

Accidental Death and Dismemberment Insurance

With Optional Benefits for Wellness

WHEN AN ACCIDENT HAPPENS...

Your Expenses Increase...for treatments, medication, co-payments and deductibles.

Your Income Decreases due to missed work.

All the while your everyday expenses do not stop. House payments or rent, utilities, credit card bills, and all other monthly obligations continue on their regular schedule.

HOW CAN YOU BEST PROTECT YOURSELF AND MEET YOUR FINANCIAL OBLIGATIONS?

- Borrow from relatives, Your savings or even take out a loan.
- Liquidate assets.
- Protect yourself with Accidental Death and Dismemberment Insurance Benefits.

PLAN PAYS YOU!!!

This Plan pays money directly to You or a person designated by You.
You can use the money any way You want.

HIGHLIGHTS...

Bronze Option-includes benefits for Accidental Death and Dismemberment, Dislocations and Fractures, Accident Hospital Indemnity, Ambulance, and Accident Medical Expense.

Silver Option- includes benefits for Accidental Death and Dismemberment, Dislocations and Fractures, Accident Hospital Indemnity, Ambulance, Accident Medical Expense, and Wellness Benefits.

Gold Option- includes benefits for Accidental Death and Dismemberment, Dislocations and Fractures, Accident Hospital Indemnity, Ambulance, Accident Medical Expense, and Wellness Benefits.

*Pays regardless of other coverage

*Portable (take it with You)

*Guaranteed Renewable to age 70

*In-and out-of-hospital benefits

Security For You and Your Family

Underwritten by Humana Insurance Company

Accidental Death and Dismemberment Policy Form HIC-ACC-POL-TX 7/09

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

We will pay the following amount shown based on Your selection of coverage:

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
For Loss of:		Primary Insured	
Life	\$20,000	\$40,000	\$60,000
Both Hands or Both Feet or Sight of Both Eyes	\$20,000	\$40,000	\$60,000
Both Arms or Both Legs	\$20,000	\$40,000	\$60,000
One Hand or Arm and One Foot or Leg	\$20,000	\$40,000	\$60,000
Sight of One Eye	\$10,000	\$20,000	\$30,000
One Hand or One Arm	\$10,000	\$20,000	\$30,000
One Foot or One Leg	\$10,000	\$20,000	\$30,000
One or More Entire Toes	\$ 1,000	\$ 2,000	\$ 3,000
One or More Entire Fingers	\$ 800	\$ 1,600	\$ 2,400
		Spouse	
Life	\$10,000	\$20,000	\$30,000
Both Hands or Both Feet or Sight of Both Eyes	\$10,000	\$20,000	\$30,000
Both Arms or Both Legs	\$10,000	\$20,000	\$30,000
One Hand or Arm and One Foot or Leg	\$10,000	\$20,000	\$30,000
Sight of One Eye	\$ 5,000	\$10,000	\$15,000
One Hand or One Arm	\$ 5,000	\$10,000	\$15,000
One Foot or One Leg	\$ 5,000	\$10,000	\$15,000
One or More Entire Toes	\$ 500	\$ 1,000	\$ 1,500
One or More Entire Fingers	\$ 400	\$ 800	\$ 1,200
		Child/Children	
Life	\$ 5,000	\$10,000	\$15,000
Both Hands or Both Feet or Sight of Both Eyes	\$ 5,000	\$10,000	\$15,000
One Hand or Arm and One Foot or Leg	\$ 5,000	\$10,000	\$15,000
Sight of One Eye	\$ 2,500	\$ 5,000	\$7,500
One Hand or One Arm	\$ 2,500	\$ 5,000	\$7,500
One Foot or One Leg	\$ 2,500	\$ 5,000	\$7,500
One or More Entire Toes	\$ 250	\$ 500	\$ 750
One or More Entire Fingers	\$ 200	\$ 400	\$ 600

Loss means with regard to: a) hands and feet--actual severance through or above wrist or ankle joints; b) sight--entire and irrecoverable loss thereof; c) toes and fingers--actual severance through or above the metacarpophalangeal joints.

If loss is sustained by a Covered Person while riding as a fare-paying passenger on a scheduled Common Carrier, We will pay three times the amount payable under the Accidental Death and Dismemberment Benefit.

