

Covered children receive 50% of the adult benefits shown.

Hospital Confinement Benefit \$150

\$150 per day maximum of 180 days per confinement

Pays for each day that you are confined as an inpatient in a hospital.

Outpatient Physical Therapy Benefit \$25

\$25 per day maximum of up to 6 days per confinement

Pays for each day that you receive qualified outpatient physical therapy following a covered hospital confinement. This benefit pays up to the number of days that you receive benefits under the Hospital Confinement Benefit.

Prosthesis Benefit \$150

Lifetime maximum per person

Pays for prosthetic devices which are prescribed as a direct result of a covered accident.

Ambulance Benefit up to \$150

Charges up to \$150 per-trip
2 one-way trips per confinement

Pays if, as a direct result of a covered accident, you are transported by a professional ambulance (including "air ambulance") service to a hospital where you are confined as an inpatient.

Surgery Benefit

Ligaments and Tendons	
-Single	\$300
-Multiple	\$450
Ruptured Disc	\$300
Torn Cartilage	\$300
Hernia	\$300

Pays if, within 90 days of a covered accident, you receive treatment from a physician and have surgical repair within 1 year of the accident.

Fracture Benefit

Examples:

	No Repair <u>Incision</u>	With Repair <u>Incision</u>
Hip or thigh	\$1,500	\$2,250
Leg	\$1,000	\$1,500
Wrist	\$800	\$1,200

Pays the amount shown in the Benefit Schedule if you fracture a bone in a covered accident and it is treated by a physician within 90 days.

For multiple fractures, the amount paid is limited to 150% of the fracture with the largest dollar value.

For chip fractures, we will pay 10% of the amount shown.

Outpatient Surgery Benefit \$300

Pays if the Surgery Benefit is payable and you are not confined to a hospital within 48 hrs. of your surgery. This benefit also pays if the Fracture Benefit is payable for an open reduction (with incision) and you are not confined to a hospital within 48 hrs. of the surgery.

Emergency Medical Fees Benefit up to \$25

Charges up to \$25

Pays if you require treatment by a physician within 30 days of an accident. We will only pay for:

<i>Physician services</i>	<i>Emergency room service</i>
<i>Dental treatment for natural teeth</i>	<i>X-rays</i>

This benefit is payable only if no other benefits are payable under the policy.

Laceration Benefit

Over 5"	\$100
2" to 5"	\$50
Less than 2"	\$25

Pays if you are lacerated in a covered accident that is repaired with stitches within 72 hours of the accident.

For multiple lacerations, the benefit is based on the largest single laceration which requires stitches.

Other Important Benefits

Dismemberment Benefit

Entire finger or toe	\$100
Hand, foot or eye:	
<i>Single</i>	\$5,000
<i>Double</i>	\$10,000

Pays if a covered accident causes the dismemberment of a finger, hand, toe, foot or eye within one year of a covered accident.

This benefit is reduced by the Fracture Benefit resulting from the same covered accident.

Paralysis Benefit \$5,000

Pays if you are permanently paralyzed in two or more limbs within 90 days of a covered accident.

Accidental Death Benefit \$10,000

Pays if you are injured in a covered accident and the injury causes you to die within 90 days of the accident.

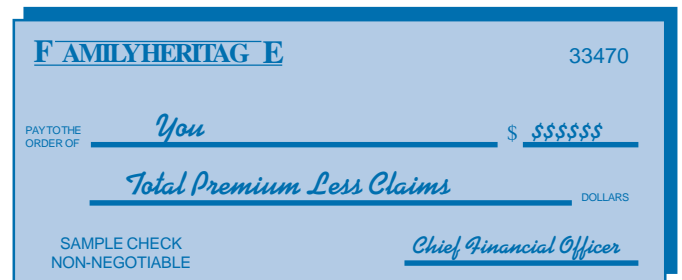
This benefit is reduced by the Fracture, Paralysis or Dismemberment Benefits paid for the same covered accident.

Return of Premium

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
REFUND	\$16,000	\$14,000	- 0 -



Please see the main policy brochure for a summary of the Limitations and Exclusions.

The benefits described in this brochure are covered in policy series A I POL.

FAMILY HERITAGE®
Life Insurance Company Of America