

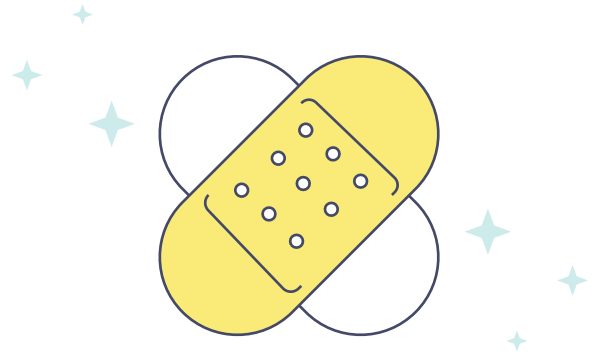
# Accident



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# Break a leg - without breaking the bank

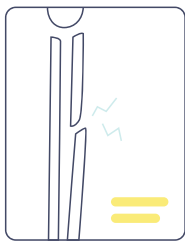


Accidents happen. When they happen to you, make sure that you're protected from the financial strain with Accident coverage by Triada. Our Accident plans will pay you a fixed amount of money if you suffer and require treatment for a wide variety of unforeseen injuries. You will get this payout regardless of your medical expenses.

## PLAN HIGHLIGHTS

- **Guaranteed Issue.** We won't review your medical history before deciding whether or not to issue a policy.

## HOW IT WORKS



### Mark is in a car accident and hurts his arm

He visits the emergency room that afternoon and an X-Ray determines that his arm is broken.



### His arm is put in a cast

After filing a claim with his Triada Accident plan, Mark receives payments for \$200 for his fracture and \$300 for his treatment.



### Mark is paid a flat amount

He's eligible for these payments regardless of his medical expenses.

**Affordable plans with the easiest claims you've ever filed. That's the Triada Promise.**

# What You Get

## COVERAGE BENEFITS

The following benefits are per Participant per Plan Year. All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

<b>EMERGENCY ROOM</b>			
Emergency Room Treatment: Within 72 hours after a covered accident.	\$150	Therapy Services – Occupational, Physical and Speech: Maximum of 10 visits per covered accident and completed within 2 years after the covered accident.	\$25
<b>HOSPITAL CARE</b>		<b>SPECIFIC LOSS</b>	
Hospital Admission: Within 6 months after the covered accident	\$1,000*	Laceration: Repaired by a physician within 72 hours after the covered accident.	
Hospital Intensive Care Admission	\$1,500*	Laceration(s) treated without stitches, staples or glue	\$60
*Only one admission benefit is payable once per covered either hospital or intensive care admission.		Total of all Lacerations is not more than 3 inches long and repair by stitches.	\$75
Hospital Confinement: Per Day up to 365 days. Within 6 months after the covered accident.	\$200	Total of all Lacerations is greater than 3 inches but not more than 5 inches and repaired.	\$300
Hospital Intensive Care Confinement: Per Day up to 30 days. Within 30 days after the covered accident	\$400	Total of all Lacerations is greater than 5 inches and repaired by stitches.	\$600
Lodging: Per Day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured.	\$150	Concussion: Diagnosed by a physician within 72 hours after the covered accident.	\$150
Transportation: (Insured Only) Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.	\$600	Eye Injury: Within 90 days after the covered accident	\$300
"Rehabilitation Unit Confinement: Per Day up to 15 days per covered accident, max of 30 days per Plan Year."	\$100	Coma: Unconscious for 30 consecutive days if as a result of a covered accident.	\$10,000
<b>DIAGNOSTIC IMAGING</b>		<b>EMERGENCY DENTAL WORK</b>	
Medical Imaging: For CT scan, MRI or EEG as the result of a covered accident.	\$200	Broken teeth repaired with crown(s)	\$300
<b>EMERGENCY CARE</b>		Broken teeth resulting in extraction(s)	\$100
Appliance: Within 90 days after the covered accident. For personal locomotion or mobility.	\$100	<b>BURNS</b>	
Blood, Plasma, Platelets: Within 90 days after the covered accident.	\$300	Burns: Treated by a physician within 72 hours after the covered accident.	
Physician Office – Initial Visit: Within 60 days of a covered accident.**	\$75	Skin grafts: Pay 25% of the applicable Burn benefit if an Insured receives a skin graft for a burn for which a benefit was paid under the Burn benefit of this Policy. We will pay this amount once per covered accident.	
Urgent Care – Initial Visit: Within 60 days of a covered accident.**	\$75	2nd degree burns which cover at least 36% of the body	\$1,000
**Either Physician or Urgent Care benefit is payable once per covered accident.		3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches.	\$2,500
<b>SURGERY</b>		3rd degree burns which cover 35 or more square inches of the body.	\$10,000
Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon / Ligament / Rotator Cuff.	\$300	<b>PROSTHETIC DEVICE / ARTIFICIAL LIMB: WITHIN ONE YEAR OF THE COVERED ACCIDENT</b>	
Abdominal or Thoracic with repair: Within 72 hours of a covered accident.	\$1,500	One	\$750
Abdominal or Thoracic without repair: Within 72 hours of a covered accident.	\$150	More than one	\$1,500
Hernia: Diagnosed within 30 days and repaired within 90 days of the covered accident.	\$150	Ruptured Disc: Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.	\$800
<b>CONTINUING CARE</b>		<b>TENDON, LIGAMENT, ROTATOR CUFF: WITHIN ONE YEAR OF THE COVERED ACCIDENT</b>	
Epidural Pain Management: Within 6 months after the covered accident. Payable once per 12 month period.	\$100	Repair of one	\$800
Physician Follow-Up Care: Within 180 days of the covered accident. Payable twice per covered accident.	\$75	More than one	\$1,200
Spinal Manipulation: Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents.	\$25	Exploratory without repair	\$150
		<b>TORN KNEE CARTILAGE</b>	
		*Treated by a physician within 60 days and repaired through surgery within one year after the covered accident.	
		Surgery with repair	\$750
		Exploratory surgery	\$150