DISLOCATION AND FRACTURE BENEFIT

We will pay the following amount shown based on Your selection of coverage:

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
For Complete Dislocation of:		Primary Insured	
Hip Joint	\$2,000	\$4,000	\$6,000
Knee Joint (Except Patella)	\$ 800	\$1,600	\$2,400
Bone or Bones of the Foot, Other than Toes	\$ 800	\$1,600	\$2,400
Ankle Joint	\$ 800	\$1,600	\$2,400
Wrist Joint	\$ 700	\$1,400	\$2,100
Elbow Joint	\$ 600	\$1,200	\$1,800
Shoulder Joint	\$ 400	\$ 800	\$1,200
Bone or Bones of the Hand, Other Than Fingers	\$ 300	\$ 600	\$ 900
Collar Bone	\$ 300	\$ 600	\$ 900
Two or More Fingers	\$ 140	\$ 280	\$ 420
Two or More Toes	\$ 140	\$ 280	\$ 420
One Finger or One Toe	\$ 60	\$ 120	\$ 180

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
For Complete Dislocation of:			
Hip Joint	\$1,000	\$2,000	\$3,000
Knee Joint (Except Patella)	\$ 400	\$ 800	\$1,200
Bone or Bones of the Foot, Other than Toes	\$ 400	\$ 800	\$1,200
Ankle Joint	\$ 400	\$ 800	\$1,200
Wrist Joint	\$ 350	\$ 700	\$1,050
Elbow Joint	\$ 300	\$ 600	\$ 900
Shoulder Joint	\$ 200	\$ 400	\$ 600
Bone or Bones of the Hand, Other Than Fingers	\$ 150	\$ 300	\$ 450
Collar Bone	\$ 150	\$ 300	\$ 450
Two or More Fingers	\$ 70	\$ 140	\$ 210
Two or More Toes	\$ 70	\$ 140	\$ 210
One Finger or One Toe	\$ 30	\$ 60	\$ 90
For Complete Dislocation of:			
Hip Joint	\$ 500	\$1,000	\$1,500
Knee Joint (Except Patella)	\$ 200	\$ 400	\$ 600
Bone or Bones of the Foot, Other than Toes	\$ 200	\$ 400	\$ 600
Ankle Joint	\$ 200	\$ 400	\$ 600
Wrist Joint	\$ 175	\$ 350	\$ 525
Elbow Joint	\$ 150	\$ 300	\$ 450
Shoulder Joint	\$ 100	\$ 200	\$ 300
Bone or Bones of the Hand, Other Than Fingers	\$ 75	\$ 150	\$ 225
Collar Bone	\$ 75	\$ 150	\$ 225
Two or More Fingers	\$ 35	\$ 70	\$ 105
Two or More Toes	\$ 35	\$ 70	\$ 105
One Finger or One Toe	\$ 15	\$ 30	\$ 45
For Fracture of Bone or Bones of:			
Skull (except Bones of Face or Nose)	\$1,900	\$3,800	\$5,700
Hip, Thigh (Femur)	\$2,000	\$4,000	\$6,000
Pelvis(Except Coccyx)	\$2,000	\$4,000	\$6,000
Arm, Between Shoulder and Elbow (Shaft)	\$1,100	\$2,200	\$3,300
Shoulder Blade (Scapula)	\$1,100	\$2,200	\$3,300
Leg (Tibia or Fibula)	\$1,100	\$2,200	\$3,300
Ankle	\$ 800	\$1,600	\$2,400
Knee Cap (Patella)	\$ 800	\$1,600	\$2,400
Collar Bone (Clavicle)	\$ 800	\$1,600	\$2,400
Forearm (Radius or Ulna)	\$ 800	\$1,600	\$2,400
Foot (Except Toes)	\$ 700	\$1,400	\$2,100
Hand or Wrist (Except Fingers)	\$ 700	\$1,400	\$2,100
Lower Jaw (Except Alveolar Process)	\$ 400	\$ 800	\$1,200
Two or More Ribs, Fingers or Toes	\$ 300	\$ 600	\$ 900
Bones of Face or Nose	\$ 300	\$ 600	\$ 900
One Rib, Finger or Toe	\$ 140	\$ 280	\$ 420
Coccyx	\$ 140	\$ 280	\$ 420
For Fracture of Bone or Bones of:			
Skull (except Bones of Face or Nose)	\$ 950	\$1,900	\$2,850
Hip, Thigh (Femur)	\$1,000	\$2,000	\$3,000
Pelvis(Except Coccyx)	\$1,000	\$2,000	\$3,000
Arm, Between Shoulder and Elbow (Shaft)	\$ 550	\$1,100	\$1,650
Shoulder Blade (Scapula)	\$ 550	\$1,100	\$1,650
Leg (Tibia or Fibula)	\$ 550	\$1,100	\$1,650
Ankle	\$ 400	\$ 800	\$1,200
Knee Cap (Patella)	\$ 400	\$ 800	\$1,200
Collar Bone (Clavicle)	\$ 400	\$ 800	\$1,200
Forearm (Radius or Ulna)	\$ 400	\$ 800	\$1,200
Foot (Except Toes)	\$ 350	\$ 700	\$1,050

