

## POLICY FORM L-21762

Provident Life and Accident Insurance Company  
1 Fountain Square, Chattanooga, Tennessee 37402

### ACCIDENT ONLY INSURANCE

### OUTLINE OF COVERAGE

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.**  
**If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**READ THE POLICY CAREFULLY.** This outline of coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Provident. It is, therefore, important that you READ THE POLICY CAREFULLY.

**RENEWABILITY.** The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all similar policies in force in your state with the same class and form number.

**ACCIDENT ONLY INSURANCE COVERAGE.** Policies of this category are designed to provide Covered Persons with coverage for losses resulting from Injuries received from a Covered Accident only, subject to any limitations or exclusions. The policy does not cover basic Hospital, basic medical-surgical or major medical expenses.

**BENEFITS.** Benefits of the policy are outlined on the following pages. Important information including benefit amounts are shown in the Schedule of Benefits. See the Schedule of Benefits for a detailed description of benefits.

**Accidental Death.** If shown in the Schedule of Benefits, this benefit is payable if any Covered Person is injured as the result of a Covered Accident, and the Injury causes the Covered Person to die within 180 days after the Covered Accident. If this benefit is paid, we will not pay the Accidental Death-Common Carrier benefit.

**Accidental Death-Common Carrier.** If shown in the Schedule of Benefits, this benefit is payable if any Covered Person is injured as the result of a Covered Accident while a fare paying passenger on a Common Carrier and, the Injury causes the Covered Person to die within 180 days after the Covered Accident. If this benefit is paid, we will not pay the Accidental Death benefit.

**Accident Follow-Up Treatment.** Benefit payable for follow-up treatment due to a Covered Accident recommended or advised by a physician. Follow-up treatment must occur after initial treatment in a physician's office or emergency room and occur within 180 days of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Air Ambulance.** Benefit payable if a licensed professional air ambulance company transports by air any Covered Person to or from a Hospital or between medical facilities; transportation must occur within 48 hours after the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Ambulance.** Benefit payable if a licensed professional ambulance company transports any Covered Person to or from a Hospital or between medical facilities; transportation must occur within 90 days after the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Appliance.** Benefit payable if prescribed by a physician to aid in personal locomotion or mobility; use must begin within 90 days after Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

**Blood/Plasma/Platelets.** Must require the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and be administered within 90 days after the Covered Accident.

**Burn.** Must be treated by a physician within 72 hours after the accident. This benefit is payable once per Covered Person per Covered Accident.

**Catastrophic Accident.** If shown in the Schedule of Benefits of the policy, this benefit is payable at the end of the Catastrophic Accident Elimination Period if any person sustains a Catastrophic Loss as the result of a Covered Accident. In addition to the exclusions in the policy, we will also not pay the Catastrophic Accident benefit for injuries caused by or the result of any Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

**Concussion.** Benefit payable if any Covered Person sustains a concussion as the result of a Covered Accident; must be diagnosed by a physician using X-ray, CAT scan or MRI within 72 hours from date of Covered Accident.

**Dislocation (Separated Joint).** Must be diagnosed by a physician as a dislocation within 90 days after the Covered Accident; reduction must require correction with anesthesia by a physician; reduction without anesthesia will pay 25 percent of amount shown in the Schedule of Benefits for closed reduction. Benefit payable only for the first dislocation of a joint after the Effective Date. Subsequent dislocations of the same joint after the Effective Date will not be covered.

**Emergency Dental Work.** Benefit payable for broken teeth repaired with crown(s) and broken teeth resulting in extraction(s) as the result of Injuries received in a Covered Accident. This benefit payable once per Covered Person per Covered Accident.

**Emergency Room Treatment.** Requires examination and treatment by a physician in a Hospital emergency room within 72 hours after Covered Accident. This benefit payable once per Covered Person per Covered Accident.

**Eye Injury.** Must require surgery or the removal of a foreign object by a physician within 90 days after the Covered Accident. An examination with anesthesia will not be considered surgery. This benefit payable once per Covered Person per Covered Accident.

**Fracture (Broken Bone).** Must be diagnosed by a physician within 90 days after the Covered Accident. Fracture must require open (surgical) or closed (non-surgical) reduction.

**Hospital Admission.** Provides a per admission benefit if any Covered Person is confined in a Hospital within six months after the Covered Accident. This benefit payable once per Covered Person per Covered Accident.

