

PSEA

Group Benefit Programs



For members of the Pacific Service Employees Association

Accident Advantage

GROUP ACCIDENT INSURANCE

PLAN HIGHLIGHTS

- ▶ **24-Hour coverage.**
- ▶ **Guaranteed Issue—no health questions asked.**
- ▶ **Benefits do not reduce as you get older.**
- ▶ **Pays regardless of Workers' Compensation, medical coverage or any other insurance you may have.**



HOSPITAL BENEFITS	PLAN 1		PLAN 2	
	EMPLOYEE/SPOUSE	CHILD	EMPLOYEE/SPOUSE	CHILD
Medical Fees (for each accident) If an insured is injured in a covered accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies and x-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days from the date of the accident.	\$125	\$75	\$62.50	\$37.50
Hospital Admission We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident (within 6 months of the date of the accident). We will pay this benefit once per calendar year per insured person.	\$1,000	\$1,000	\$500	\$500
Hospital Confinement (per day) We will provide this benefit due to a covered accident on the first day of hospital confinement for up to 365 days. Hospital Confinement must begin within 90 days from the date of the accident.	\$200	\$200	\$100	\$100
Hospital Intensive Care (per day) Benefit paid up to 15 days per covered accident. Benefits are paid in addition to the Hospital Confinement.	\$400	\$400	\$200	\$200
Paralysis (lasting 90 days or more) Quadriplegia Paraplegia	\$10,000 \$5,000	\$5,000 \$2,500	\$5,000 \$2,500	\$2,500 \$1,250

ACCIDENTAL DEATH AND DISMEMBERMENT (within 90 days)

	PLAN 1			PLAN 2		
	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
Accidental Death	\$25,000	\$10,000	\$5,000	\$12,500	\$5,000	\$2,500
Accidental Common Carrier Death (Plane, Train, or Bus)	\$100,000	\$50,000	\$15,000	\$50,000	\$25,000	\$7,500
Single Dismemberment	\$6,250	\$2,500	\$1,250	\$3,125	\$1,250	\$625
Double Dismemberment	\$25,000	\$10,000	\$5,000	\$12,500	\$5,000	\$2,500
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250	\$625	\$250	\$125
Partial Amputation of Fingers or Toes (Including at least one joint)	\$100	\$100	\$100	\$50	\$50	\$50

PLAN BENEFITS

MAJOR INJURIES (diagnosis and treatment within 90 days)

► FRACTURES:

Hip/Thigh
 Vertebrae (except processes)
 Pelvis
 Skull (depressed)
 Leg
 Forearm/Hand/Wrist
 Foot/Ankle/Knee cap
 Shoulder blade/Collar bone
 Lower Jaw (Mandible)
 Skull (Simple)
 Upper Arm/Upper Jaw
 Facial bones (except teeth)
 Vertebral Processes
 Coccyx/Rib/Finger/Toe

- Multiple fractures and dislocations paid at 150% of the benefit amount for open or closed reduction
- Chip fractures are paid at 10% of fracture benefit
- Partial dislocations are paid at 25% of dislocation benefit

► DISLOCATIONS:

Hip
 Knee (not knee cap)
 Shoulder
 Foot/Ankle
 Hand
 Lower Jaw
 Wrist
 Elbow
 Finger/Toe

PLAN 1		PLAN 2	
CLOSED REDUCTION	OPEN REDUCTION	CLOSED REDUCTION	OPEN REDUCTION
\$4,000	\$6,000	\$2,000	\$3,000
\$3,600	\$5,400	\$1,800	\$2,700
\$3,200	\$4,800	\$1,600	\$2,400
\$3,000	\$4,500	\$1,500	\$2,250
\$2,400	\$3,600	\$1,200	\$1,800
\$2,000	\$3,000	\$1,000	\$1,500
\$2,000	\$3,000	\$1,000	\$1,500
\$1,600	\$2,400	\$800	\$1,200
\$1,600	\$2,400	\$800	\$1,200
\$1,400	\$2,100	\$700	\$1,050
\$1,400	\$2,100	\$700	\$1,050
\$1,200	\$1,800	\$600	\$900
\$800	\$1,200	\$400	\$600
\$320	\$480	\$160	\$240
\$2,700	\$4,050	\$1,350	\$2,025
\$1,950	\$2,925	\$975	\$1,462.50
\$1,500	\$2,250	\$750	\$1,125
\$1,200	\$1,800	\$600	\$900
\$1,050	\$1,575	\$525	\$787.50
\$900	\$1,350	\$450	\$675
\$750	\$1,125	\$375	\$562.50
\$600	\$900	\$300	\$450
\$240	\$360	\$120	\$180