	Bronze	Silver	Gold
	1 Unit	2 Units	3 Units
Hand or Wrist (Except Fingers)	\$ 350	\$ 700	\$1,050
Lower Jaw (Except Alveolar Process)	\$ 200	\$ 400	\$ 600
Two or More Ribs, Fingers or Toes	\$ 150	\$ 300	\$ 450
Bones of Face or Nose	\$ 150	\$ 300	\$ 450
One Rib, Finger or Toe	\$ 70	\$ 140	\$ 210
Coccyx	\$ 70	\$ 140	\$ 210
For Fracture of Bone or Bones of:		Child/Children	
Skull (except Bones of Face or Nose)	\$ 475	\$ 950	\$1,425
Hip, Thigh (Femur)	\$ 500	\$1,000	\$1,500
Pelvis(Except Coccyx)	\$ 500	\$1,000	\$1,500
Arm, Between Shoulder and Elbow (Shaft)	\$ 275	\$ 550	\$ 825
Shoulder Blade (Scapula)	\$ 275	\$ 550	\$ 825
Leg (Tibia or Fibula)	\$ 275	\$ 550	\$ 825
Ankle	\$ 200	\$ 400	\$ 600
Knee Cap (Patella)	\$ 200	\$ 400	\$ 600
Collar Bone (Clavicle)	\$ 200	\$ 400	\$ 600
Forearm (Radius or Ulna)	\$ 200	\$ 400	\$ 600
Foot (Except Toes)	\$ 175	\$ 350	\$ 525
Hand or Wrist (Except Fingers)	\$ 175	\$ 350	\$ 525
Lower Jaw (Except Alveolar Process)	\$ 100	\$ 200	\$ 300
Two or More Ribs, Fingers or Toes	\$ 75	\$ 150	\$ 225
Bones of Face or Nose	\$ 75	\$ 150	\$ 225
One Rib, Finger or Toe	\$ 35	\$ 70	\$ 105
Coccyx	\$ 35	\$ 70	\$ 105

Coverage for Primary Insured, Spouse and Child/Children based on your selection of coverage.

	Bronze	Silver	Gold
	1 Unit	2 Units	3 Units
ACCIDENT HOSPITAL INDEMNITY BENEFIT	\$ 100	\$ 200	\$ 300
We will pay for each day a Covered Person is Confined during one or more periods of Hospital Confinement if: a) the Confinement is due to Injury; or b) the first day of Confinement occurs within 90 days after the accident.			
AMBULANCE SERVICE BENEFIT	\$ 100/\$200	\$ 200/\$400	\$ 300/\$600
We will pay for regular ambulance and for air ambulance if as a result of a injury, a Covered Person requires ambulance service for transfer; a) to a Hospital; or b) from a Hospital.			
ACCIDENT MEDICAL EXPENSE BENEFIT	\$ 250	\$ 500	\$ 750
We will pay the Actual Charges incurred up to \$250 if, as a result of Injury, a Covered Person requires medical or surgical treatment.			

A grace period of 31 days will be granted for the payment of each premium after the first. Your policy remains in force during the grace period. Family plan coverage may include the following: You; Your spouse; Your unmarried dependent children under age 25 (26 if full-time student); grandchildren dependent upon you for income tax purposes; and children required to be insured under a medical support order by a court. Incapacitated children are covered in accordance with the incapacitated child continuation provision in the policy.

Effective Date of Covered Persons: Your coverage becomes effective when:

- Your application has been approved by Us;
- the required premium has been paid; and
- this Policy has been issued.

Termination of Covered Persons: Your coverage terminates on the earliest of:

- a) the date the Policy is terminated;
- b) the date of Your death;
- c) Your attainment of the Policy Age Limit; or
- d) Your failure to pay the required premium, subject to the Grace Period.

Your spouse, if covered under the policy, becomes the new insured upon Your death or the date Your coverage terminates because You reached the Policy Age Limit.

Coverage for Your spouse will terminate on the first to occur of:

- a) the termination of this Policy;
- b) the date following your divorce, legal separation or annulment of marriage;
- c) Your spouse's attainment of the Policy Age Limit;
- d) the date of Your spouse's death; or
- e) failure to pay the required premium, subject to the Grace Period.

Coverage for Your dependent child(ren) will terminate on the first to occur of:

- a) the termination of this Policy;
- b) the policy anniversary date after he or she ceases to be a Dependent; or
- c) failure to pay the required premium, subject to the Grace Period.

