

# Voluntary Accident Insurance

A limited benefit policy  
Group product base



## Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidental injuries and accidental death in addition to your primary medical insurance. It's also available to your spouse and dependent children - a plan that can protect your whole family.

## Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics\*:

- Sports activities and leisure activities together accounted for nearly 40 percent of medically-attended episodes of injury, and the most common place of injury was in or around the home.
- Falls are the leading external cause of non-fatal injury.
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries.

The *home* was the most frequently reported place of injury with 32% of injuries occurring *inside the home*, and another 18% *outside the home*.

- *National Health Interview Survey, 2011, Summary Health Statistics for the U.S. Population*

## What does accident coverage do?

Accident insurance provides you with valuable accidental death and dismemberment coverage as well as any optional benefits offered by your employer. Depending on the plan, features may include:

- Accident Only Medical Expense: pays actual charges, up to the maximum amount selected, for physician treatment in an office, clinic or emergency room for an accidental injury
- Hospital Admission: pays a defined benefit once annually for hospital admission due to an injury sustained in a covered accident
- Others may include benefits for hospital ICU, and specific sums for bone fracture & dislocation

Underwritten by:



## Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the plan amount selected, in addition to any other coverage you may have.

Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see [www.ambest.com](http://www.ambest.com).

\*Center for Disease Control and Prevention, National Center for Health Statistics, Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2011.

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## MISSISSIPPI

## Office of the State Treasurer

This policy offers the flexibility to vary your coverage by selecting one of two benefit levels. Benefits are paid in addition to any other coverage in place, except as specified below. Payroll deduction for your premiums makes it easy, too. Benefits described are subject to certain eligibility requirements, conditions, limitations and exclusions; see page 10 for further details.

**Coverage type** Accident Insurance provides Non-Occupational protection coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the employee, spouse, and dependent children.

Base Policy Benefits	Level 1	Level 2																												
<ul style="list-style-type: none"> <li><b>ACCIDENTAL DEATH &amp; DISMEMBERMENT BENEFIT</b></li> </ul>	\$10,000 Principal Sum*	\$20,000 Principal Sum*																												
<p><b>*Employee coverage amount is 100% of the Principal Sum; Spouse coverage amount is 50% of the Principal Sum; Dependent Child coverage amount is 25% of the Principal Sum. On the date a Covered Person attains age 65, and continuing thereafter, this amount will be reduced by one-half.</b></p> <p><b>Accidental Death</b> - We will pay the selected benefit amount if a Covered Person dies from an Injury resulting directly and independently of all other causes from a Covered Accident. The death must occur within 365 days of the Covered Accident. If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, the amount payable will be doubled.</p> <p><b>Accidental Dismemberment</b> - If a Covered Person's Injury results in any one of the losses specified below within 365 days of the Covered Accident, We will pay the percentage shown in the chart below for that loss multiplied by the Principal Sum coverage amount applicable to the Covered Person. The total amount payable under this benefit resulting from any one Covered Accident shall not exceed the Accidental Death Benefit coverage amount payable to the Covered Person. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the total and irrevocable loss of sight.</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><b>Accidental Dismemberment</b></th> <th style="text-align: left;"><b>Coverage Amount</b></th> </tr> <tr> <th style="text-align: left;"><i>Dismemberment Benefit – For Loss Of</i></th> <th style="text-align: left;"><i>Percent of Principal Sum</i></th> </tr> </thead> <tbody> <tr><td>Both Hands</td><td>100%</td></tr> <tr><td>Both Feet</td><td>100%</td></tr> <tr><td>The Entire Sight of Both Eyes</td><td>100%</td></tr> <tr><td>One Hand and One Foot</td><td>100%</td></tr> <tr><td>One Hand or One Foot and Entire Sight of One Eye</td><td>100%</td></tr> <tr><td>One Hand or One Foot</td><td>50%</td></tr> <tr><td>Entire Sight of One Eye</td><td>50%</td></tr> <tr><td>Speech and Hearing in Both Ears</td><td>50%</td></tr> <tr><td>Speech or Hearing in Both Ears</td><td>25%</td></tr> <tr><td>Hearing in One Ear</td><td>25%</td></tr> <tr><td>Thumb and Index Finger of Same Hand</td><td>25%</td></tr> <tr><td>All the Toes of the Same Foot</td><td>25%</td></tr> </tbody> </table>			<b>Accidental Dismemberment</b>	<b>Coverage Amount</b>	<i>Dismemberment Benefit – For Loss Of</i>	<i>Percent of Principal Sum</i>	Both Hands	100%	Both Feet	100%	The Entire Sight of Both Eyes	100%	One Hand and One Foot	100%	One Hand or One Foot and Entire Sight of One Eye	100%	One Hand or One Foot	50%	Entire Sight of One Eye	50%	Speech and Hearing in Both Ears	50%	Speech or Hearing in Both Ears	25%	Hearing in One Ear	25%	Thumb and Index Finger of Same Hand	25%	All the Toes of the Same Foot	25%
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Optional Riders	Level 1	Level 2
<p><b>3. Appliance Expense Benefit:</b> We will pay the Actual Charges Incurred up to the selected benefit amount for an appliance for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The appliance must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident. An appliance includes a wheelchair, braces, crutches or walker.</p>	\$100	\$200
<p><b>4. Reasonable Modifications:</b> When a Covered Person suffers a Catastrophic Loss due to a Covered Accident, We will pay the Actual Charges Incurred up to the selected benefit amount for modifications to the Covered Person's home or vehicle. Benefits will be paid only for modifications made within two (2) years of a Covered Accident.</p>	\$200	\$400
<p><b>5. Child Care Benefit:</b> We will pay the selected benefit amount per day for each Dependent Child of a Covered Person attending a Child Care Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.</p>	\$20	\$40
<p><b>6. Pet Boarding Benefit:</b> We will pay the selected benefit amount per day for a single pet of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.</p>	\$10	\$20
<p><b>7. Ground Ambulance:</b> We will pay the selected benefit amount per trip for ground ambulance service to transport the Covered Person from an emergency site to the Hospital, or ground ambulance transportation from the first Hospital to another Hospital, if a Physician specifies in writing that specialized care not available in the first Hospital to which the Covered Person was transported is necessary to treat the Covered Person's Injury(ies).</p>	\$100	\$200
<p><b>8. Air Ambulance:</b> We will pay the selected benefit amount per Covered Accident for air ambulance service to transport the Covered Person from an emergency site to the Hospital.</p>	\$750	\$1,500
<p><b>9. Medical Equipment Rental:</b> We will pay the selected benefit amount per Covered Accident for rental or purchase, if less, of a wheelchair, Hospital bed or other medical equipment that has permanent or temporary therapeutic value.</p>	\$50	\$100
<p><b>10. Dental:</b> We will pay the selected benefit amount per office visit for dental treatments including dental x-rays for the repair or treatment of each injured tooth that is whole and sound and a natural tooth at the time of the Covered Accident, installation of crowns, caps, bridges and dentures, oral surgery and endodontic as a result of a Covered Accident, and the repair or replacement of caps and crowns that existed</p>	\$75	\$150

