



LOOKING AHEAD: ACCIDENT EXPENSE INSURANCE POLICY

Flexible policies help families pay accident-related medical bills.

Together, all the way.®



Insured by Loyal American Life Insurance Company

LOYAL-5-0004-BRO-V3-KS

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How your insurance works

We care about your health and well-being. With Accident Expense insurance, you can choose an individual or family policy, plus the maximum annual benefit amount of your policy and the annual deductible amount. With a policy that fits your needs, you'll have help to pay medical costs for injuries received in an accident.

Why you need Accident Expense insurance

After an accident, medical costs can add up fast. And not everyone has enough money saved to help pay the bills. An Accident Expense insurance policy, insured by Loyal American Life Insurance Company, can help you pay medical bills if you are injured in a covered accident. These bills could include:

- › Ambulance Transportation
- › Major Diagnostic Exams
- › Emergency Care Services
- › Follow-Up Care Services
- › Drugs
- › Durable Medical Equipment
- › Tests and X-rays
- › Prosthetic Devices
- › Surgery
- › Rehabilitative Therapy

Customizing your policy

Step one

The first step is to choose a maximum annual benefit amount – from \$2,500 to \$25,000. This is the maximum amount of benefits you can use to pay for any of the covered medical expenses every year.

Step two

The next step is to choose a deductible amount. This is the full dollar amount that you must pay out of your own pocket each calendar year before your Accident Expense insurance can begin to pay for covered expenses.

For family coverage, the deductible is two times the individual deductible amount and must be satisfied by at least two covered family members. No insured person will contribute more than the individual deductible amount to the family deductible amount. Once the family deductible is satisfied, benefits are payable for all covered family members for the remainder of the calendar year.

Riders

Every person and family is different. To make sure your policy fits the needs of you or your family, you may be able to add riders to your policy for an additional premium. Not all riders are available in all states, but you may be able to:

- › Extend the benefits of your base policy to cover your parents or your covered spouse's parents.

What your policy includes

- › Coverage for individuals from birth to age 74
- › Guaranteed renewable to age 80 (subject to the company's right to increase premiums)

Accidental Death Benefit

Extra coverage for death can be very important. That's why we include a \$25,000 benefit for adults and a \$10,000 benefit for children and parents (if the Parent Benefit Rider is issued) if death occurs within 90 days as a direct result of covered injuries caused by a covered accident.

Accidental Dismemberment Benefit

Extra money in case of dismemberment can help make life a little easier. Your policy includes a scheduled benefit amount from \$500 to \$25,000, depending on the type of covered dismemberment you suffer within 90 days following a covered accident, with no more than two benefit amounts per insured person. The initial treatment or medical evaluation for this benefit must occur within seven days of the covered accident.

Accident Expense insurance in action



Individual coverage

While Lisa was mountain biking, she hit a rock that sent her flying. When she landed, she knew something was wrong. Her husband rushed her to the emergency room to find out she had broken her wrist. Between the emergency room visit, the x-rays and the follow-up visits, the bills added up.

Luckily, Lisa had purchased an Accident Expense insurance policy last year and had not filed any claims before this accident.

Maximum annual benefit amount	\$5,000
Total cost incurred from Lisa's accident	\$2,600
Lisa's deductible	\$250
Benefits her policy pays	\$2,350
Remaining maximum annual benefit amount	\$2,650



Family coverage

When Kevin signed up for football, his mom Debbie knew that an accidental injury was possible. To be prepared, she purchased an Accident Expense policy with an annual benefit and deductible to cover each family member.

Claims were paid when Kevin broke his arm and also when her husband Jim sprained his ankle hanging Christmas lights.

Maximum annual benefit amount (per family member)	\$10,000
Total cost incurred from Kevin's accident	\$1,500
Total cost incurred from Jim's accident	\$2,500
The Smith family's deductible (\$500 x 2)	\$1,000
Benefits their family policy pays	\$3,000
Remaining maximum annual benefit amount for the Smith family	\$9,000 (Kevin) \$8,000 (Jim) \$10,000 (Debbie)

Covered services

If you have an accident, we will be there to help you from the time you are injured through your recovery period. Whether it's a visit to the emergency room for a broken arm or you need an x-ray after a skiing injury, our Accident Expense policy will help pay your covered medical costs.