**Hospital Confinement.** Provides a per day benefit up to 365 days per Covered Accident. Must be confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within six months after the Covered Accident.

**Hospital Intensive Care Unit Confinement.** Provides a per day benefit up to 15 days per Covered Accident. Must be confined to a Hospital Intensive Care Unit within 30 days after the accident. The Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit will not be paid concurrently.

**Knee Cartilage Torn.** Must be treated by a physician within 60 days after the Covered Accident and repaired through surgery within six months after the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay \$100.

**Laceration.** Payable as described in the Schedule of Benefits.

**Lodging.** Provides a per night benefit up to 30 days per Covered Accident. Payable for a companion's motel/hotel stays during the period of time the Covered Person is confined to the Hospital. Hospital must be more than 100 miles from the residence of the Covered Person.

**Loss of a Finger, Toe, Hand, Foot or Sight of an Eye.** Payable as described in the Schedule of Benefits if the Covered Person loses a finger, toe, hand, foot or sight of an eye within 180 days after the Covered Accident.

**Physical Therapy.** Provides a benefit for up to six treatments per Covered Accident. Must begin within 60 days after the Covered Accident and be completed within six months after the Covered Accident.

**Physician's Office.** Initial treatment and/or advice must be in a physician's office and must occur within 60 days of the Covered Accident. This benefit payable once per Covered Person per Covered Accident.

**Prosthetic Device/Artificial Limb.** Must be prescribed by a physician for functional use when a Covered Person loses a hand, foot, or sight of an eye. Must be received within one year of the Covered Accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye-glasses or for cosmetic prosthesis such as hair wigs. Benefits are not payable for joint replacement such as an artificial hip or knee. This benefit payable once per Covered Person per Covered Accident.

**Ruptured Disc.** Must be treated by a physician within 60 days after the Covered Accident and repaired through surgery within one year after the Covered Accident. This benefit payable once Per Covered Person per Covered Accident.

**Skin Grafts.** Payable only for a skin graft for which a Burn benefit was received under the policy. This benefit payable once per Covered Person per Covered Accident.

**Surgery.** Payable if any Covered Person undergoes open abdominal or thoracic surgery within 72 hours of a Covered Accident. Surgery must be for repair of internal Injuries. For exploratory or other surgery without repair we will pay \$100.

**Tendon/Ligament/Rotator Cuff.** Must be torn, ruptured or severed and be repaired through surgery within 90 days after the Covered Accident. If the Covered Person is in an accident and receives a fracture or a dislocation and tears or severs a tendon/ligament/rotator cuff, benefits are only payable for the larger benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will pay \$100.

**Transportation.** Provides a per trip benefit up to 3 trips per Covered Accident. Travel must be more than 100 miles for special treatment and confinement in a Hospital. Treatment must be prescribed by a physician and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

**PREMIUMS.** See Policy Schedule. To keep your policy in force, the premium must be paid within 31 days after it is due.

**EXCLUSIONS.** We will not pay benefits on any Covered Person for losses that are caused by or occur as the result of: 1) war or act of war, whether declared or undeclared; 2) riding in or driving any motor-driven vehicle in a race, stunt show or speed test; 3) operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger; 4) engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities; 5) participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution; 6) committing or trying to commit suicide or injuring Himself intentionally, whether sane or not; 7) having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury; 8) practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or 9) having a work related Injury, unless an On-Job Accident Coverage Type is shown on the Policy Schedule.

**SUPPLEMENTARY BENEFITS.** If Supplementary Benefits have been selected, they are shown on your application and will be shown on the Policy Schedule in the section under Supplementary Benefits. A brief description of each Supplementary Benefit follows. They are subject to the provisions, exclusions and limitations of the policy to which they are attached, unless otherwise stated in the Supplementary Benefit form.

**Accident Disability Income Rider (Form L-21763)** provides a monthly benefit amount if a Covered Person becomes Totally Disabled and is Disabled longer than the Elimination Period due to Injuries caused by a Covered Accident.

**Accident/Sickness Disability Income Rider (Form L-21764)** provides a monthly benefit amount if a Covered Person becomes Totally Disabled and is Disabled longer than the Elimination Period due to Injuries caused by a Covered Accident or a Covered Sickness.

**Sickness Hospital Confinement Rider (Form L-21765)** provides a per day benefit if a Covered Sickness causes any Covered Person to be confined in a Hospital.