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<p>prior to the Covered Accident. This benefit is subject to a maximum of 10 treatments visits per Covered Accident.</p> <p><b>11. Prescription Drugs:</b> We will pay up to the selected benefit amount per prescription drug that: (a) can only be obtained through a Physician's written prescription; and (b) is approved for such prescription use by the Federal Drug Administration (FDA), unless prescribed by a Physician for therapeutic use. The expenses for a prescription drug are limited to the cost of a generic drug unless: (1) substitution of a generic drug is prohibited by law; or (2) no generic drug is available; or (3) the Covered Person's Physician specifically requests that a non-generic drug be dispensed to the Covered Person. This benefit is subject to a maximum of 10 prescription drugs per Covered Accident.</p> <p><b>12. Eyeglasses, Contact Lenses and Hearing Aids:</b> We will pay the selected benefit amount per device per Covered Accident for eyeglasses, contact lenses and hearing aids damaged in a Covered Accident that requires medical treatment.</p>	<p>\$25</p> <p>\$25</p>	<p>\$50</p> <p>\$50</p>
<p>• <b>SPECIFIC SUM INJURY BENEFIT RIDER</b></p> <p>If a Covered Person's Injury, sustained in a Covered Accident, results in any one of the Specific Sum Injuries specified in the rider form within 365 days of the Covered Accident, We will pay the sum shown for that loss. We will not pay more than the selected Maximum Benefit amount per Covered Accident, regardless of the number of Specific Sum Injuries caused by the same Covered Accident.</p> <p><i>Certain exclusions apply. See page .</i></p>	<p>\$5,000</p> <p>Maximum Benefit amount per Covered Accident</p>	<p>\$10,000</p> <p>Maximum Benefit amount per Covered Accident</p>
<p><b>Specific Sum Injuries (PER CERTIFICATE)</b></p> <p><b>Dislocation of:</b></p> <p>Hip (Left or Right Side)</p> <p>Knee (Left or Right Side)</p> <p>Wrist (Left or right Side)</p> <p>Elbow (Left or Right Side)</p> <p>Ankle (Left or Right Side)</p> <p>Shoulder Blade (Left or Right Side)</p> <p>Collarbone or Jaw</p>		<p><b>Sum Amount Surgical / Non-Surgical</b></p> <p>\$4,800 / \$1,620</p> <p>\$1,620 / \$840</p> <p>\$1,320 / \$660</p> <p>\$1,320 / \$660</p> <p>\$1,620 / \$480</p> <p>\$1,620 / \$660</p> <p>\$2,580 / \$480</p>
<p><b>Fracture of:</b></p> <p>Hip (Left or Right Side)</p> <p>Pelvis (excluding Coccyx and Sacrum) / (Left or Right Side)</p> <p>Skull (excluding Nose, Lower Jaw and Teeth)</p> <p>Neck</p> <p>Thigh (excluding Kneecap) / (Left or Right Side)</p> <p>Upper Arm (Left or Right Side)</p> <p>Lower Leg (excluding Kneecap) / (Left or Right Side)</p>		<p><b>Open / Closed</b></p> <p>\$6,000 / \$2,000</p> <p>\$1,000 / \$1,000</p> <p>\$3,240 / \$1,200</p> <p>\$3,240 / \$1,200</p> <p>\$2,500 / \$2,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,500 / \$2,000</p>