SPECIFIC INJURIES • EMPLOYEE/SPOUSE/CHILD

► BURNS (treatment within 72 hours):

Second Degree

Less than 10%
 At least 10%, but less than 25%
 At least 25%, but less than 35%
 35% or more

Third Degree

Less than 10%
 At least 10%, but less than 25%
 At least 25%, but less than 35%
 35% or more

First Degree burns are not covered.

► LACERATIONS (treatment and repair within 72 hours):

Under 2" long
 2" - 6" long
 Over 6" long
 Lacerations not requiring stitches

Multiple Lacerations: We will pay for the largest single laceration requiring stitches.

PLAN 1

PLAN 2

\$100
 \$200
 \$500
 \$1,000

\$50
 \$100
 \$250
 \$500

\$500
 \$3,000
 \$7,000
 \$10,000

\$250
 \$1,500
 \$3,500
 \$5,000

\$50
 \$200
 \$400
 \$25

\$25
 \$100
 \$200
 \$25

PLAN BENEFITS

SPECIFIC INJURIES • EMPLOYEE/SPOUSE/CHILD	PLAN 1	PLAN 2																
Ruptured Disc (treatment within 60 days; surgical repair within 1 year) Injury occurring during 1st certificate year Injury occurring after 1st certificate year	\$100 \$400	\$50 \$200																
Tendons/Ligaments (treatment within 60 days; surgical repair within 90 days) If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired.	<table border="1" data-bbox="1190 359 1523 499"> <thead> <tr> <th colspan="2" data-bbox="1190 359 1523 390">SINGLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="1190 390 1357 428">\$400</td> <td data-bbox="1357 390 1523 428">\$200</td> </tr> <tr> <th colspan="2" data-bbox="1190 428 1523 459">MULTIPLE</th> </tr> <tr> <td data-bbox="1190 459 1357 499">\$600</td> <td data-bbox="1357 459 1523 499">\$300</td> </tr> </tbody> </table>	SINGLE		\$400	\$200	MULTIPLE		\$600	\$300	<table border="1" data-bbox="1377 359 1523 499"> <thead> <tr> <th colspan="2" data-bbox="1377 359 1523 390">SINGLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="1377 390 1523 428">\$200</td> <td data-bbox="1377 428 1523 499"></td> </tr> <tr> <th colspan="2" data-bbox="1377 428 1523 459">MULTIPLE</th> </tr> <tr> <td data-bbox="1377 459 1523 499">\$300</td> <td data-bbox="1377 499 1523 506"></td> </tr> </tbody> </table>	SINGLE		\$200		MULTIPLE		\$300	
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Torn Knee Cartilage (treatment within 60 days; surgical repair within 1 year) Injury occurring during 1st certificate year Injury occurring after 1st certificate year	\$100 \$400	\$50 \$200																
Eye Injuries Treatment and surgical repair within 90 days Removal of foreign body	\$250 \$50	\$125 \$25																
Concussion (a head injury resulting in electroencephalogram abnormality)	\$200	\$100																
Coma (lasting 30 days or more)	\$10,000	\$5,000																
Emergency Dental Work (per accident) Repaired with crown Resulting in extraction	\$150 \$50	\$75 \$25																
ADDITIONAL BENEFITS • EMPLOYEE/SPOUSE/CHILD	PLAN 1	PLAN 2																
Ambulance If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.	\$100	\$50																
Air Ambulance If an insured requires transportation to a hospital by a professional air ambulance service within 90 days after a covered accident, we will pay the amount shown.	\$500	\$250																
Blood/Plasma If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.	\$100	\$50																
Appliances We will pay this benefit when you are advised by a physician to use a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces and walkers.	\$100	\$50																
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000	\$500																
Exploratory Surgery (without repair, i.e. arthroscopy)	\$250	\$125																
Accident Follow-up Treatment We will pay this benefit for up to six treatments per covered accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.	\$25	\$12.50																

