

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

ACCIDENT ONLY INSURANCE COVERAGE

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND
ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

**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 coverage. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Trustmark Insurance Company. It is therefore, important, that you **READ YOUR POLICY CAREFULLY.**

Accident Only Insurance Coverage. Policies of this category are designed to provide Covered Persons with coverage for certain losses resulting from Injuries received from a Covered Accident ONLY, subject to any limitations or exclusions contained in the Policy. The Policy does not pay benefits for loss from sickness and 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.

BENEFITS FOR ACCIDENT ONLY INSURANCE:

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 up to 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 up to 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.

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 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.

ADDITIONAL ACCIDENT ONLY BENEFITS:

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, other than sunburns, 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.

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. For multiple Dislocations sustained in the same Covered Accident, only one benefit amount per Covered Person will be paid. For Dislocations in combination with a Fracture in the same Covered Accident, both will be paid but the benefit payable will be limited to no more than two times the amount of the higher benefit shown on the Schedule of Benefits of the Policy.

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. For multiple Fractures sustained in the same Covered Accident, only one benefit amount will be paid and the amount payable will be the higher benefit amount listed on the Schedule of Benefits of the Policy. For Fractures in combination with a Dislocation in the same Covered Accident, both will be paid but no more than two times the amount of the higher benefit amount shown on the Schedule of Benefits of the Policy.

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.

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 Hand or Foot, or Sight of an Eye Benefit. Benefit payable as shown on the Schedule of Benefits if the Covered Person loses a hand, foot or sight of an eye within 90 days 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.

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.

OTHER ACCIDENT ONLY BENEFITS:

Your coverage may or may not include the following Other Accident Only Benefits. Please read the Schedule of Your Policy carefully for Your Other Accident Only 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 90 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 90 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.

Dismemberment or Legal Blindness Resulting from an Accident Benefit. Benefit payable at the end of the Elimination Period if a Covered Person sustains Dismemberment or Legal Blindness as the result of Injuries received in a Covered Accident. In addition to the exclusions in the Policy, benefits are not payable for Injuries caused by or the result of a Covered Person driving while legally intoxicated. This benefit is payable once per lifetime for each Covered Person. No benefits for Dismemberment or Legal Blindness Resulting from an Accident Benefit will be paid if either the Accidental Death Benefit or the Accidental Death Common Carrier Benefit is payable.

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 engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- While participating in a felony, riot or insurrection;
- While committing or attempting to commit suicide or injuring Yourself intentionally, whether You are sane or not;

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.

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.