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Optional Riders	Level 1	Level 2
Elbow (Left or Right Side) Heel (Left or Right Side) Shoulder Blade (Left or Right Side) Lower Jaw Collarbone Forearm (excluding Wrist) / Left or Right Side Wrist (Left or Right Side) Vertebrae (each) – Vertebral Arch (excluding Coccyx) Sternum (Breastbone) Kneecap (Left or Right Side) Cheekbone (Left or Right Side) Hand (excluding Fingers, Thumbs and Wrist) / (Left or Right Side) Foot (excluding Toes, Heels and/or Ankle) / (Left or Right Side) Coccyx Rib (each)	\$2,400 / \$1,000 \$2,000 / \$500 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$4,000 / \$600 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$840 / \$420 \$1,000 / \$500	
<p><b>Burns</b></p> <p>Small Burns (2nd or 3rd degree burn covering 20% or less of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2<sup>nd</sup> degree burn benefit for same Covered Accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn or if Large Burns benefit is payable).</p> <p>Large Burns (2nd or 3rd degree burn covering more than 20% of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2<sup>nd</sup> degree burn benefit for same accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn.)</p> <p>Skin Graft (Small Burns or Large Burns benefit must be paid and within 90 days of accident. Payable 1 time per Covered Accident. Benefit is a percentage of the applicable Benefit amount for Small Burns or Large Burns.)</p>	<p>\$1,050</p> <p>\$2,800</p> <p>50% of burn benefit</p>	
<p><b>Lacerations</b></p> <p>Small Lacerations (One or more lacerations, less than or equal to 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)</p> <p>Large Lacerations (One or more lacerations, more than 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)</p> <p><b>Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair</b> - torn, ruptured, or severed and performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if exploratory surgery is performed with no repair.</p> <p><b>Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory</b> - performed by a Physician within 90 days of Covered Accident.</p>	<p>\$25</p> <p>\$200</p> <p>\$175</p> <p>\$70</p>	