Termination will be without prejudice to a claim that begins before termination.

EXCLUSIONS AND LIMITATIONS

This Policy does not cover any loss resulting from:

- a) intentionally self-inflicted injury;
- b) suicide or attempted suicide, whether sane or insane;
- c) injury incurred prior to the effective date of coverage;
- d) war or act of war, whether declared or undeclared;
- e) injury sustained while in the armed forces of any country or international authority;
- f) injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- g) injury sustained while riding On any aircraft except as a fare-paying passenger in an aircraft provided by a licensed Common Carrier;
- h) injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- i) injury sustained while committing or attempting to commit a felony;
- j) injury sustained while the Covered Person is operating any motor vehicle while legally intoxicated from the use of alcohol;
- k) hernia, including complications due to hernia;
- l) injury sustained by a dependent child while practicing for or participating in organized competitive football games;
- m) driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- n) voluntarily taking poison;
- o) asphyxiation from voluntary inhaling gas or fumes.

PRE-EXISTING CONDITION LIMITATION

If a Covered Person has a pre-existing condition, We will not pay benefits for such condition during the 2-year period beginning on the policy date, if the condition:

- a) was disclosed without material misrepresentation in answer to questions in the application for this Policy; and
- b) is not excluded by name or specific description.

GUARANTEED RENEWABLE

Your Policy is Guaranteed Renewable until age 70, by payment of premiums as they become due. This Policy will terminate on the last day of the period for which premium is paid unless continued in force during a Grace Period.

PREMIUM CHANGE

We have the right to change the table of premium rates for this Policy. The change in premium will apply to all policies of this form number issued to insureds in Your state of residence. Premiums will be charged in accordance with the table of premium rates using the original classification.

Coverage for Primary Insured, Spouse and Child/Children based on your selection of coverage.

WELLNESS BENEFIT RIDER HIC-ACC-WBR-TX 7/09.

Bronze	Silver	Gold
0 Units	1 Unit	2 Units
None	\$ 25	\$ 50

We will pay the following if You or any one eligible family member undergoes routine examinations or other preventive testing during the following Policy year. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. The Benefit is limited to 2 visits per calendar year per Covered Person; and a maximum of 4 visits per calendar year if the policy is in force as family coverage. Eligible Family Members are Your Spouse and the Dependent Children of either You or Your Spouse. Service must be under the supervision of or recommended by a Physician, received while Your Policy is in force, and a charge must be incurred.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or
- c) when the Insured Person gave Us Written Notice to terminate this rider.

ADDITIONAL BENEFITS RIDER - HIC-ACC-ABR-TX 7/09

**Coverage for Primary Insured, Spouse and Child/Children based on Your selection of coverage.
Bronze, Silver and Gold Options 1 Unit of Coverage**

Benefit Schedule

Abdominal or Thoracic Surgery Benefit - We will pay \$1,000 if a covered person undergoes abdominal or thoracic surgery to repair internal injuries as a result of a covered injury. The surgery must be performed within 3 days of the covered accident. For exploratory surgery done with no surgical repair We will pay \$100.

Accident Follow-Up Treatment Benefit - We will pay \$50 per day a covered person receives a follow-up treatment provided that a benefit has been paid under the Medical Expense Benefit of the policy. This benefit is limited to 2 treatments per covered accident per covered person. Treatments must be administered by a physician in the physician's office or a hospital on an outpatient basis. Follow-up treatments must begin within 90 days of the covered accident and not take place longer than 6 months after the covered accident. This Benefit is not payable at the same time a benefit is payable under the Physical Therapy Benefit.

Appliance Benefit - We will pay \$125 for prescribed medical appliances that aid in personal mobility including wheelchair, crutches or walker. Use of these devices must begin within 90 days after a covered accident and the Benefit is payable only once per covered person per covered accident.

Blood and Plasma Benefit - We will pay \$300 for blood or plasma for a transfusion required for a covered accident. The transfusion must be within 3 days of the covered accident and is payable only once per covered person per accident.

Brain Injury Diagnosis Benefit - We will pay \$150 for the first diagnosis of the following traumatic brain injuries: cerebral contusion; cerebral laceration; concussion; or intercranial hemorrhage. The covered person must be treated within 3 days of a covered accident; and diagnosis made by computed tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scan or X-ray must occur within 30 days of the accident. This benefit is payable only once per covered person.

Burn Benefit - We will pay \$100 if burns cover less than 15% of the body surface and \$500 if burns cover more than 15% of the body surface for one or more second or third degree burns other than sunburn. Treatment must be within 3 days of the covered accident and the benefit is payable only once per covered person per covered accident.