PLAN BENEFITS

OTHER BENEFITS • EMPLOYEE/SPOUSE/CHILD	PLAN 1	PLAN 2
<p>Prosthesis If an insured requires the use of a prosthetic device due to injuries received in a covered accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including (but not limited to) false teeth are not covered.</p>	\$500	\$250
<p>Physical Therapy We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.</p>	\$25	\$12.50
<p>Transportation If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the covered accident. The distance to the location of the hospital must be greater than 50 miles from your residence.</p>	TRAIN/PLANE	
	\$300	\$150
	BUS	
	\$150	\$75
<p>Family Lodging Benefit (per night) If an insured is required to travel more than 100 miles from his home for inpatient treatment of injuries received in a covered accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.</p>	\$100	\$50
<p>Wellness Benefit (per 12-month period) After 12 months of paid premium and while coverage is in force, we will pay this benefit for routine examinations or other preventative testing once each 12 month period. Benefits include and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, PSA tests, ultrasounds and blood screenings.</p>	\$60	\$30

OPTIONAL SICKNESS BENEFITS • PLAN 1 AND 2

To be eligible for these optional benefits, an employee must be covered under the Accident Plan. Employees must elect coverage under the optional Hospital benefits in order for spouse and children to be covered. Optional Sickness Hospital Rider does not require any insured to answer health questions.

	EMPLOYEE/SPOUSE/CHILD
<p>Hospital Admission We will pay this benefit if the insured is admitted to a hospital and confined as a resident bed patient due to sickness. We will pay this benefit once for each covered sickness.</p>	\$250
<p>Hospital Confinement We will provide this benefit on the first day of hospital confinement, per day, for up to 30 days, per sickness.</p>	\$100

QUESTIONS AND ANSWERS

Do I have to take a physical before I am approved for coverage?

No. A physical exam is not normally required for any of the benefit plans.

How are the premiums paid?

Your premiums will be paid through the convenience of payroll deduction. Your employer will deduct and forward the premium to the insurance company. You have no checks to write or postage to pay.

What happens to my coverage if I leave the company?

You can take your coverage with you at the same rates and benefits. Premiums can be deducted automatically from your checking account through convenient automatic bank draft.

Who will receive my benefit payments?

Benefit payments will be paid directly to you or your beneficiary, unless you specify otherwise.

How do I file a claim?

Simply complete the claim forms you receive with your policy certificate and mail to:

Continental American Insurance Company

P.O. Box 427

Columbia, SC 29202

You may fax your completed claim forms to Continental American Claims Department at 1-866-849-2970

For assistance with pending claims, please call Continental American at 1-800-433-3036.

Who do I call for customer service?

For additional claim forms or customer service questions, please call Continental American Insurance Company: 1-800-433-3036.



LIMITATIONS AND EXCLUSIONS

GROUP SPECIFIED CRITICAL ILLNESS

If diagnosis occurs after the age of 70, half of the benefit is payable.

The applicable benefit amount will be paid if: the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. Substance abuse; or
6. Pre-existing conditions.

Pre-existing Condition Limitation

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition.

A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

Definitions

Major Organ Transplant

Means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Myocardial Infarction (Heart Attack)

Means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a myocardial infarction is not a heart attack. The diagnosis must include all of the following criteria: 1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction; and 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]. 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms. 4. Chest Pain.

Stroke

Means Apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after the policy date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI). Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Cancer

Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers such as: 1. Pre-malignant tumors or polyps; 2. Carcinoma in Situ (non-invasion); 3. Any skin cancers except melanomas; 4. Stage 1 Hodgkin's Disease; 5. Stage A Prostate Cancer; 6. Melanoma that is diagnosed as Clark's Level I and II or Breslow less than .77 mm; 7. Basal cell carcinoma and squamous cell carcinoma of the skin.

Carcinoma in situ

Means Cancer that is in the natural or normal place, confined to the site without having invaded neighboring tissue.

Cancer and/or carcinoma in situ must be diagnosed in one of two ways:

1. Pathological Diagnosis - A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology.
2. Clinical Diagnosis - A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if: a. A pathological diagnosis cannot be made because it is medically inappropriate or life threatening; b. There is medical

evidence to support the diagnosis; and c. A doctor is treating the insured for cancer and/or carcinoma in situ.

