

**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 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 of \$250 payable per admission if a Covered Person is confined to a Hospital 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 Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours in an Observation Unit.

**Hospital Confinement Benefit.** Benefit of \$100 payable per day up to 365 days per Covered Accident. Must be confined in a Hospital or Hospital Sub-Acute Intensive Care Unit within 365 days 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 of \$200 payable per day up to 15 days per Covered Accident. Must be confined in a Hospital Intensive Care Unit within 365 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 of \$50 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 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 routine examinations or preventive testing.

**Accidental Death Benefit.** The Accidental Death Benefit of \$1000 is payable if a Covered Person dies within 365 days after the date of a Covered Accident as a result of Injuries received from that Accident.

**Air Ambulance Benefit.** Benefit of \$500 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 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Ambulance Benefit.** Benefit of \$100 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 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Appliance Benefit.** Benefit of \$100 payable for use of a medical appliance if prescribed by a Doctor to aid in personal locomotion or mobility. Use must begin within 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Blood/Plasma/Platelets Benefit.** Benefit of \$300 payable for the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and must be administered within 365 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 365 days 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. Benefit payable per classification is as follows:

- Third-degree burns which cover 35 or more square inches of body surface: \$10,000
- Third-degree burns which cover at least 9 square inches of body surface, but less than 35 square inches of body surface: \$1,500
- Second-degree burns which cover at least 36% of body surface: \$750

**Concussion Benefit.** Benefit of \$100 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 365 days 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 365 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 benefit 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: 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. Benefits are payable as follows:

	<u>Closed Reduction/Open Reduction</u>
• hip	\$2,000/\$4,000
• knee (except patella)	\$1,000/\$2,000
• ankle bone (medial or lateral malleolus) or bones of foot (other than toes)	\$800/\$1,600
• collarbone (sternoclavicular)	\$500/\$1,000
• lower jaw	\$300/\$600
• shoulder (glenohumeral)	\$300/\$600
• elbow	\$300/\$600
• wrist	\$300/\$600
• bone or bones of the hand (other than fingers)	\$300/\$600
• collarbone (acromioclavicular and separation)	\$100/\$200
• one toe or finger	\$100/\$200

**Doctor's Office Visit Benefit.** Benefit of \$50 payable for Initial treatment in a Doctor's office. Treatment must be 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 routine examinations or preventive testing.

**Emergency Dental Benefit.** Benefit of \$150 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 of \$150 payable for examination or treatment by a Doctor in a Hospital Emergency Room within 365 days after the date of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Eye Injury Benefit.** Benefit of \$200 payable for eye surgery or the removal of a foreign object in an eye by a Doctor within 365 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 365 days after the Covered Accident. If a Doctor diagnoses the Fracture as a Chip or Avulsion Fracture We will pay 25% of the amount for closed reduction. Benefits are limited if the following occurs in one Covered Accident: 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. Benefits are payable as follows:

	<u>Closed Reduction/Open Reduction</u>
• skull (except bones of face or nose) depressed skull fracture	\$2,500/\$5,000
• skull (except bones of face or nose) simple non-depressed skull fracture	\$1,000/\$2,000
• hip, thigh (femur)	\$1,500/\$3,000
• body of vertebrae (excluding vertebral processes)	\$800/\$1,600
• pelvis (includes Ilium, Ischium, pubis acetabulum except coccyx)	\$800/\$1,600
• Leg (tibia and/or fibula)	\$800/\$1,600
• bones of face or nose (except mandible or maxilla)	\$350/\$700
• upper jaw, maxilla (except alveolar process)	\$350/\$700

• upper arm between elbow and shoulder (humerus)	\$350/\$700
• lower jaw, mandible (except alveolar process)	\$300/\$600
• shoulder blade (scapula), collarbone (clavicle), sternum	\$300/\$600
• vertebral processes	\$300/\$600
• forearm (radius and/or ulna), hand, wrist (except finger)	\$300/\$600
• kneecap (patella)	\$300/\$600
• foot (except toes)	\$300/\$600
• ankle (medial or lateral malleolus)	\$300/\$600
• rib	\$250/\$500
• coccyx	\$200/\$400
• finger, toe	\$50/\$100

**Herniated Disc Benefit.** Benefit of \$400 payable for a herniated disc treated by a Doctor within 365 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 365 days 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. Benefits are payable as follows for total of all Lacerations:

- Over six inches long (over 15.24 centimeters and repaired by stitches: \$400
- Two to six inches long (5.08 to 15.24 centimeters and repaired by stitches: \$200
- Less than two inches long (less than 5.08 centimeters) and repaired by stitches: \$50
- Laceration not requiring stitches: \$25

**Lodging Benefit.** Benefit of \$100 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 if the Covered Person loses a finger, toe, hand, foot or sight of an eye within 365 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 365 days after the date of the Covered Accident 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. Benefits will be paid as follows:

- Loss of both hands or both feet or sight of both eyes or any combination of two or more: \$15,000
- Loss of one hand or one foot or sight of one eye: \$7,500
- Loss of two or more fingers or two or more toes or any combination of two or more listed above: \$1,500
- Loss of one finger or one toe: \$750

**Physical Therapy Benefit.** Benefit of \$25 payable for up to six physical therapy treatments 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 and be completed within 365 days after the date of the Covered Accident.

**Prosthetic Device or Artificial Limb Benefit.** Benefit of \$500 payable for one and \$1000 for more than one 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 of 25% of the Burn 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 of \$1000 payable if a Covered Person undergoes abdominal or thoracic surgery within 365 days 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 \$100. 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 365 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. Benefits will be paid as follows:

- Repair of more than one: \$600
- Repair of one: \$400
- Exploratory arthroscopic surgery without repair: \$100

**Torn Knee Cartilage Benefit.** Benefit of \$500 payable for torn knee cartilage treated by a Doctor 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. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the benefit payable is \$100.

**Transportation Benefit.** Benefit of \$300 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 Rider(s) carefully for Your Additional Benefits, if any:**

**Accidental Death Benefit.** Additional benefit of \$25,000 payable for the Insured, \$10,000 for the Covered Spouse and \$5,000 for each Covered Child as a result of Injuries received in a Covered Accident that cause the Covered Person to die within 365 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.** Additional benefit of \$50,000 payable for the Insured, \$20,000 for the Covered Spouse and \$10,000 for each Covered Child 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 365 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 of \$\_\_\_\_\_ for the Insured and \$\_\_\_\_\_ for the Covered Spouse if 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 Rider. 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 of \$100,000 payable for the Insured, \$50,000 for the Covered Spouse and \$50,000 for each Covered Child 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. In addition to the exclusions in the Policy, benefits are not payable for Injuries caused by or the result of a Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor. This benefit is payable once per lifetime for each Covered Person.

**Wellness Benefit Rider.** Benefit of \$25 or \$50 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. 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 riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- While operating, learning to operate, serving as a crew member 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, parakiting or any similar activities;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- While participating or attempting to participate in an illegal activity, whether or not You are charged with a crime;
- 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.