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# What You Get (Contd.)

## DISLOCATIONS – DIAGNOSED BY A PHYSICIAN WITHIN 90 DAYS AFTER THE COVERED ACCIDENT.

Dislocation (Separated Joint): Type: With Anesthesia  
Closed Without Anesthesia – 25% of closed with anesthesia benefit

	Closed Reduction	Open Reduction
Hip	\$3,000	\$6,000
Knee (except Patella), up to:	\$1,500	\$3,000
Ankle – Bones or Bones of Foot (not toes), up to:	\$1,200	\$2,400
Collarbone (Sternoclavicular), up to:	\$750	\$1,200
Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist or Bone or Bones of the Hand (not Fingers), up to (each):	\$450	\$900
Bone or Bones of the Hand (not Fingers), up to:	\$450	\$900
Collarbone (Acromioclavicular and separation), One Toe or Finger, up to:	\$150	\$300

## FRACTURES

	Closed Reduction	Open Reduction
Fracture (Broken Bone)		
Chips – 25% of closed benefit		
Skull – depressed fracture (except Bones of the Face or Nose):	\$3,750	\$7,500
"Skull – simple non-depressed fracture (except Bones of Face or Nose):"	\$1,500	\$3,000
Hip, Thigh (Femur)	\$2,250	\$4,500
Vertebrae, Body of (except Vertebral processes), Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx), and/or Leg:	\$1,200	\$2,400
Bones of Face or Nose (except Mandible or Maxilla), Upper Jaw – Maxilla (except Alveolar process) and/or Upper Arm between Elbow and Shoulder:	\$525	\$1,050
Lower Jaw – Mandible (except Alveolar process), Shoulder Blade or Collarbone (Scapula, Clavicle, Sternum), Vertebral Processes, Forearm, Hand, Wrist (except fingers), Kneecap (Patella), Foot (except Toes), and/or Ankle:	\$450	\$900
Rib	\$375	\$750
Coccyx:	\$300	\$600
Finger, Toe:	\$75	\$150

## MAJOR INJURY

Accidental Death: Within 90 days from the date of a covered accident.

Employee	\$50,000
Spouse	\$20,000
Children	\$10,000

Accidental Death / Common Carrier: Within 90 days from the date of a covered accident.

Employee	\$150,000
Spouse	\$60,000
Children	\$30,000

Dismemberment: Within 90 days after the covered accident.

Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed:	\$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 fingers and toes:	\$1,500
Loss of one finger or one toe:	\$750

Catastrophic Accident: Payable after a 365 day elimination period.

Employee (reduced by 50% at age 70)	\$100,000
Spouse (reduced by 50% at age 70)	\$50,000
Children	\$30,000

## Exclusions & Limitations

This is Accident-Only Insurance. We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury. This exclusion does not apply to the Sickness Hospital Confinement Rider or the Health Screening Benefit Rider;
3. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
4. repetitive stress or motion disorders caused by overuse or degenerative changes;
5. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
6. mental or nervous disorders;
7. alcoholism or drug addiction;
8. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
9. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
10. the Insured working for pay or profit

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