Renal Failure (Kidney Failure)

Means the end stage of renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney failure must necessitate regular renal dialysis or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery

Means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.

ACCIDENT

We will not pay benefits for an injury that is caused by or occurs as the result of:

1. Participating in war or any act of war, declared or not, or participating in the armed forces of any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
2. Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
3. Participating or attempting to participate in an illegal activity or working at an illegal job.
4. Committing or attempting to commit suicide, while sane or insane.
5. Injuring or attempting to injure yourself intentionally.
6. Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
7. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, The Bahamas, Virgin Islands and Jamaica except under the Accidental Common Carrier Death Benefit.
8. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
9. Participating in any professional or semi-professional organized sport.
10. Being legally intoxicated or under the influence of any narcotic unless taken on the advice of a physician.
11. Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
12. Mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
13. Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.

Pre-existing Condition Limitation

We will not pay benefits for loss which is caused by, contributed to, or resulting from a pre-existing condition for 12 months after the effective date of your certificate and attached riders, as applicable.

A pre-existing condition means within the 12-month period prior to the effective date of a certificate and attached riders, as applicable, those conditions for which medical advice or treatment was received or recommended.

A claim for benefits for loss starting after 12 months from the effective date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

A Certificate may have been issued as a replacement for a Certificate previously issued under the Plan. If so, then the Pre-existing Condition Limitation Provision of the Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of Pre-existing Condition Limitation of the prior Certificate would continue to apply to the prior level of Benefits.

WHOLE LIFE

Suicide Exclusion:

If an Insured takes his own life within two years from the Date of Issue of his certificate, the liability of the Company will be limited to all premiums paid, without interest, less any Certificate Loan and loan interest.

Risks not covered under the Accidental Death Rider

The Accidental Death Benefit provided by this Rider shall not be payable if the Insured's death results from any of the following causes:

1. war, or an act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared;
2. suicide;
3. any bodily or mental infirmity or disease, except a bacterial infection occurring with or through an accidental injury;
4. committing or attempting to commit an assault or felony;
5. the voluntary taking of:
 - a. any drug, medication, or sedative unless as prescribed by a physician; or b. any poison (expect for food poisoning), including carbon monoxide;
6. operating, riding in, or descending from any kind of aircraft, or subsequent drowning, if the insured; a. is a pilot, officer, or member of the crew; or b. is in an aircraft which is being flown for the purpose of descent from such aircraft while in flight; or c. is giving or receiving any kind of training or instructions; or d. has any duties aboard such aircraft

This Product is subject to Insurance Department Approval. The product benefits and riders may not be available in all states. Policy form series number HML9800-MP et al (not available in all states).

Limitations under the Waiver of Premium Rider

No benefit will be provided by this Rider if:

1. Total Disability is caused by an intentionally self inflicted injury, or;
2. results from an act of war, declared or undeclared, while the Insured is in the military service of any country

Limitations under the Accelerated Death Benefit Rider:

The Company will not pay the Accelerated Benefit:

1. If either the Owner or the Insured is required by a government agency to use the Accelerated Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement;
2. If either the Owner or the Insured is required by law to use the Accelerated Benefit to meet the claims of creditors, whether in bankruptcy or otherwise;
3. If the Terminal Illness results from intentionally self-inflicted injuries;
4. If the Certificate is in force as either Extended Term Insurance or Reduced Paid-Up Insurance;
5. If the Certificate is legally or equitably assigned, except to the Company as security for the lien;
6. If any part of the Death Benefit under the Certificate is contestable.
7. If the Certificate is not in force or the Death Benefit under the Certificate is not payable for any reason.
8. If the amount of the Accelerated Benefit, plus the amount of all Accelerated Benefits on the Insured from all certificates issued by the Company, exceeds \$250,000; or
9. If there has already been an Accelerated Benefit paid on this Certificate.

ALL COVERAGE SUBJECT TO RECEIPT OF ADDITIONAL INFORMATION REGARDING ASSOCIATION AND APPROVAL OF ASSOCIATION BY CONTINENTAL AMERICAN EXECUTIVE COMMITTEE.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of policy form series xxxxxxxxxx.

