

**DESCRIPTION OF BENEFITS**

**Covered Injury Death Benefit** - This benefit is payable if an Insured Person sustains a Covered Injury that directly causes the loss of life.

**Dismemberment, Loss of Speech or Hearing Benefit** - If an Insured Person sustains a Covered Injury that directly causes a loss of speech, hearing or a dismemberment as defined in the Policy, an amount equal to 6.25% up to 100% of the Principal Sum is payable, based on the level of loss or dismemberment.

**Vision Impairment Benefit** - If the Insured Person, as a result of a Covered Injury or Covered Illness, suffers a vision impairment as defined in the Policy, an amount equal to 2.75% up to 100% of the Principal Sum is payable. Benefits are payable for partial loss of sight as well as total loss of sight.

**Covered Injury Total Disability Benefit** - Payable up to 3 years while the Insured Person is Totally Disabled.

**Covered Injury Partial Disability Benefit** - If the Insured Person is able to perform some, but not all of his or her daily major responsibilities, we will pay 50% of the Benefit Amount shown in the *Rider Schedule*. Payable up to 3 years while the Insured Person is Totally Disabled.

*The total number of days that benefits are paid (either total or partial disability benefits, or any combination thereof) may not exceed more than the Maximum Benefit Period shown on the Rider Schedule as the result of the same Accident.*

**Daily Hospital Confinement and Outpatient Treatment Benefit** - If, due to a Covered Injury, an Insured Person is admitted to a Hospital on an Inpatient basis, the Daily Benefit Amount shown on the *Rider Schedule* for each full day an Insured Person is confined as an Inpatient to the Hospital. The number of days payable under this benefit will not exceed the Maximum Benefit Period for Hospital Confinement shown on the *Rider Schedule*.

- is admitted to a Hospital on an Inpatient basis, a Daily Benefit Amount is payable for each full day of Inpatient Hospital confinement, not to exceed 730 days;
- If after a period of being confined as an Inpatient in a Hospital, an Insured Person requires Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not exceed 730 days.
- If an Insured Person does not require confinement as an Inpatient in a Hospital, but does require Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not to exceed 365 days.

*For Outpatient treatment, only one payment per day will be made, regardless of the number of appointments the Insured Person attends.*

**Medical Expense Benefit** - 100% of the Reasonable and Customary Charges are payable for the Covered Medical Expenses incurred by an Insured Person as a result of a Covered Injury subject to the Maximum Amount shown on the *Rider Schedule*.