Family
Weekly	\$0.69	\$0.92	\$1.04	\$1.15
Monthly	\$3.00	\$4.00	\$4.50	\$5.00

† Tier must match Basic Accident coverage selected



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24-Hour Accident Only Insurance with Additional Benefits Rider

Optional Benefit Riders

Additional Benefit Rider - Schedule of Benefits

Benefit Schedule	We Will Pay	Maximum Benefit Period
Abdominal or Thoracic Surgery	\$1,000 to repair internal injuries \$100 for exploratory with no repair	Once per covered person per covered accident
Accident Follow-up Treatment	\$50 per visit	4 treatments per covered person per covered accident
Appliance	\$125 when prescribed by physician	Once per covered person per covered accident
Blood and Plasma	\$300 for required transfusion	Once per covered person per covered accident
Brain Injury Diagnosis	\$150 for first diagnosis following traumatic brain injuries	Once per covered person
Burn	\$100 if burns cover $\leq 15\%$ of body \$500 if burns cover $> 15\%$ of body	Once per covered person per covered accident
Coma	\$15,000 lasting 5 or more consecutive days	Once per covered person per covered accident
Eye Injury	\$100 for surgery or removal of foreign object	Once per covered person per covered accident
Family Member Lodging	\$100 per day for one family member	30 days per covered accident
Laceration (cuts)	\$50 when treated by a physician within 3 days of a covered accident	Once per covered person per calendar year
Non Local Transportation	\$300 when treatment is prescribed by a physician	3 times per covered accident
Paralysis	\$10,000 for paraplegia \$20,000 for quadriplegia (Confirmed by physician within 3 days and lasting at least 90 consecutive days)	Once per covered person per lifetime
Physical Therapy	\$30 per day	6 treatments per covered person per covered accident
Prosthesis (hand, foot or eye only)	\$500 for 1 device \$1,000 for 2 devices	Once per covered person per covered accident
Ruptured Disk	\$500 when diagnosed within 180 days of the date of a covered accident	Once per covered person per covered accident
Skin Graft (added to Burn Benefit of this rider)	50% of the Burn Benefit when the covered burn requires a skin graft	Once per covered person per covered accident
Tendon, Ligament Rotator Cuff or Knee Cartilage (when torn, ruptured or severed)	\$500 for surgical repair \$150 for exploratory with no repair	Once per covered person per covered accident