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Optional Riders	Level 1	Level 2
<p>Payable 1 time per Covered Accident.</p> <p><b>Ruptured Disc Surgery – Repair</b> - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident.</p> <p><b>Eye Injury Surgery</b> - performed by a Physician within 90 of Covered Accident. Payable 1 time per Covered Accident.</p> <p><b>Eye Injury - Removal of Foreign Object</b> - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if Eye Injury Surgery benefit is paid.</p> <p><b>Concussion</b> - diagnosed within 90 days of Covered Accident. Payable 1 time per Covered Accident.</p> <p><b>Coma</b> - unconsciousness lasting 7 days with no response to external stimuli and requiring artificial respiratory or life support assistance, as diagnosed by a Physician. Payable 1 time per Covered Accident. Not payable if medically induced.</p>	<p>\$175</p> <p>\$70</p> <p>Surgical \$140; Nonsurgical \$25</p> <p>\$100</p> <p>\$5,000</p>	
<p><b>Paralysis</b></p> <p>Paraplegia - spinal cord Injury resulting in complete and total loss of use of 2 or 3 limbs and within 90 days of Covered Accident. Paralysis must last for 30 days or more. Not payable if Paralysis – Quadriplegia benefit is paid.</p> <p>Quadriplegia - spinal cord Injury resulting in complete and total loss of use of 4 limbs and within 90 days of Covered Accident. Paralysis must last for 30 or more days. If more than one Paralysis benefit is payable, we will pay the largest benefit.</p>	<p>\$2,500</p> <p>\$5,000</p>	
<p><b>Internal Organ Loss</b></p> <p>We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid and uterus. We will pay this benefit only once per Covered Person per Covered Accident.</p>	<p>\$2,500</p>	
<p>• <b>HOSPITAL ADMISSION BENEFIT (ACCIDENT ONLY) RIDER</b></p> <p>We will pay the selected benefit amount applicable to each Covered Person for the first time in a Calendar Year a Covered Person is confined as an Inpatient in a Hospital for an Injury sustained in a Covered Accident. In order for this benefit to be payable, confinement must:</p> <ul style="list-style-type: none"> <li>begin while this Rider is in force for a Covered Person; and</li> <li>be for at least one (1) day (twenty-four (24) hours); and</li> <li>be at the direction of and under the supervision of a Physician.</li> </ul> <p>This benefit is not payable more than once per Calendar Year per Covered Person. If benefits are also payable under the Hospital Intensive Care Unit Benefit for the same Covered Accident, We will pay only one benefit,</p>	<p>\$500</p> <p>per Calendar Year for Named Insured (Employee)</p>	<p>\$500</p> <p>per Calendar Year for Named Insured (Employee)</p>

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<p>whichever is greater.</p> <p>Available to Named Insured at 100% selected coverage amount. Available to Spouse at 50% of Named Insured's coverage amount and to each Dependent Child at 25% of the Named Insured's coverage amount.</p>																												
<p>• <b>HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER</b></p> <p>We will pay the selected amount each day a Covered Person is confined to an Intensive Care Unit, deemed medically necessary by a Physician, for the treatment of Injuries sustained in a Covered Accident, subject to a maximum of 30 days per Period of Hospital Intensive Care Unit Confinement. Confinement in an Intensive Care Unit must begin within 90 days of the Covered Accident and the Covered Person must be admitted for at least 23 hours and/or on an Inpatient basis.</p> <p>This benefit is not payable for Hospital re-admission for the same Covered Accident. If benefits are also payable under the Hospital Room &amp; Board Benefit and/or Hospital Admission Benefit for the same Covered Accident, We will only pay one benefit, whichever is greater.</p>	<p>\$100 per day</p>	<p>\$200 per day</p>																										
<p>• <b>ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER</b></p> <p>We will pay an amount not to exceed the selected benefit amount per Calendar Year per Covered Person for any of the following covered tests or procedures.</p> <table border="0" data-bbox="172 1050 1065 1407"> <tr> <td>Blood test for triglycerides</td> <td>Hemoccult stool analysis</td> </tr> <tr> <td>Bone marrow testing</td> <td>Mammography</td> </tr> <tr> <td>Breast ultrasound</td> <td>Pap smear</td> </tr> <tr> <td>CA 15-3 (blood test for breast cancer)</td> <td>PSA (blood test for prostate cancer)</td> </tr> <tr> <td>CA125 (blood test for ovarian cancer)</td> <td>Serum cholesterol test to determine level of HDL and LDL</td> </tr> <tr> <td>Carotid doppler</td> <td>Serum protein electrophoresis (blood test for myeloma)</td> </tr> <tr> <td>CEA (blood test for colon cancer)</td> <td>Stress test on a bicycle or treadmill</td> </tr> <tr> <td>Chest x-ray</td> <td>Skin cancer biopsy</td> </tr> <tr> <td>Colonoscopy</td> <td>Thermography</td> </tr> <tr> <td>Echocardiogram (ECHO)</td> <td>ThinPrep pap test</td> </tr> <tr> <td>Electrocardiogram (EKG, ECG)</td> <td>Virtual colonoscopy</td> </tr> <tr> <td>Fasting blood glucose test</td> <td></td> </tr> <tr> <td>Flexible sigmoidoscopy</td> <td></td> </tr> </table> <p>The Annual Health Screening Tests Benefit amount shall only be payable with respect to covered tests and procedures that occur after the Covered Person's Rider Effective Date.</p>	Blood test for triglycerides	Hemoccult stool analysis	Bone marrow testing	Mammography	Breast ultrasound	Pap smear	CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)	CA125 (blood test for ovarian cancer)	Serum cholesterol test to determine level of HDL and LDL	Carotid doppler	Serum protein electrophoresis (blood test for myeloma)	CEA (blood test for colon cancer)	Stress test on a bicycle or treadmill	Chest x-ray	Skin cancer biopsy	Colonoscopy	Thermography	Echocardiogram (ECHO)	ThinPrep pap test	Electrocardiogram (EKG, ECG)	Virtual colonoscopy	Fasting blood glucose test		Flexible sigmoidoscopy		<p>\$50 per Calendar Year</p>	<p>\$50 per Calendar Year</p>
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## Accident Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (*Plan premiums will not increase during the 1-year Rate Guarantee Period stated on the Certificate Schedule; after that premiums may be changed upon 60 days written notice*).

