

## WELLNESS BENEFIT

We will pay **\$60 for BASIC** or **\$75 for SELECT or ULTRA** for a covered person (*coverage must be effective for 90 days*) to undergo a routine physical examination or other preventative testing such as:

- Annual Physical Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopy
- Prostatic Specific Antigen (PSA) Test
- Ultrasound
- Blood Screening

Payable only once per policy per calendar year.

*When premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date.*

## ELECTIVE BENEFITS

*(primary insured only)*

### ACCIDENT DISABILITY RIDER

Pays the monthly benefit chosen below in the event you are totally disabled as the result of an off-the-job, non-occupational covered accidental injury. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

You have applied for the Accident Disability Rider.....

\$400  \$600  \$800  NONE

### 24-HOUR ACCIDENT DISABILITY RIDER

Pays the monthly benefit chosen below in the event you are totally disabled as the result of a covered accidental injury occurring on- or off-the-job. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

You have applied for the 24-Hour Accident Disability Rider.....

\$400  \$600  \$800  NONE

### SICKNESS DISABILITY RIDER

Pays a monthly benefit chosen below in the event you are totally disabled as the result of a sickness occurring either on- or off-the-job. Benefits begin on the 31st day of total disability and may continue for up to 6 months while totally disabled.

You have applied for the Sickness Disability Rider.....

\$400  \$600  NONE

## RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies and riders like yours in your state. This policy will not be issued to anyone 65 years of age or over. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65, except for disability riders, as long as you continue to pay the premium by the due date or during the 31 days that follow. Covered dependents who no longer meet eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

## EXCEPTIONS AND LIMITATIONS FOR ACCIDENT ELITE POLICY AND ACCIDENT DISABILITY RIDERS

The policy pays only for loss resulting from a covered accident as defined in the policy. It DOES NOT cover injuries incurred as a result of a covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.
4. Participating in, or attempting to participate in an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged, or not, or being incarcerated in any type of penal institution.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation, or profit.
7. Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
8. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
9. Participating in any sport or activity for wage, compensation, or profit; or racing any type vehicle in an organized event.
10. Having any sickness or declining process caused by sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury). Exception #10 does not apply to the Sickness Disability Benefit Rider, if attached to the policy.

## EXCEPTIONS AND LIMITATIONS FOR SICKNESS DISABILITY RIDER

We will not pay benefits for losses that are caused by or occur as the result of:

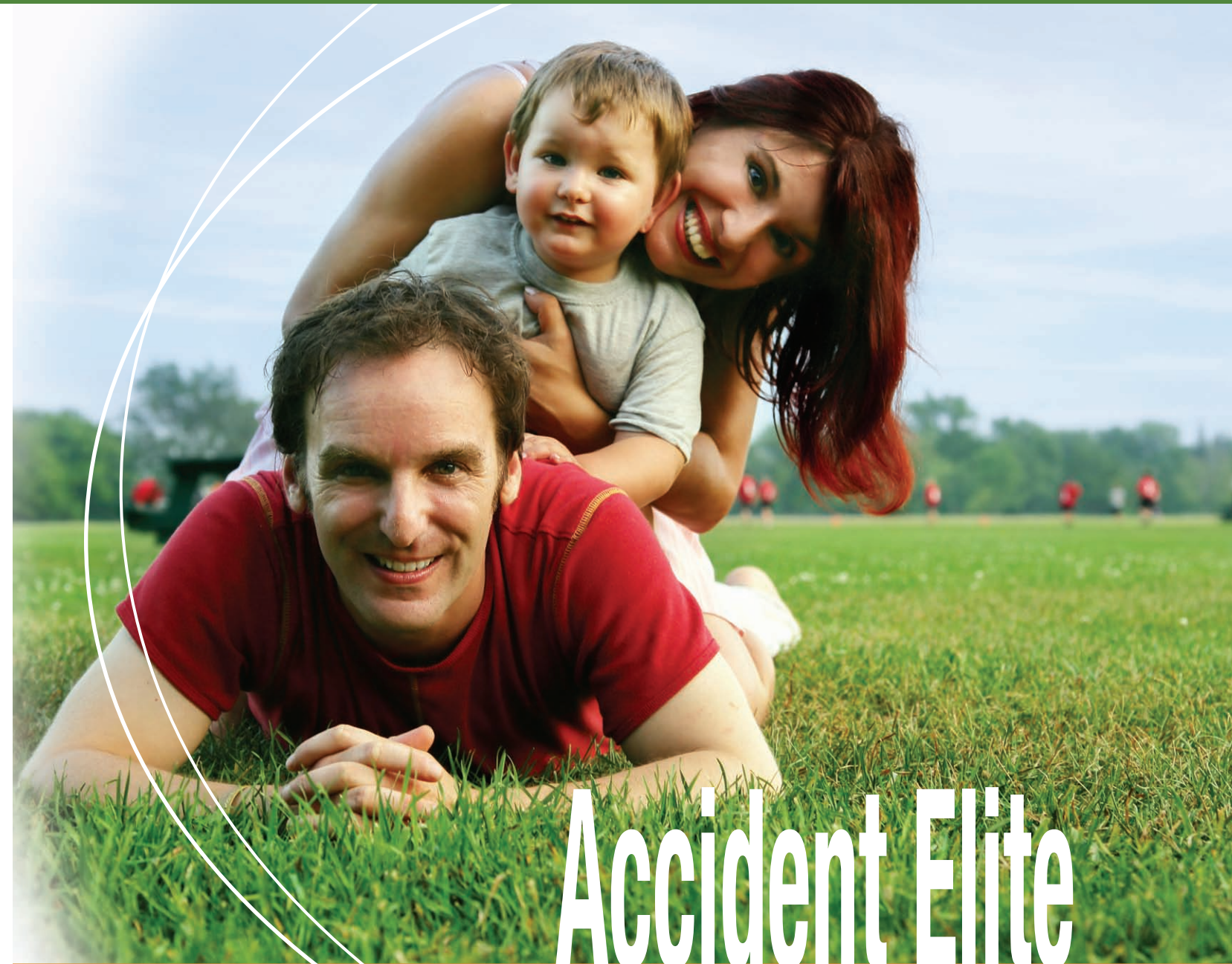
1. A normal pregnancy in which the disability begins during the first 10 months of the rider's issue date. (Complications of pregnancy will be treated as any other illness.)
2. Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (However, Alzheimer's Disease and other organic senile dementias are covered.)
3. Treatment for dental care or dental care procedures.
4. Having a pre-existing condition as described by the rider.
5. Treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor.
6. Elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases.

