



Available Optional Benefit Riders

Emergency Accident Benefit: The Insurance Co. will pay up to the Benefit Amount per covered accident	\$5,000 per accident \$100 co-payment	\$5,000 per accident \$100 co-payment	\$5,000 per accident \$100 co-payment
Critical Illness Benefit : The Insurance Co. will pay the amount shown if the primary applicant has been diagnosed with a covered Critical Illness.	\$10,000	\$10,000	\$10,000
Hospital Indemnity Benefit: The Insurance Co. will pay the amount shown per hospital stay. (This is in addition to the standard benefits)	\$500 per day	\$500 per day	\$500 per day

Critical Illness Benefits

- \$10,000 One Time benefit
- A.I.G. Insurance Co. will pay a onetime benefit of \$10,000 for the diagnosis of a critical illness
- Family covers the primary insured, their spouse, and children
- Pre-Existing conditions are covered after 12 consecutive months of coverage

Critical Illness Diagnosis:

If an insured person is diagnosed with a Critical Illness, listed below, by a Physician, the Company will pay a benefit subject to the Benefit Payment Conditions and Schedule of Benefits of the plan selected. Once 100% of the maximum benefit amount has been paid for an insured person, coverage terminates and no further benefits are payable to that insured person.

LIFE THREATENING CANCER

Pays benefits if an insured person is first diagnosed with life threatening cancer, more than 90 days after the person's effective date of coverage. (The benefit is 10% payment after 30 days and before 90 days)

HEART ATTACK

Pays benefits if an insured person is first diagnosed having suffered a heart attack more than 30 days after the person's effective date of coverage.

KIDNEY (Renal) FAILURE

Pays benefits if an insured person is first diagnosed with having suffered kidney (renal) failure more than 30 days after the person's effective date of coverage.

STROKE

Pays benefits if an insured person is first diagnosed with having suffered a stroke more than 30 days after the person's effective date of coverage.

COMA

Pays benefits if an insured person is first diagnosed as being comatose more than 30 days after the person's effective date of coverage

CORONARY ARTERY BYPASS GRAFT

Pays 25% of the benefit amount if an insured person is first diagnosed with a condition that necessitates a Coronary Artery Bypass Graft and receives the Coronary Artery Bypass Graft more than 30 days after the person's effective date of coverage. This benefit is paid once per lifetime.

LOSS OF SIGHT, SPEECH OR HEARING

Loss of Sight, Speech or Hearing pays benefits if an insured person is first diagnosed with loss of Sight, Speech or Hearing more than 30 days after the person's effective date of coverage.

MAJOR ORGAN TRANSPLANT

Pays benefits if an insured person is first diagnosed with a condition that necessitates a Major Organ Transplant and receives that Major Organ Transplant more than 30 days after the person's effective date of coverage.

PARALYSIS

Pays benefits if an insured person is first diagnosed as being paralyzed more than 30 days after the person's effective date of coverage.

SEVERE BURNS

Pays benefits, depending on the severity of the burn, if an insured person is first diagnosed with having suffered a Severe Burn more than 30 days after the person's effective date of coverage.

NOTE: These are only brief descriptions of the coverage available under the policy. The policies will contain exclusions and termination provisions.

EMERGENCY ACCIDENT BENEFIT

- This Package has 2 great components:
- \$5,000 Accident Medical Insurance – covers you and your entire family
- Ambulance Ride is covered in Full, and Air Ambulance up to \$4,000
- \$5,000 Accident Medical Insurance – could cover you and your Family up to \$5,000 for medical expenses due to an accident with only a \$100 deductible; the Plan then pays 100% of the medical costs to \$5,000 of reasonable and customary charges

Ambulance Rider:

- Ambulance Ride is covered in Full, and Air Ambulance up to \$4,000.
- No limit on how many times an insured's family uses the Policy.

DAILY HOSPITAL INDEMNITY

The Plan pays an Indemnity based on \$500 per day in the hospital for 31 days per calendar year. Plan also pays an additional \$500 per day if the insured is in ICU/CCU for an additional 31 days per calendar year. Family coverage (Applicant plus 2 or more dependents) includes coverage for applicant, spouse and children. These benefits and amounts are in addition to any other benefits paid.