

**IUPAT DC 21  
Group Accident Insurance Plan Provisions – Policy Form: AMGACCR-  
DIA-19 Schedule of Benefits – Disability Income Accident Rider**

Group Accident
<i>Disability Income Accident Rider</i>
<p><b>Coverage:</b></p> <ul style="list-style-type: none"> <li>• Monthly Benefit: \$1,500</li> <li>• Elimination Period: 14 days</li> <li>• Benefit Period: 12 Months</li> </ul> <p>This rider pays a Monthly Benefit for Total Disability as a result of a Covered Accident as described below.</p> <p><b>Employed FT at the onset of Total Disability</b></p> <p>If the Primary Insured suffers continuous Total Disability as a result of a Covered Accident, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Covered Accident. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day of Total Disability following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Accident.</p> <p><b>Not Employed at the onset of Total Disability</b></p> <p>If the Primary Insured suffers Total Disability as a result of a Covered Accident, we will pay the Monthly Benefit as shown on the Schedule of Benefits for each month the Primary Insured cannot perform 2 or more Activities of Daily Living. Regular Care and Attendance of a Physician is required. Total Disability must occur within 90 days of the date of the Covered Accident. Benefits will commence on the first day Direct Personal Assistance is required to perform such Activities of Daily Living following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Accident.</p> <p>Disability Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes.</p> <p>A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period. The Benefit Period per Accident is shown on the Schedule of Benefits.</p> <p>Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30<sup>th</sup> of the Monthly Benefits.</p>

**IUPAT DC 21  
Group Accident Insurance Plan Provisions – Policy Form: AMGACCR-  
DIS-19 Schedule of Benefits Disability Income Sickness Rider**

Group Accident
<i>Disability Income Sickness Rider</i>
<p><b>Coverage:</b></p> <ul style="list-style-type: none"> <li>• Monthly Benefit: \$1,500</li> <li>• Elimination Period: 14 days</li> <li>• Benefit Period: 12 Months</li> </ul> <p>This rider pays a Monthly Benefit for Total Disability as a result of a Covered Sickness as described below.</p> <p><b>Employed FT at the onset of Total Disability</b></p> <p>If the Primary Insured suffers continuous Total Disability as a result of a Covered Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day of Total Disability following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Sickness.</p> <p><b>Not Employed at the onset of Total Disability</b></p> <p>If the Primary Insured suffers Total Disability as a result of a Covered Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits for each month the Primary Insured cannot perform 2 or more Activities of Daily Living. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such Activities of Daily Living following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Sickness.</p> <p>Disability Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes.</p> <p>A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period. The Benefit Period per Covered Sickness is shown on the Schedule of Benefits.</p> <p>Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30<sup>th</sup> of the Monthly Benefits.</p>

**IUPAT 21**
**Group Accident Insurance Plan Provisions – [Policy Form: AMGACCP-19]**
**Schedule of Benefits – Pennsylvania Group Accident Insurance - Provides 24-hour coverage**