How it works

To take advantage of these benefits, you must:

- Seek treatment for your covered accidental injury within seven days of the injury, and
- Meet the annual deductible amount you selected.

After these two requirements are met, your covered expenses can be covered, not to exceed the maximum annual benefit amount you selected. Your annual benefit amount resets every calendar year.

Ambulance Transportation

We pay the charges incurred for transportation of an insured person to a hospital or emergency room by a licensed ambulance company. This includes transportation from one facility to another should specialized treatment be needed.

Emergency Care Services

If you need emergency care following a covered accident, you may choose to visit your doctor, hospital or urgent care facility within the first 90 days after the accident, and receive reimbursement for the costs you incurred. Psychiatric treatment is not covered.

Drugs

If you are given drugs as treatment for covered injuries received in a covered accident, we will pay the charges incurred for those drugs as long as they are administered in a hospital, emergency room, urgent care center or doctor's office. The policy will not cover prescription medications after initial care.

Surgery

If your injury received in a covered accident results in surgery, which occurs within 90 days of the covered accident, we will pay the charges incurred for the surgery. This includes charges for the surgeon, anesthesia and the facility, as long as the surgery is medically necessary and performed in a hospital, emergency room, doctor's office or an appropriate outpatient facility.

Tests and X-rays

If treatment for injuries received in a covered accident includes tests and/or x-rays, we will pay the charges incurred per covered accident for a combination of 10 of the following services that are performed within 90 days of the covered accident:

- X-rays
- Blood tests
- Echocardiography
- Electrocardiography (EKG)
- Ultrasound

If two or more x-rays are performed on one joint or body part in the same day, they will count as one x-ray.

Major Diagnostic Exams

Your policy will pay the charges incurred per covered accident for two major diagnostic exams performed within 90 days of the accident to render a diagnosis of a covered injury. Exams include:

- Computerized Tomography (CT or CAT) scan
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Positron Emission Tomography (PET) scan
- Electroencephalogram (EEG)

Follow-Up Care Services

To fully recover from injury after an accident, you may need to continue treatment for a period of time. We will pay the charges incurred for follow-up care services if you are treated by your doctor in your doctor's office or in a hospital as an outpatient within 90 days of the covered accident or discharge from the hospital.

Benefits are limited to 10 follow-up visits (one per day) per injured person, per covered accident. Follow-up care cannot be on the same day emergency care services were received.

Durable Medical Equipment

If your treatment plan includes durable medical equipment, as defined in the policy, for items such as crutches or a wheelchair, we will pay the charges incurred for their rental costs or purchase price, whichever is less. The covered equipment must be prescribed by your doctor within 90 days of your covered accident.

Prosthetic Devices

Should you suffer the loss of a hand, foot, arm, leg or speech due to injuries received in a covered accident, we will pay the charges incurred for the cost of one prosthetic device per severed limb received within one year of the covered accident as long as it is prescribed by your doctor for functional purposes. Coverage for repair, replacement or duplicate equipment is not provided.

Riders add extra value

Parent Benefit Rider

Form #LY-PRT-RD

This rider can extend the benefits of your base policy to your parents or the parents of your covered spouse if they are aged 40 to 74 at the time your policy is issued. This rider helps protect parents from financial loss if they are injured in an accident.

Catastrophic Accidental Injury Benefit Rider***

Form #LY-CAT-RD

A catastrophic accident may result in severe and expensive injuries with lasting effects. Our Catastrophic Accidental Injury Benefit Rider pays a \$25,000 benefit if you suffer brain damage, coma, paralysis or severe burns as the result of a covered accident. This benefit is payable once per insured person.

Brain damage, coma, paralysis or severe burns must occur within 90 days of the covered accident and be sustained throughout the 30-day waiting period. The initial treatment or medical evaluation must occur within seven days of the covered accident.

Declining Deductible Benefit Rider

Form #LY-DED-RD

This rider is designed for people who want to see a benefit for being careful. It can help lower your deductible by 25% each year you are accident-free. Once the deductible reaches zero, it will not increase again while the premium is being paid and the rider is in force.

* Not available on child-only policies.

** Not available to individuals covered under the Parent Rider.

Rehabilitative Therapy

If you are prescribed by your doctor and you subsequently receive rehabilitative therapy as a result of injuries received in a covered accident, we will pay the charges incurred for the rehabilitative therapy. Therapy must be provided by a licensed or certified physical, occupational or speech therapist or licensed chiropractor in an office or hospital.

