

PERSONAL ACCIDENT INSURANCE



- Pays in Addition to all Other Insurance
(Including Workers Compensation)
- 24-Hour Coverage (on & off job)
- Issued Through Age 69
- Guaranteed Renewable to Age 72
- Available for Individuals or Groups
- Pays Cash Benefits Directly To YOU!



**An Accident can occur at any
time. Are you covered?**

**Gain the PROTECTION you
need with Accident Insurance**

**CABILDO
STAFFING**

WHAT IS Accident Insurance?



Accident insurance pays benefits when you're injured. It's a way to stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - not just for emergency treatment, hospital stays and medical exams, but for other expenses you may face, such as transportation needs.

In an ideal world, no one would get hurt, and we'd never have to lie in hospital beds recovering from serious injuries. In the real world, accidents do happen. With accident insurance, you can enjoy peace of mind knowing that should you ever get seriously injured, you'll be covered.

Easy to apply — just a few basic questions — no medical exam

- Benefits paid directly to you regardless of any other insurance
- Rates won't increase because you use your policy.
- Access to any doctor or hospital — no network restrictions
- No waiting period for Accident Benefits (30 day waiting for Health Screening)
- Simple plan options help you meet your needs and budget
- For adults through age 69 and a great solution for your entire family
- Cost doesn't increase with age or the number of covered children

WHY DO I NEED Accident Insurance?

If you're in an accident, your major medical plan may cover most of your expenses. But you're likely to be responsible for out-of-pocket expenses such as deductibles and co-pays, plus medical appliances and transportation.

In addition, your regular bills, such as the mortgage or rent, car payments and utility bills don't stop when you're laid up after an accident. LICOA's accident insurance benefits are paid directly to you.



POLICY FEATURES

This brochure provides a brief description of Accident Income Provider Policy, Form HA362016 and Riders, form HA36Z2016 AO, HA36T2016, HA36W2016, HA35D2016, HA36B2016 HA36C2016. The Policy pays for loss due to accidental injury or loss of life due to an accident, and should be viewed as a supplement to your Health Insurance.

BENEFIT	PLAN		ADDITIONAL BENEFIT INFO.
	PLAN 1	PLAN 2	
INITIAL HOSPITAL CONFINEMENT BENEFIT	\$1,000	\$1,000	The initial hospital confinement benefit is payable when you are admitted to a hospital for at least 1 day, as a result of a covered accident. This benefit is paid once per confinement and only once per calendar year, per covered person.
MONTHLY HOSPITAL CONFINEMENT BENEFIT	\$6,000	\$4,500	Monthly hospital confinement benefit, prorated per day, is payable each month you are confined to a hospital for one or more days as a result of a covered accident. Benefit is payable up to one year.
INJURY TREATMENT BENEFIT EMERGENCY ROOM, PHYSICIAN'S OFFICE, OR URGENT CARE	\$150	\$50	The injury treatment benefit is payable once for treatment in an Emergency Room, Physician's Office or Urgent Care Facility for any one covered accident.
AMBULANCE BENEFIT	\$300	\$150	The Ambulance Benefit is payable for transportation to a Hospital by a licensed or professional ambulance company as a result of accidental injury. This benefit is payable once for each covered person per covered accident.
HEALTH SCREENING BENEFIT	\$50	\$50	Pays the health screening benefit for routine examinations or other preventative testing after premiums have been paid for 30 days beyond the policy effective date. This benefit is payable once per person and twice per family per policy per calendar year.

BENEFIT	PLAN		ADDITIONAL BENEFIT INFO.
	PLAN 1	PLAN 2	
FRACTURES	\$40 - \$3,000 (policy contains schedule)	\$20 - \$1,500 (policy contains schedule)	A benefit is payable for the reduction of a dislocation or fracture that is diagnosed and treated by a doctor within 90 days of a covered accident. Benefit amounts are different for closed reductions (non-surgical), closed reduction without anesthesia, open reduction (surgery required), and chip fracture. This benefit will pay for only one fracture of dislocation per injured category per covered person per covered accident.
DISLOCATIONS	\$40 - \$2,700 (policy contains schedule)	\$20 - \$1,350 (policy contains schedule)	
HOSPITAL INTENSIVE CARE	\$200	\$100	This benefit is payable up to 16 days per confinement per covered accident. This benefit is payable for each covered person per covered accident.
BLOOD AND PLASMA	\$600	\$300	This benefit is payable for blood, plasma or platelets due to a covered accident and is payable once per covered person per covered accident.
MEDICAL EQUIPMENT	\$500	\$250	This benefit is payable for medical equipment prescribed by a doctor as a result of a dislocation or fracture. This benefit is payable once per covered person per covered accident. Equipment eligible: crutches, wheelchair, back brace, leg brace, neck brace, cast, splint and walker. Use must begin within the first 90 days after a covered accident.
X-RAYS	\$100	\$50	This benefit is payable for x-ray examinations performed due to a covered injury. This benefit is payable for each covered person per covered accident.
TRANSPORTATION	\$600	\$300	This benefit is payable for transportation by common carrier (air, rail or bus), to or from another city, for treatment or diagnostic study, when recommended by the physician making the diagnosis. This benefit is payable once per covered person per covered accident.