A "pre-existing condition" means having a sickness or physical condition which was treated or for which advice was received within twelve months before the effective date of the rider. After the rider has been in force for twelve months, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered loss began more than twelve months after the effective date.

## COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

*USable Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.*



# Accident Elite

*Accidents happen, be prepared with Accident Elite.*



# ACCIDENT ELITE PROVIDES THE ELITE PROTECTION YOU NEED!

ACCIDENT POLICY WITH WELLNESS BENEFIT — FORM AEP (9-05) — OUTLINE OF COVERAGE

**READ YOUR POLICY CAREFULLY** — This outline of coverage provides a brief description of the important features of your policy. This is not the insurance policy, and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Limited Benefit — Accident Only — Policies of this category are designed to provide to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

The following benefits are payable for losses resulting from injuries sustained in a covered accident only, as defined in the policy. The loss must occur or injury must be diagnosed or treated within the time periods stated below. Benefits for some losses may vary depending upon the severity of the accident. See the policy for specific amounts payable.

LOSS OR TREATMENT	BASIC			SELECT			ULTRA		
	<b>ACCIDENTAL DEATH</b> Accidental Death must occur within 90 days after a covered accident.								
	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
<i>Covered Accidents</i>	\$30,000	\$30,000	\$15,000	\$40,000	\$40,000	\$20,000	\$60,000	\$60,000	\$30,000
<i>Common Carrier Accidents</i>	\$112,500	\$112,500	\$30,000	\$150,000	\$150,000	\$40,000	\$225,000	\$225,000	\$60,000
	<b>ACCIDENTAL DISMEMBERMENT</b> Accidental Dismemberment must occur within 90 days after a covered accident.								
	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
<i>Loss of two members*</i>	\$30,000	\$30,000	\$15,000	\$40,000	\$40,000	\$20,000	\$60,000	\$60,000	\$30,000
<i>Loss of one member*</i>	\$7,500	\$7,500	\$4,386	\$10,000	\$10,000	\$5,848	\$15,000	\$15,000	\$8,772
<i>Loss of one or more fingers or toes*</i>	\$1,500	\$1,500	\$1,614	\$2,000	\$2,000	\$2,152	\$3,000	\$3,000	\$3,228

\* See policy for details

LOSS OR TREATMENT	BASIC	SELECT	ULTRA
<b>EMERGENCY TREATMENT</b> Treatment must be in an emergency room, physician's office, or standalone emergency center, within 72 hours. If treatment is received for the removal of a foreign body from the eye or a laceration, which is not repaired with stitches, staples, or glue, the maximum benefit paid will be \$63 for BASIC, \$84 for SELECT or \$126 for ULTRA for this benefit and the Follow-Up Physician Visit benefit combined.	charges up to \$150 INSURED \$150 SPOUSE \$87 CHILD	charges up to \$200 INSURED \$200 SPOUSE \$116 CHILD	charges up to \$300 INSURED \$300 SPOUSE \$174 CHILD
<b>MAJOR DIAGNOSTIC EXAM</b> Exam must be performed within 180 days and a charge incurred for: CT (computerized tomography) scan, MR (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.	\$150	\$200	\$300
<b>MEDICAL APPLIANCE</b> Prescribed by a physician to aid in personal locomotion or mobility, such as crutches or a wheelchair. Payable once per accident.	\$105	\$140	\$140
<b>EMERGENCY DENTAL WORK</b> Treatment to correct injuries begun within 30 days. Payable once per person per accident.	BROKEN TOOTH REPAIRED WITH CROWN \$300 \$400 \$400 BROKEN TOOTH RESULTING IN EXTRACTION \$90 \$120 \$120		
<b>SPECIFIED LOSS</b>			
Burns treated within 72 hours. Payable once per accident.	\$1,125	\$1,500	\$2,250
Tendon / Ligament surgically repaired within 1 year.*	\$450	\$600	\$900
Dislocation (separated joint) diagnosed within 30 days.* Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.	up to \$3,750	up to \$5,000	up to \$7,500
Eye injury requiring surgery or removal of a foreign object within 30 days. Payable once per accident.	up to \$450	up to \$600	up to \$900
Fractures diagnosed within 14 days and requiring open or closed reduction by a physician.*	up to \$3,750	up to \$5,000	up to \$7,500
Torn Knee Cartilage and Ruptured Disc treated within 60 days and surgically repaired within 1 year. Payable once per accident.	up to \$930	up to \$1,240	up to \$1,860
Torn Rotator Cuff surgically repaired within 90 days.	\$930	\$1,240	\$1,860
Internal Injuries resulting in open abdominal, hernia or thoracic surgery within 30 days.	\$945	\$1,260	\$1,890
Concussion resulting in EEG abnormality within 30 days.	\$90	\$120	\$180
Lacerations repaired within 72 hours.	up to \$375	up to \$500	up to \$750