Benefits are limited to 10 visits (one per day) per injured person, per covered accident. Your therapy must begin within 30 days of the covered accident or discharge from the hospital and be completed within six months after the accident.

[We will be there to help you from the time you are injured through your recovery period.](#)

This rider is available with a selected deductible amount of \$100, \$250, \$500 or \$1,000. If you don't have a claim, your deductible is reduced by 25% of the original deductible amount for each calendar year that the policy is in force for at least six months. If there is a claim in a subsequent year, the deductible increases by 25% of the original deductible amount (unless your deductible has already been reduced to zero) but will never exceed the original deductible amount.

Vehicular Accidental Injury Cash Benefit Rider***

Form #LY-VEH-RD

Vehicular accidents can happen to anyone. Our Vehicular Accidental Injury Cash Benefit Rider allows you to choose a lump-sum benefit of \$1,000 to \$5,000. Benefits are payable for a covered injury that occurs within 30 days of a covered vehicular accident if you are driving, riding as a passenger in, or getting in or out of, a private passenger automobile, motorcycle or boat. A 90-day waiting period applies.

Exclusions and Limitations

Please see your policy for exact details.

In addition to any benefit-specific conditions, limitations, or exclusions, benefits will not be paid for any covered accident and/or covered injury which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in the applicable policy and/or rider section:

1. Suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
2. War or act of war (whether declared or undeclared);
3. Commission or attempt to commit an illegal activity or a felony;
4. Commission of or active participation in a riot, insurrection, rebellion or police action;
5. Active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid during the insured person's time of active duty. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 days;
6. Voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
7. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident or covered injury occurred;
8. Mental or emotional disorders; alcoholism and drug addiction;
9. Treatment outside the United States unless otherwise specified in the policy;
10. Travel or activity outside the United States;
11. Participation in any motorized race or contest of speed on sea, land or air;
12. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
13. Intoxication as determined according to the laws of the jurisdiction in which the covered accident and/or covered injury occurred;
14. Participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting or any similar activity;
15. Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regular-scheduled commercial or charter airline;
16. Sickness, disease, bodily or mental infirmity bacterial or viral infection or any condition resulting from insect, arachnid or other arthropod bites or stings, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
17. Practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration; or
18. Operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program.

The following conditions, treatment and/or services are not covered in the policy:

1. Care, services or supplies received without charge or legal obligation to pay;
2. Prescription and over-the-counter products, drugs or medicines, even if prescribed by a doctor; except as described in the policy;
3. Cosmetic service, treatment that is not medically necessary, or treatment, services and supplies for experimental, investigational or unproven purposes;
4. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition are not covered, except if provided for or in connection with a covered injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the covered injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch;
5. Treatment or services from a masseur, massage therapist, or rolfer, massage therapy and any type of holistic therapy which include, but are not limited to, meditation, aromatherapy and relaxation therapy;
6. Repetitive or cumulative motions or stress traumas, which include, but are not limited to, carpal tunnel syndrome, tennis elbow, and thoracic outlet syndrome; or
7. Any services, treatments or conditions occurring while the policy is not in force.

In addition to the policy exclusions:

Catastrophic Accidental Injury Benefit Rider

No benefits will be payable for:

1. A covered loss that is not sustained throughout the catastrophic accident waiting period.

Vehicular Accidental Injury Cash Benefit Rider

No benefits will be payable:

1. If the insured person was the driver, operator or passenger and was not wearing a helmet, as required by the laws of the state in which the covered vehicular accident occurred;
2. If the insured person was the driver, operator or passenger and was not wearing a seat belt, as required by the laws of the state in which the covered vehicular accident occurred;
3. For a covered vehicular accident that occurs during the vehicular accidental injury cash benefit waiting period; or
4. No more than one vehicular accidental injury cash benefit amount will be paid per the lifetime of each insured person.



Loyal American Life Insurance Company, PO Box 26580, Austin, TX 78755-0580, (866) 459-4272. Loyal American Life Insurance Company is a proud member of the Cigna family of companies.

This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form LY-ACC-BA-KS and applicable riders. THIS POLICY PROVIDES LIMITED BENEFITS COVERAGE FOR AN ACCIDENTAL INJURY ONLY. The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders. This is a solicitation for insurance. An insurance agent/producer may contact you.

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