

**TRUSTMARK INSURANCE COMPANY**  
**(We, Us and Our)**  
**400 Field Drive**  
**Lake Forest, Illinois 60045**  
**(847) 615-1500**

**ACCIDENT ONLY INSURANCE COVERAGE**

**OUTLINE OF COVERAGE**  
**RETAIN FOR YOUR RECORDS**

**READ THE POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of the Policy. This is not the insurance contract and only the actual Policy provisions are final and binding. The Policy itself sets forth, in detail, the rights and obligations of both You and Trustmark Insurance Company. PLEASE READ YOUR POLICY CAREFULLY.

**Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid when they are due, subject to the Grace Period. Your Premium can be changed only if We change it on all similar Policies in force in Your state.

**Accident Only Insurance Coverage.** Policies of this category are designed to provide Covered Persons with coverage for losses resulting from Injuries received from a Covered Accident and are subject to any limitations or exclusions contained in the Policy. The Policy does not cover basic hospital, basic medical-surgical or major medical expenses.

**Benefits.** The benefit amounts are shown in the Schedule and/or Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or copayment provisions:

**Hospital Admission Benefit.** Benefit payable per admission if a Covered Person is confined to a Hospital within six months after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable for Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours in an Observation Unit.

**Hospital Confinement Benefit.** Benefit payable per day for a maximum of 365 days per Covered Accident. Must be confined in a Hospital or Hospital Sub-Acute Intensive Care Unit within six months after the date of the Covered Accident. Only one Confinement is payable at a time, even if it is caused by more than one Covered Accident. This benefit is not payable for Emergency Room treatment; outpatient treatment; or Confinement of less than 20 hours to an Observation Unit.

**Hospital Intensive Care Unit Confinement Benefit.** Benefit payable per day for a maximum of 15 days per Covered Accident. Must be confined in a Hospital Intensive Care Unit within 30 days after the date of the Covered Accident. The Hospital Intensive Care Unit Confinement Benefit and Hospital Confinement Benefit will not be paid concurrently.

**Accident Follow-Up Treatment Benefit.** Benefit payable for follow-up treatment recommended or advised by a Doctor. Follow-up treatment must occur after initial treatment in a Doctor's office or Emergency Room and occur within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable for routine examinations or preventive testing.

**Air Ambulance Benefit.** Benefit payable if a licensed professional air ambulance company transports a Covered Person to or from a Hospital or between medical facilities. Transportation must occur within 48 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Ambulance Benefit.** Benefit payable if a licensed professional ambulance company transports a Covered Person by ground to or from a Hospital or between medical facilities. Transportation must occur within 90 days

after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Appliance Benefit.** Benefit payable for use of a medical appliance if prescribed by a Doctor to aid in personal locomotion or mobility. Use must begin within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Blood/Plasma/Platelets Benefit.** Benefit payable for the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and must be administered within 90 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Burn Benefit.** Benefit payable for burns sustained which are treated by a Doctor within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. If more than one burn classification is met, the higher amount is payable, but only one burn classification amount is payable per Covered Person per Covered Accident.

**Concussion Benefit.** Benefit payable for a concussion sustained as the result of a Covered Accident. Must be diagnosed by a Doctor using x-ray, CAT scan or MRI within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Dislocation Benefit.** Benefit payable for a Dislocation diagnosed by a Doctor within 90 days after the date of the Covered Accident. Reduction must require correction with anesthesia by a Doctor. Reduction without anesthesia is payable at 25% of the amount shown on the Schedule of Benefits for closed reduction. Benefits are only payable for the first Dislocation of a joint after the Effective Date. Subsequent dislocations of the same joint after the Effective Date will not be covered. Benefits are limited if the following occurs in one Covered Accident as shown on the Schedule of Benefits of the Policy: multiple Dislocations; Dislocations in combination with a Fracture; Dislocation in combination with a Fracture and tear, rupture, severance of a tendon, ligament or rotator cuff, or the Dislocation is diagnosed by a Doctor as an Incomplete Dislocation.

**Doctor's Office Visit Benefit.** Benefit payable for Initial treatment in a Doctor's office. Treatment must be within 60 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable for routine examinations or preventive testing.

**Emergency Dental Benefit.** Benefit payable for broken teeth repaired with crowns and broken teeth resulting in extractions, regardless of the number of teeth involved. This benefit is payable once per Covered Person per Covered Accident.

**Emergency Room Treatment Benefit.** Benefit payable for examination or treatment by a Doctor in a Hospital Emergency Room within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Eye Injury Benefit.** Benefit payable for eye surgery or the removal of a foreign object in an eye by a Doctor within 90 days after the date of the Covered Accident. An examination with anesthesia is not considered surgery. This benefit is payable once per Covered Person per Covered Accident.

**Fracture Benefit.** Benefit payable for a Fracture diagnosed by a Doctor within 90 days after the Covered Accident. If a Doctor diagnoses the Fracture as a Chip or Avulsion Fracture We will pay 25% of the amount shown on the Schedule of Benefits for closed reduction. Benefits are limited if the following occurs in one Covered Accident as shown on the Schedule of Benefits of the Policy: multiple Fractures; Fractures in combination with a Dislocation; Fractures in combination with a Dislocation and tear, rupture, or severance of a tendon, ligament or rotator cuff.

**Herniated Disc Benefit.** Benefit payable for a herniated disc treated by a Doctor within 60 days after the date of the Covered Accident and repaired through surgery within 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Laceration Benefit.** Benefit payable for Lacerations repaired by a Doctor within 72 hours after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. If a Laceration is sustained on a finger, toe, hand, foot, or eye as a result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot, or Sight Benefit.