BENEFIT	PLAN		ADDITIONAL BENEFIT INFO.
SPECIFIED INJURIES	PLAN 1 \$450 Tendon, Ligament, Rotator Cuff	PLAN 2 \$300 Tendon, Ligament, Rotator Cuff	This benefit is payable for the surgical repair of one or more torn, ruptured, or severed tendon(s), or ligament(s), or rotator cuff(s) within 72 hours after covered accident. If a Covered Person who is also covered by a Specified Loss Rider receives a fracture or dislocation and tears, ruptures or severs a tendon, ligament or rotator cuff, benefits will be payable under the Rider providing the greater benefit but NOT both. This benefit is payable once per covered person per covered accident.
BURNS	\$1,125	\$750	This benefit is payable for a second degree burn which covers at least 36% of the body surface or for a third degree burn which covers at least nine square inches of the body surface. Burns must be treated by a doctor within 72 hours after the accident. This benefit is payable once per covered person per covered accident.
LACERATIONS	\$180	\$120	This benefit is payable for the treatment of a laceration. The use of stitches or staples to close one or more lacerations must be required and be treated by a doctor within 72 hours after the accident. This benefit is payable once per covered person per covered accident.
ACCIDENTAL DEATH	\$30,000 Employee & Spouse \$7,500 Child	\$20,000 Employee & Spouse \$5,000 Child	Benefits are payable in case of accidental death due to accidental bodily injury which occurs within 90 days from the date of the accident.
COMMON CARRIER ACCIDENTAL DEATH	\$60,000 Employee & Spouse \$15,000 Child	\$40,000 Employee & Spouse \$10,000 Child	This benefit is payable when loss of life occurs due to accidental bodily injury within 90 days of injury sustained while riding as a fare paying passenger in or on a licensed conveyance operated by a common carrier for the regular transportation of passengers.
SINGLE DISMEMBERMENT	\$15,000 Employee & Spouse \$3,750 Child	\$10,000 Employee & Spouse \$2,500 Child	This benefit is payable in case of the loss of either hand, arm, foot, leg or sight in one eye, per covered person due to a covered accident.
DOUBLE DISMEMBERMENT	\$30,000 Employee & Spouse \$7,500 Child	\$20,000 Employee & Spouse \$5,000 Child	This benefit is payable in case of the loss of both hands or both arms or both feet or sight in both eyes. Or the loss of one hand or arm and one foot or leg per covered person due to a covered accident.

MONTHLY RATE			WEEKLY RATE	
<u>PLAN 1</u>	<u>PLAN 2</u>		<u>PLAN 1</u>	<u>PLAN 2</u>
\$29.45	\$18.60	INDIVIDUAL	\$6.80	\$4.29
\$43.50	\$27.80	INDIVIDUAL SPOUSE	\$10.04	\$6.42
\$49.15	\$29.80	SINGLE PARENT	\$11.34	\$6.88
\$63.20	\$39.00	FAMILY	\$14.58	\$9.00

Family accident coverage will include your spouse and your dependent unmarried children up to age 19 or the date of that child's 24th birthday, if they are a full time student