Coma Benefit - We will pay \$15,000 if a covered person is in a Coma as defined in this rider which lasts 5 or more consecutive days as a result of a covered accident. This benefit is payable only once per covered person.

Eye Injury Benefit - We will pay \$100 for surgery or the removal of a foreign object from the eye. Treatment must be performed by a physician and occur within 90 days of the accident. An examination without anesthesia is not considered a surgery. This benefit is payable only once per covered person per covered accident.

Family Member Lodging Benefit - We will pay \$100 per day for lodging of one adult member of a covered person's family when a covered person is confined in a non-local hospital or speciality free standing treatment center while undergoing treatment for a covered accident. This benefit is payable for 30 days for each covered accident. This benefit is payable only if the Non-local Transportation Benefit is payable under the covered accident. This benefit will not be paid if the family member lives within 60 miles of the treatment facility.

Hospital Intensive Care Confinement Benefit - We will pay \$400 per day that a covered person is confined to a hospital Intensive Care Unit. Confinement must begin within 3 days after a covered accident and is payable for up to 60 days of continuous confinement in the Intensive Care Unit. For a partial day confinement, the daily benefit will be pro-rated based on the number of hours confined divided by 24 hours.

Immediate Hospitalization Benefit - We will pay \$1,000 upon the first confinement to a hospital during a calendar year for a covered accident providing that a benefit is payable under the Hospital Confinement Benefit of the policy. The covered person must be confined to the hospital within 3 days of a covered accident and is payable only once per covered person per hospital confinement and only once per calendar year.

Laceration Benefit - We will pay \$50 for lacerations or cuts treated by a physician within 3 days of a covered accident. This benefit is only payable once per covered person per calendar year.

Non Local Transportation Benefit - We will pay \$300 per trip for non-local treatment at a hospital or speciality free-standing treatment center nearest the covered person's home. Treatment must be prescribed by a physician and the same treatment or care cannot be obtained locally. Non-local is treatment that is 60 miles or more one way from the covered person's home. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. This benefit is payable 3 times per covered accident. This benefit does not cover ground or air ambulance.

Paralysis Benefit - We will pay \$10,000 for paraplegia and \$20,000 for quadriplegia if a covered person receives a spinal cord injury resulting in complete and permanent loss of use of two or more limbs. An attending physician must confirm the paralysis within 3 days of a covered accident and the paralysis must last for at least 90 consecutive days. This benefit is payable only once per covered person.

Physical Therapy Benefit - We will pay \$30 per day a covered person receives physical therapy treatment. This benefit is only payable if a benefit has been paid under the Medical Expense Benefit of the policy. We will pay for a maximum of one treatment per day with a maximum of 6 treatments per covered accident per covered person. This benefit is only payable for injuries resulting from a covered accident where benefits begin within 90 days of the covered accident. Treatments after 6 months after a covered accident are not covered. This benefit is not payable for a same visit for which a benefit is payable under the Accident Follow-Up Treatment Benefit.

Prosthesis Benefit - We will pay \$500 for one device and \$1,000 for 2 or more devices for a prosthetic hand, foot, or eye that is prescribed by a physician. This benefit is payable if a benefit is paid for the loss of hand, foot, or eye under the Accidental Dismemberment benefit of the policy. The device or devices must be received within 180 days of a covered accident. This benefit is payable only once per covered person per covered accident.

Ruptured Disc Benefit - We will pay \$500 for a ruptured disc of the spine. The ruptured disc must be diagnosed as a result of a covered accident and surgically repaired by a physician within 180 days of the date of the covered accident.

Skin Graft Benefit - We will pay 50% of the Burn Benefit under this rider if a covered person receives a skin graft for a burn for which a benefit is paid under the Burn Benefit. The skin graft must be performed by a physician to treat a covered burn within 90 days of a covered accident. This benefit is payable only once per covered person per covered accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit - We will pay \$500 per injury for an injured tendon, ligament, rotator cuff or knee cartilage. The injury site must be torn, ruptured, or severed and surgically repaired by a physician within 180 days of a covered accident. If exploratory surgery using arthroscopy is done and no surgical repair is done, we will pay \$150 for the exploratory surgery. This benefit is not paid if a benefit is paid under the Ruptured Disc Benefit of the rider for the same covered accident.

The benefits under this rider are subject to the Pre-existing Condition Limitation of the policy. All other general provisions of the Policy to which this rider is attached apply to this rider.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or
- c) when the Insured Person gives Us Written Notice to terminate this rider.

**Administered by:
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