### Level One

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$12.97	\$21.11	\$29.54	\$38.29

### Level Two

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$21.06	\$34.69	\$49.46	\$64.15

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## CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

**ELIGIBILITY:** Eligible employees are over 18 years of age and are active full-time employees working a minimum of 20 hours per week. Employee must be insured for spouse and dependent children to be covered. A person may not have coverage as both an employee and covered spouse or dependent child. Spouse means a person who is legally recognized as the covered employee's wife or husband, domestic partner or civil union partner. Dependent Child means the covered employee's natural children, step-children, legally adopted children, foster children, children placed into the employee's custody for adoption or children for whom the employee is ordered by a court to provide coverage and who are chiefly dependent on the employee or the employee's spouse for support, unmarried; and under 26 years of age. State variations apply.

## LIMITATIONS AND EXCLUSIONS

### Base Policy General Exclusions and Limitations:

No benefits are payable when a Covered Person's loss is caused or contributed to by:

- Injury sustained while a Covered Person is working for pay or profit.
- Any condition covered by a worker's compensation or occupational disease law.
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- Any act of war, whether or not declared, while a Covered Person is serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an Employer;
- Participation in a riot or insurrection;
- Injury sustained while on full-time active duty (other than two (2) months or less training) in any military, naval or air force. When the Named Insured gives Us written notice, any unearned premium will be refunded pro-rata for any period not covered by the Certificate due to this exclusion;
- Injury occurring prior to the Covered Person's Certificate Effective Date;
- Injury while engaged in an illegal activity;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Being intoxicated, as established by the laws of the Covered Person's state of residence;
- The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken as prescribed or administered by a Physician;
- Participation in a felony;
- All Sicknesses including, but not limited to: pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of pregnancy that are the result of accidental Injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- Participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received; or
- Any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).
- No benefits will be paid for loss that takes place outside the United States.

**Specific Sum Injury Benefit Rider Exclusions** – In addition to the general exclusions listed above, the Dislocations and Fractures benefits of this rider are not payable for Hairline Fractures or for any Injury resulting in dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Covered Person's Rider Effective Date.

## OTHER INFORMATION

**Renewability:** The coverage is guaranteed renewable during the Employee's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

**Termination:** Subject to the Portability Privilege, coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the premium due date following the date we receive the named insured's request to terminate the coverage; (3) the date the Employer Policy terminates; (4) the date the named insured is no longer a member of the Eligible Class; or (5) the date the employee dies. Spouse and dependent child coverage, if applicable, will terminate on the earliest of: (1) the date premium is not paid for the spouse or dependent child coverage, as applicable, when due subject to the grace period provision; (2) the premium due date following the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the premium due date following the date we receive the named insured's request to terminate the coverage; (4) the date coverage for the named insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

### **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1063P-01/18 MS, L-1063C-01/18 MS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115, R-2116.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

# Voluntary Accident Insurance

A limited benefit policy

Group product base



Premiums: The first premium is due on the Certificate Effective Date. Premiums after the first are renewal premiums. The Certificate will lapse if a renewal premium is not paid by the end of the Grace Period. Premiums are to be paid on behalf of the employee by the group policyholder through a mode of premium payment approved by us, unless the Portability Privilege or Conversion is exercised or otherwise agreed by the policyholder, the employee and us. Premiums may be changed upon 60 days written notice. Premiums will not increase on the group plan during the Rate Guarantee Period stated on the Certificate Schedule.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the policy terminates or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event. If a spouse's coverage ends due to the death of the employee or a divorce or termination of domestic partnership or civil union, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Look Period: The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

**THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1063P-01/18 MS, L-1063C-01/18 MS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115, R-2116.

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