



Accident Medical Expense Plan

Policy Highlights



Dollar for dollar reimbursement

Reimburses for billed charges less any applicable adjustments or discounts



No lifetime limit

Annual limit based on benefit chosen



No coordination of benefits with major medical insurance

Benefits are payable for covered accidents regardless of payment by other coverage



No network restrictions

Coverage in any hospital, medical facility or physician's office



Guaranteed renewable policy

Coverage guaranteed until age 70 regardless of claim history



Guaranteed issue

No medical underwriting, all applicants are guaranteed coverage

Policy Features

Deductibles

Accident medical expense benefit

deductible options: \$100, \$300, or \$500

- The deductible only has to be satisfied once per calendar year for each individual covered on the policy
- With a family plan, the maximum deductible is two times the policy deductible chosen in a calendar year

Renewability

The policy is guaranteed renewable to age 70

Underwriting

Coverage is guaranteed issue

Rate Structure

- Unisex
- Age-banded Rates –
 - 18-24
 - 25-54
 - 55-64
 - Children

Coverage Options

- Individual
- Individual & Spouse
- Individual & Children
- Family

Issue Ages

18-64

Benefit Summary

Benefit Amounts

Accident coverage: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000

- Benefit amount is the maximum amount that can be paid in a calendar year for each covered person. For children the maximum benefit is for all children covered under the plan.

Covered Benefits

Expenses are paid up to the calendar year maximum for all benefits as a result of a covered accident. The following are examples of covered benefits:

- Emergency Room
- Urgent Care Center
- Hospital
- Ambulance
- Physician Charges
- Surgery
- X-rays
- Prosthesis
- Physical Therapy
- Major Diagnostic Exams – exams limited to CT scan, MRI, and EEG
- Drugs administered in a hospital or urgent care center (no payment for drugs prescribed for use after initial care)

Benefit Payment Conditions

Refer to the Outline of Coverage for detailed information.

Once deductible is met, benefits are paid – less any adjustments or discounts – up to maximum benefit amount, per insured, per calendar year, as shown in the policy

schedule, regardless of whether those costs are covered under another insurance plan.

To qualify for accident benefits:

- Accident means an unforeseen, unexpected, and unanticipated event which results in an Accidental Injury to the Covered Person and meets all of the following requirements:
 1. It is the direct cause of a loss and independent of any Sickness;
 2. It is definite as to time and place;
 3. It directly produces, at the time, objective findings of an Injury which is more than a gradual deterioration or progressive degeneration; and
 4. It is sustained while the Covered Person's policy is in force.
- Initial care must begin within 7 days of the accidental injury. All follow up care must be completed within 45 days of the accident.
- Care must be received within the United States
- Explanation of Benefits statement (EOB) required by claims department in addition to medical expense billing. EOB reviewed to account for adjustments, discounts or allowances deducted in order to determine actual charges from medical provider.

Benefit Payments

Payments made directly to the insured.

Payment Methods

Credit card, bank draft.

Exclusions & Limitations

No benefits will be paid for any expense not identified and included as a covered loss under the policy. You will be fully responsible for payment of any expense that is not a covered loss. We will not pay benefits for:

1. Any Injury that occurs while this policy is not in force.
2. Any Injury sustained prior to the Policy Date that is aggravated or re-injured by any event that occurs after the Policy Date.
3. Amounts not reimbursed because of applicable Calendar Year Deductible, benefit maximums, or frequency limitations.
4. Items, treatments or services:
 - a. Not covered under this policy, including any complications arising therefrom;
 - b. That are not prescribed by or performed by or under the direct supervision of a Physician in accordance with generally accepted medical standards, to include services not rendered or that are not rendered within the scope of their license;
 - c. Not Medically Necessary as determined by Us;
 - d. Deemed to be Experimental or Investigational as determined by Us;
 - e. That would not routinely be paid in the absence of insurance; or
 - f. Performed by an Immediate Family member.
5. Any cosmetic items, treatments or services provided primarily for the purpose of improving appearance, self-esteem or body image, including characterizing and personalizing prosthetic devices, and correction of congenital malformation.
6. Repairing or replacing a lost, stolen or missing Prosthetic Device.
7. Treatment of Diagnosis received while outside the territorial United States.
8. Work-related Injury for which the Covered Person is eligible for any workers' compensation, employers' liability or similar laws, whether or not benefits are claimed.
9. Services furnished by, or payable under, any public program (except Medicaid), or paid for or sponsored by any government body.
10. Any loss caused by or resulting in whole or in part from:
 - a. War, declared or undeclared, or actively serving in the armed forces or their auxiliary units, including any country's National Guard or Army Reserve or their equivalent.
 - b. Committing, attempting to commit, or participation in a felony or engaging in an illegal occupation.
 - c. Participation in a riot, rebellion, or insurrection;
 - d. Alcoholism or drug addiction; or
 - e. An intentionally self-inflicted Injury while sane or insane.

Exclusions & Limitations Cont'd.

11. Any loss resulting, either directly or indirectly, from participation in high risk activity for pay, profit or other commercial purposes, including, but not limited to:
 - a. A sporting event
 - b. Skydiving;
 - c. Hang gliding;
 - d. Parachuting;
 - e. Piloting experimental or ultralight aircraft;
 - f. Riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot;
 - g. Any device for aerial navigation, except as a fare-paying passenger;
 - h. Riding in a hot air balloon;
 - i. Bungee jumping;
 - j. Rappelling;
 - k. Professional mountain and / or rock climbing;
 - l. Rodeo participation; and
 - m. Organized contests including, but not limited to, organized contests of speed, go cart racing, dirt bike racing, demolition derbies, and mountain bike racing. This exclusion also includes, the practice, qualification, and / or testing for such activities.
12. Injuries received or caused directly or indirectly while under the influence or a controlled substance, unless prescribed by a Physician, or by intoxication as defined by the laws and jurisdiction of the geographic area in which the loss or cause of loss was incurred.
13. Injuries received or caused directly or indirectly while under the influence of poison, fumes, a noxious chemical substance, or gas that was deliberately ingested.

Disclaimer: This is a product highlight and state variations may apply.

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