COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0-HS-MA)

SUMMARY OF POLICY FEATURES
The policy:

1. does not contain a waiting period before benefits are payable by the policy.
2. is a noncancellable accident only policy.
3. does not pay benefits in event of sickness.
4. does contain issue age limits of 0 to 80.
5. is not subject to increase in premiums.
6. does not contain any pre-existing condition limitations.
7. does not contain a waiting period.
8. does not cover mental illness; however, Alzheimer's Disease and other organic senile dementias are covered.
9. does not cover pregnancy.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

If, for any reason, you are not satisfied with the policy, you can return it to us at our home office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider the policy as if it never existed. Any premium paid will be refunded.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is noncancellable. We have no right to change the premiums we charge on the policy.

Any riders attached to the policy, if applicable, that provide benefits for covered sicknesses may be subject to a change in premium. The premium can be changed following the approval of the Commissioner of Insurance only if we change it on all riders of the same kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered bodily injury only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered bodily injury unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered bodily injury:

Accident Emergency Treatment - $125
Benefit payable if, as the result of a covered bodily injury, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered bodily injury. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - $50, Maximum of three visits per covered person per covered bodily injury
Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered bodily injury or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered bodily injury. Treatment must begin within 60 days of the covered bodily injury, be completed with 365 days of the covered bodily injury, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured $25,000 Spouse $25,000 Children $5,000
Benefit payable if a covered person is injured in a covered bodily injury and the injury causes the covered person to die within 90 days after the bodily injury. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured $100,000 Spouse $100,000 Children $20,000
Benefit payable if, as the result of a covered bodily injury, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the bodily injury. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)
$750 Payable for loss of: one finger or one toe
$1,500 Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.
$7,500 Payable for loss of: one hand, or one foot, or sight of one eye.
$15,000 Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.
Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered bodily injury and a charge is incurred, as the result of a covered bodily injury. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered bodily injury, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - $2,000
Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered bodily injury and a charge is incurred. Transportation must occur within 48 hours after the covered bodily injury.

Ambulance - $200
Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered bodily injury and a charge is incurred. Transportation must occur within 90 days after the covered bodily injury.

Appliance - $100
Benefit payable if, as the result of a covered bodily injury, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after the covered bodily injury and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - $300
Benefit payable if, as the result of a covered bodily injury, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered bodily injury, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered bodily injury, a covered person is treated by a doctor within 72 hours after the bodily injury for burns as described below, and a charge must be incurred.
$1,000 - Second degree burns covering a total of at least 36% of the body surface
$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches
$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches
$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit
Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Bodily Injury - payable once per lifetime per covered person

Bodily Injury Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	$25,000
	Spouse	$25,000
	Child(ren)	$12,500
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	$12,500
	Spouse	$12,500
	Child(ren)	$6,250
After the covered person's attaining age 70	Named Insured	$6,250
	Spouse	$6,250
	Child(ren)	$3,125

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered bodily injury and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.
Catastrophic loss means an injury that within 365 days of the covered bodily injury results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.
Elimination period means the period of 365 days after the date of a covered bodily injury. The catastrophic bodily injury benefit will be payable once per lifetime for each covered person in this policy.

Coma - $10,000
Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered bodily injury. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered bodily injury, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term "coma" does not include any medically induced coma.

Concussion - $60
Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered bodily injury as the result of a covered bodily injury and a charge is incurred.

Dislocation (Separated Joint)

Complete Dislocation of Joint	Closed Reduction (with Anesthesia)	Open Reduction (with Anesthesia)
Hip	$2,200	$4,400
Knee (except patella)	$1,100	$2,200
Ankle - bone or bones of the foot (other than toes)	$880	$1,760
Collarbone (sternoclavicular)	$550	$1,100
Lower jaw, shoulder (glenohumeral), elbow, wrist	$330	$660
Bone or bones of the hand (other than fingers)	$330	$660
Collarbone (acromioclavicular and separation), one toe or finger	$110	$220
Incomplete dislocation	25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.	

Benefit payable if, as the result of a covered bodily injury, any covered person has a dislocation diagnosed by a doctor within 90 days after the bodily injury; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

Emergency Dental Work - $300 - Broken tooth repaired with a crown, dentures or implant
$75 - Broken tooth resulting in extraction
The specified dental services must be required by a covered person as the result of injuries received in an bodily injury, must begin within 60 days of the covered bodily injury and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered bodily injury, regardless of the number of teeth involved.