\*If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but no more than 150% of the bone or joint with the highest amount.

LOSS OR TREATMENT	BASIC	SELECT	ULTRA
<b>FOLLOW-UP PHYSICIAN VISIT</b> Treatment received must be over and above emergency treatment. Follow-up visits must begin within 30 days of the accident or discharge from the hospital. Limited to 6 visits per accident. Not payable for same visit as the Physical Therapy benefit.	charges up to \$120/visit	charges up to \$160/visit	charges up to \$240/visit
<b>PHYSICAL THERAPY</b> Therapy must be prescribed by a physician and provided by a licensed physical therapist. Payable for up to five visits. Not payable for the same visit that the Follow-up Physician Visit benefit is paid.	\$30/visit	\$40/visit	\$60/visit
<b>AMBULANCE</b> Ground ambulance (within 30 days) or air ambulance (within 72 hours) to or from a hospital or between medical facilities. Each benefit is payable only once per accident.	GROUND AMBULANCE \$225 \$300 \$300 AIR AMBULANCE \$1,125 \$1,500 \$1,500		
<b>HOSPITAL ADMISSION</b> Admitted to a hospital as a resident bed patient and confined within 30 days. Payable only once per confinement and only once per person per calendar year.	\$1,500	\$1,500	\$2,250
<b>HOSPITAL CONFINEMENT</b> Confined in a hospital as a resident bed patient within 30 days. Paid per day for up to 365 days per accident.	\$255/DAY	\$340/DAY	\$510/DAY
<b>HOSPITAL INTENSIVE CARE UNIT CONFINEMENT</b> Confinement must begin within 30 days. Payable up to 15 days. Only one payment under this benefit or the Hospital Confinement benefit will be paid per day.	\$680/DAY	\$680/DAY	\$1,020/DAY
<b>PROSTHETIC DEVICE/ARTIFICIAL LIMB</b> Prosthetic device or artificial limb must be prescribed by a physician for functional use and received within one year. Payable only once accident.	ONE DEVICE OR LIMB \$525 \$700 \$700 MORE THAN ONE DEVICE OR LIMB \$1,050 \$1,400 \$1,400		
<b>BLOOD/PLASMA</b> Transfusions, within 30 days, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes; including the processing, typing, cross-matching, and administration of the blood or blood products. Payable only once per accident.	\$225	\$300	\$300
<b>TRANSPORTATION</b> For roundtrip to and from hospital, when treatment is required in a hospital more than 100 map miles from the person's residence or site of accident. Paid for person prescribed treatment, or, if dependent child and commercial travel is necessary, the child's parent/legal guardian (only one) traveling with child will also receive a benefit equal to the insured's benefit. Treatment must not be available locally. Not payable for ambulance or air ambulance. Payable up to 3 trips per calendar year per person.	\$450	\$600	\$600
<b>FAMILY LODGING</b> Pays for a single hotel room for an immediate family member to be near a covered person confined in hospital more than 100 miles from the person's residence. Limited to 30 days per accident, and only while the injured person is confined.	CHARGES UP TO \$105/NIGHT	CHARGES UP TO \$140/NIGHT	CHARGES UP TO \$140/NIGHT

LOSS OR TREATMENT	BASIC			SELECT			ULTRA		
	<b>COMA</b> Coma duration must be at least 30 days.								
	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
	\$9,750	\$9,750	\$15,000	\$13,000	\$13,000	\$20,000	\$19,500	\$19,500	\$30,000
	<b>PARALYSIS</b> Paralysis must be for a minimum of three (3) months.								
<i>Quadriplegia</i>	\$9,750	\$9,750	\$15,000	\$13,000	\$13,000	\$20,000	\$19,500	\$19,500	\$30,000
<i>Paraplegia</i>	\$4,875	\$4,875	\$7,500	\$6,500	\$6,500	\$10,000	\$9,750	\$9,750	\$15,000