Benefit	Amount	Benefit	Amount
<b>Primary Insured</b>			
<b>Non-Common Carrier Accident</b> <i>90 days to report</i>	\$40,000	<b>Hospital ICU Confinement Per Day</b> <i>(Maximum 30 days per covered accident) Within 30 days</i>	\$400
<b>Common Carrier Accident</b>	\$100,000	<b>Initial Office Visit</b> <i>Within 90 days</i>	\$50
<b>Catastrophic Accident</b>	\$40,000	<b>Knee Cartilage (Torn)</b> <i>Within 180 days</i>	
Loss of one hand, one foot, one arm, one leg, sight of one eye	\$20,000	With Surgical Repair	\$500
Loss of one finger or one toe	\$4,000	Exploratory Surgery or Debridement	\$150
<b>Spouse</b>		<b>Laceration</b> <i>Within 30 days</i>	
<b>Non-Common Carrier Accident</b>	\$25,000	3 inches or less	\$50
<b>Common Carrier Accident</b>	\$100,000	Between 3 and 5 (including 5) inches	\$200
<b>Catastrophic Accident</b>	\$20,000	Over 5 inches	\$400
Loss of one hand, one foot, one arm, one leg, sight of one eye	\$10,000		
Loss of one finger or one toe	\$2,000		
<b>Children</b>		<b>Lodging Per Day</b> <i>(Maximum of 30 days covered)</i>	\$100
<b>Non-Common Carrier Accident</b>	\$10,000	<b>Major Diagnostic Exam</b> <i>Within 180 days</i>	\$150
<b>Common Carrier Accident</b>	\$20,000	<b>Medical Appliances</b> <i>Within 90 days</i>	\$125
<b>Catastrophic Accident</b>	\$10,000	<b>Outpatient Physician's Treatment</b> <i>Within 90 days; max 2 visits</i>	\$75
Loss of one hand, one foot, one arm, one leg, sight of one eye	\$5,000	<b>Pain Management/Epidural</b> <i>Within 90 days</i>	\$75
Loss of one finger or one toe	\$1,000	<b>Paralysis Benefit</b> <i>Within 30 days</i>	
<b>*Benefit for Catastrophic Accident decreases by 50% at age 70.</b>		Paraplegia	\$7,500
<b>Accident Follow-Up</b> <i>2 follow-up covered; within 180 days</i>	\$50	Quadriplegia	\$15,000
<b>Air Ambulance</b> <i>within 72 hours</i>	\$600		
<b>Ambulance</b> <i>Within 90 days</i>	\$200	<b>Physical Therapy Per Day</b> <i>Within 90 days</i> <i>(Maximum of 5 visits covered)</i>	\$30
<b>Blood, Plasma, Platelets</b> <i>Within 30 days</i>	\$300	<b>Prosthetic Device/Artificial Limb</b> <i>Within 180 days</i>	
<b>Burns</b> <i>within 72 hours</i>		One prosthetic device or artificial limb	\$500
2nd degree for 36% or more of body surface	\$500	More than one device or artificial limb	\$1,000
3rd degree 9-35 sq. in. of body surface	\$1,000	<b>Rehabilitation Unit Per Day</b> <i>Within 90 days</i> <i>(Maximum of 30 days covered)</i>	\$100
3 <sup>rd</sup> degree more than 35in of body surface	\$10,000	<b>Ruptured Disc with Surgical Repair</b> <i>Within 180 days</i>	\$500
<b>Coma</b> <i>Within 30 days</i> <i>(Minimum comatose period is 7 days).</i>	\$10,000	<b>Skin Graft</b>	50% Burn Benefit
<b>Concussion</b> <i>Within 72 hours</i>	\$50	<b>Surgery</b> <i>Within 30 days</i>	
<b>Dislocation (based on joint involved)</b> <i>Within 90 days</i>		Abdominal/Thoracic with Surgical Repair	\$1,000
Open Reduction	\$200 to \$4,000	Abdominal/Thoracic Exploratory Surgery	\$150
Closed Reduction	\$100 to \$2,000	Miscellaneous Surgery with General Anesthesia	\$250
<b>Emergency Dental Work Benefit</b> <i>Within 90 days</i>		Cranial	\$1,000
Broken Teeth Repaired with Crown(s)	\$300	Hernia with Surgical Repair	\$1,000
Broken Teeth Repaired with Extraction(s)	\$100		
<b>Emergency Room Treatment</b> <i>within 72 hours</i>	\$250	<b>Tendon / Ligament / Rotator Cuff</b> <i>Within 180 days</i>	
<b>Eye Injury</b> <i>Within 90 days</i>		Surgical repair	\$500
Surgical Repair	\$200	Exploratory Surgery	\$150
<b>Fracture (based on bone involved)</b> <i>Within 90 days</i>			
Open Reduction	\$400 to \$4,400	<b>Transportation</b> <i>Within 90 days</i> <i>(Maximum of 3 round trips)</i>	\$400
Closed Reduction	\$200 to \$3,000	<b>X-Ray</b> <i>Within 30 days</i>	\$100
<b>Hospital Admission</b> <i>Within 30 days</i>	\$1,500		
<b>Hospital Confinement Per Day</b> <i>Within 90 days</i> <i>(maximum of 30 days covered)</i>	\$200		

## **IUPAT 21**

### **Group Accident Insurance Plan Provisions – Policy Form: AMGACCP-19**

#### **EXCLUSIONS AND LIMITATIONS**

1. Benefits will not be paid for services rendered by a member of the Immediate Family of the Insured Person.
2. Benefits will not be paid for treatment received outside the United States or its territories.
3. We will not pay benefits for an accident that is caused by or occurs as a result of an Insured Person(s):
  - a. being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician and taken according to the Physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the accident occurred);
  - b. alcoholism or substance abuse;
  - c. participating in an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
  - d. intentionally self-inflicting a bodily injury or attempting suicide;
  - e. having cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
  - f. having dental treatment, except for such care or treatment due to accidental injury to sound natural teeth within 90 days of the accident;
  - g. being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary hereto;
  - h. participation in or practicing for any professional, intercollegiate, or club sports activity;
  - i. competing in motor sports races or competition;
  - j. competing in water sports races or competitions;
  - k. testing cars or trucks on any racetrack or speedway;
  - l. handling, storing or transporting explosives;
  - m. scaling up cliffs or mountain walls;
  - n. spelunking (exploring caves);
  - o. driving or riding on vehicles for off-road use, including but not limited to all-terrain vehicles (ATV's) in a competition or professional event;
  - p. handling or working with dangerous animals in a competition or professional event;
  - q. water skiing or surfboarding in a competition or professional event;
  - r. snow skiing or snowboarding in a competition or professional event;
  - s. rollerblading or skateboarding in a competition or professional event;
  - t. participating in a rodeo in a competition or professional event.

## **IMPORTANT SICKNESS RIDER DEFINITIONS**

### **Pre-Existing Condition Limitation**

We will not pay benefits for any loss resulting from or affected by a Pre-existing Condition if the loss occurs within the 12 month period after the Rider's Effective Date.

**Pregnancy**— We will not pay benefits for the Primary Insured's disability that is caused by or occurs as a result of childbirth or normal pregnancy occurring within the first 10 months of the Rider's Effective Date. A disability that is caused by complications of pregnancy will be covered to the same extent as a Covered Sickness.

**Pre-existing condition** means a Sickness or physical condition that existed within the 12-month period before the Rider's Effective Date. For the condition to be considered pre-existing, it must have resulted in the Primary Insured receiving advice, diagnosis, or treatment from a medical professional during this preceding time period.