Eye Injury - $300
Benefit payable if, as the result of a covered bodily injury, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered bodily injury and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	$2,750	$5,500
Skull (except bones of face or nose) non-depressed skull fracture	$1,100	$2,200
Hip, thigh (femur)	$1,650	$3,300
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	$825	$1,650
Bones of face or nose (except mandible or maxilla)	$385	$770
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	$385	$770
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	$330	$660
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	$330	$660
Rib	$275	$550
Coccyx	$220	$440
Finger, Toe	$110	$220
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered bodily injury, a covered person has a fracture diagnosed by a doctor within 90 days after the bodily injury. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the

bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered bodily injury, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Health Screening - $50 per covered person per calendar year
Benefit payable once per calendar year for one of the health screening tests defined in this outline performed while coverage under the policy is in force. Health screening test is defined as: blood test for triglycerides, bone marrow testing, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), carotid doppler, CEA (blood test for colon cancer), chest x-ray, colonoscopy, echocardiogram (ECHO), electrocardiogram (EKG, ECG), fasting blood glucose test, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum cholesterol test to determine level of HDL and LDL, serum protein electrophoresis (blood test for myeloma), stress test on a bicycle or treadmill, skin cancer biopsy, thermography, ThinPrep pap test, virtual colonoscopy.

Hospital Admission - $1,000
Benefit payable if, as the result of a covered bodily injury, a covered person is confined in a hospital within six months after the bodily injury and a charge is incurred. Payable once per covered bodily injury. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered bodily injury.

Hospital Confinement - $225 per day up to 365 days per covered person per covered bodily injury
Benefit payable if, as the result of a covered bodily injury, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered bodily injury, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - $2,000 - one per covered person per covered bodily injury
Benefit payable if, as the result of a covered bodily injury, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered bodily injury and a charge is incurred; payable once per covered bodily injury. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered bodily injury.

Hospital Intensive Care Unit Confinement - $450 per day up to 15 days per covered person per covered bodily injury
Benefit payable if, as the result of a covered bodily injury, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the bodily injury, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - $500 - one per covered person per covered bodily injury
Benefit payable if, as the result of a covered bodily injury, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered bodily injury. The torn knee cartilage must be repaired through surgery within 12 months after the covered bodily injury, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration
$60 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches
$260 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches
$500 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches
$30 - Laceration(s) with no repair
Benefit payable if, as the result of a covered bodily injury, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered bodily injury, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered bodily injury, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - $125 per night up to 30 days per covered bodily injury
Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered bodily injury, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - $150 payable once per covered person per covered bodily injury and once per calendar year
Benefit payable if, as the result of a covered bodily injury, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - $25 per day up to 10 days per covered person per covered bodily injury
Benefit payable if, as the result of a covered bodily injury, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered bodily injury and be completed within six months after the covered bodily injury, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb
$500 - One prosthetic device or artificial limb
$1,000 - Two or more devices or artificial limbs.
Benefit payable if, as the result of a covered bodily injury, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered bodily injury, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - $100 per day, up to 15 days per covered person per covered bodily injury, and a maximum of 30 days per calendar year
Benefit payable if, as the result of a covered bodily injury, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered bodily injury, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - $500
Benefit payable if, as the result of a covered bodily injury, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered bodily injury and repaired through surgery within one year after the bodily injury. A charge must be incurred for the repair.

Surgery - Cranial, Open Abdominal and Thoracic - $1,500
Hernia - $150
Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered bodily injury, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered bodily injury and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered bodily injury, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered bodily injury. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered bodily injury, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - $200
Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered bodily injury to explore or repair injuries received as the result of a covered bodily injury. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff
$500 - Repair of one tendon, ligament or rotator cuff
$1,000 - Repair of two or more of the above.
Benefit payable if, as the result of a covered bodily injury, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered bodily injury, and a charge must be incurred.

Transportation - $500 per round trip up to three round trips per covered person per covered bodily injury
Benefit payable if, as the result of a covered bodily injury, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray - $30
Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered bodily injury. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered bodily injury.

IMPORTANT WORDS IN THE POLICY

Bodily Injury means an unintended or unforeseen injury to the body sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.
Confined or **Confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.
A **Covered Bodily Injury** is a bodily injury which: occurs on or after the effective date of the policy; occurs while the policy is in force; is of the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.
A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.
An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.
A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X- ray equipment, a laboratory and an operating room where surgical operations take place.
Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a facility for the treatment of substance or drug abuse; or an assisted living facility.
A **Hospital Intensive Care Unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.
A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.
A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.
A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.
An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered bodily injury.
An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.
An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.
An **Off-Job Bodily Injury** means a bodily injury that occurs while a covered person is not working at any job for pay or benefits.
An **On-Job Bodily Injury** means a bodily injury that occurs while a covered person is working at any job for pay or benefits.
A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a facility for the treatment of substance or drug abuse, or an assisted living facility.
An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having 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, pregnancy, disease or any other abnormal physical condition which is not caused by an injury.
- having a psychiatric or psychological condition including, but not limited to, affective conditions, neuroses, anxiety, stress and adjustment reactions. However, a covered bodily injury that results from Alzheimer's Disease and other organic senile dementias is covered.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Bodily Injury benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

If you have a complaint, call us at 800-325-4368 or call your agent. If you are not satisfied, you may call or write the Massachusetts Division of Insurance, Consumer Services Section, 1000 Washington Street, Suite 800, Boston, MA 02118-6200.