PARTIAL LIST OF FRACTURES & DISLOCATIONS

Fractures	Plan 1	Plan 2
Each Hip	\$2,000	\$1,000
Each Thigh (<i>Femur</i>).....	\$2,000	\$1,000
Spinal Cord	\$2,000	\$1,000
Vertebrae, body of (<i>except Vertebral process</i>)	\$1,800	\$800
Pelvis (<i>excluding coccyx</i>).....	\$1,600	\$800
Skull <i>Depressed</i>	\$700	\$350
<i>Simple</i>	\$1,500	\$750
Each Leg (<i>Tibia and/or Fibula</i>).....	\$1,200	\$600
Each Ankle	\$1,000	\$500
Each Knee Cap (<i>Patella</i>).....	\$1,000	\$500
Each Forearm (<i>Radius and/or Ulna</i>)	\$1,000	\$500
Each Foot (<i>except toes</i>).....	\$1,000	\$500
Each Hand	\$1,000	\$500
Each Wrist (<i>except fingers</i>).....	\$1,000	\$500
Lower Jaw (<i>except Alveolar process</i>).....	\$800	\$400
Each Shoulder Blade	\$800	\$400
Each Collar Bone	\$800	\$400
Each Arm (<i>elbow to shoulder</i>).....	\$700	\$350
Upper Jaw	\$700	\$350
Bones of Face (<i>except upper and lower jaw</i>).....	\$600	\$300
Vertebral Process	\$400	\$200
Coccyx	\$160	\$80
Each Rib, Finger, or Toe	\$160	\$80

Dislocations	Plan 1	Plan 2
Each Hip	\$1,800	\$900
Each Knee	\$1,300	\$650
Each Shoulder	\$1,000	\$500
Each Ankle	\$800	\$400
Bone or Bones of the Foot (<i>excluding toes</i>)	\$800	\$400
Bone or Bones of the Hand (<i>excluding fingers</i>)	\$700	\$350
Each Collar Bone	\$600	\$300
Each Wrist	\$500	\$250
Each Elbow	\$400	\$200
Each Toe or Each Finger	\$160	\$80

If the Physician diagnoses the Fracture as a chip Fracture, the Company will pay 25% of the amount per unit that would have been paid for a Closed Reduction of the same bone.

The benefit amounts per unit shown are for Closed Reductions. If an Open Reduction is required, the Company will pay 150% of the benefit amount per unit that would have been paid for a Closed Reduction of the same joint.

If the Reduction is done without anesthesia, the Company will pay 25% of the benefit amount per unit that would have been paid for a Closed Reduction of the same joint.

The Company will pay a benefit for only one Fracture or Dislocation per Injured Category shown above per Covered Person per Covered Accident.

POLICY OUTLINE OF COVERAGE

The Accident Plan – This is an Accident Policy, which provides Indemnity Benefits for Specified Events occurring in connection with treatment of Covered Injuries as a result of a Covered Accident. It does not provide benefits for any other sickness, condition or incapacity including pregnancy and childbirth or complications thereof. Indemnity Benefits under this Policy or any attached Riders are not payable for Specified Events that occur outside the United States of America or its territories. The Initial Hospital Confinement Benefit and The Monthly Hospital Confinement Benefit are not payable for the following: Emergency Room Treatment, Outpatient Treatment or Hospital Confinement of less than 18 hours. Only one Hospital Confinement Benefit will be paid per day of confinement.

Policy Effective Date – means the date the Policy is issued by Us and coverage begins. The Policy Effective Date is shown on the Policy Schedule Page.

Renewability – Coverage for You and Your spouse, if covered, will continue until the monthly Policy Anniversary following the Primary Insured's 72nd birthday. Insurance coverage will terminate on the nineteenth (19th) birthday of a Dependent Child or the date of that child's twenty-fourth (24th) birthday, if a full-time student or the monthly Policy Anniversary following the child's marriage. We may change the premium rates for this policy. We cannot change the premium rates unless we change them for this policy form for every insured within a state in the same class. The initial premium for this policy is guaranteed not to change for a period of twelve (12) months.

LIMITATIONS AND EXCLUSIONS

We will not pay any loss that results from any of the following: Conditions for which symptoms existed prior to the Policy Effective Date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a physician or received from a physician. These conditions will not be covered until your policy has been in force for two years (five years for the Hospital Intensive Care). Injury or sickness occurring prior to the Policy Effective Date; or Injury occurring while Incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance, or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motordriven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted Injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or infection, except one caused by an accidental cut or wound: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed Physician; or occurs while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Insured's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the loss occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sail gliding, parasailing, Para kiting or any similar activities.

This brochure is presented as a matter of general information only, and the contents are not to be accepted nor construed as a substitute for the provisions of the policy. This is not the insurance contract, and only the actual provisions will control.



RAND RAGUSA
504.710.8564
rand@FleurINS.com



Today's Solutions, Tomorrow's Needs

licoa.com • 1-800-226-2371