**Lodging Benefit.** Benefit payable for motel/hotel per night up to 30 days per Covered Accident. Benefit payable for a companion's motel/hotel stay during the period of time the Covered Person is Confined to a Hospital that is more than 100 miles from the residence of the Covered Person.

**Loss of a Finger, Toe, Hand, Foot or Sight Benefit.** Benefit payable as shown on the Schedule of Benefits if the Covered Person loses a finger, toe, hand, foot or sight of an eye within 90 days after the date of the Covered Accident. If the Covered Person loses a finger or a toe and later loses a hand or foot within 90 days on the same side of the body, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

**Physical Therapy Benefit.** Benefit payable for a maximum of six physical therapy visits per Covered Accident which is prescribed by a Doctor, rendered by a Physical Therapist and performed in an office or in a Hospital. Physical Therapy must begin within 60 days after the date of the Covered Accident and be completed within six months after the date of the Covered Accident.

**Prosthetic Device or Artificial Limb Benefit.** Benefit payable for a prosthetic device or artificial limb prescribed by a Doctor for functional use when a Covered Person loses a hand, foot or Loss of Sight of an eye. Must be received within 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eyeglasses or for cosmetic prostheses. This benefit is not payable for joint replacement such as an artificial hip or knee.

**Skin Grafts Benefit.** Benefit payable only for skin grafts for which a Burn Benefit was received. This benefit is payable once per Covered Person per Covered Accident.

**Surgery Benefit.** Benefit payable if a Covered Person undergoes abdominal or thoracic surgery within 72 hours after the date of a Covered Accident. Surgery must be for repair of internal Injuries. This benefit is payable once per Covered Person per Covered Accident. If this surgery is exploratory or other surgery without repair, the benefit payable is shown on the Schedule of Benefits of the Policy. Hernia repair is not payable under this benefit.

**Tendon/Ligament/Rotator Cuff Benefit.** Benefit payable for torn, ruptured or severed tendon, ligament or rotator cuff repaired through surgery within 90 days after the date of the Covered Accident. If a Covered Person sustains Injuries as a result of a Covered Accident and receives a Fracture or a Dislocation and tears or severs a tendon, ligament or rotator cuff, benefits are only payable for the larger benefit.

**Torn Knee Cartilage Benefit.** Benefit payable for torn knee cartilage treated by a Doctor within 60 days after the date of the Covered Accident and repaired through surgery within six months after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the benefit payable is shown on the Schedule of Benefits of the Policy.

**Transportation Benefit.** Benefit payable for transportation to travel more than 100 miles for special treatment and Confinement in a Hospital. Treatment must be prescribed by a Doctor and not available locally. This benefit is payable up to three trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

**Your coverage may or may not include the following Additional Benefits. Please read the Schedule of Your Policy carefully for Your Additional Benefits, if any:**

**Accidental Death Benefit.** Benefit payable for each Covered Person as a result of Injuries received in a Covered Accident that cause the Covered Person to die within 180 days after the date of the Covered Accident. If this benefit is paid, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

**Accidental Death Common Carrier Benefit.** Benefit payable for each Covered person as a result of Injuries received in a Covered Accident while a fare paying passenger on a Common Carrier that cause the Covered Person to die within 180 days after the date of the Covered Accident. If this benefit is paid, We will not pay the Accidental Death Benefit for the same Covered Person.

**Accident Disability Benefit.** This benefit provides a monthly benefit amount if a Covered Person becomes Totally Disabled and is Disabled longer than the Elimination Period. Benefit is payable up to 12 months for as long as coverage is in force and the Covered Person remains Totally Disabled, except when outside the geographical areas as defined in the Geographical Limitations of the Policy. We will pay benefits for only one Disability at a time even if it is caused by more than one Covered Accident.

**Catastrophic Accident Benefit.** Benefit payable at the end of the Elimination Period if a Covered Person sustains a Catastrophic Loss as the result of Injuries received in a Covered Accident. This benefit is payable once per lifetime for each Covered Person.

**Wellness Benefit Rider.** Benefit payable for a Covered Person that receives a Health Screening Test, routine physical or immunization performed in a Doctor's office. This benefit is limited to two visits per calendar year per individual and no more than ten visits per calendar year per family, and only one Wellness Benefit is payable per visit.

### **Exclusions.**

No benefits will be payable for an Injury as the result of a Covered Accident that occurs:

- During any involvement in any period of any type of armed conflict;
- While operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- While intentionally participating or intentionally attempting to participate in a felony;
- While committing or attempting to commit suicide or injuring Yourself intentionally, whether You are sane or not, for two years following the effective date of Your coverage;

No benefits will be payable for:

- Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- A work related Injury or accident.

**Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown on the Schedule of the Policy. Unused Premium due to termination or death, including suicide, will be refunded.

***If You Are Considering Replacing Your Current Coverage:*** Before You replace Your current policy with another, You should review both in order to determine whether replacement is in Your best interests. The new coverage may be different in important respects. You should be aware of these differences, whether they are temporary or permanent. If You obtained Your current policy from another agent or a representative of another company, ask that agent or representative any questions You may have about that policy.

**Questions?** If You have any questions that are not answered by this outline of coverage, be sure to ask Your agent or insurer representative.

**Read Your Policy.** If You purchase the offered Policy, read it carefully as soon as You receive it.