GOLD 24 HOUR PLAN – STANDARD (MULTI-STATE)

Solutions at the Workplace

Group Accident Coverage

A limited supplemental policy providing accident insurance.

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891 -

FAMILY MATTERS. NO MATTER WHAT.

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Policy Series WPS-ACC 07/15

335-3179 STND 5/16

Group Accident - Protection for the unexpected

Are you prepared?

While many health insurance plans will cover most of the major expenses, you could still be left with out-of-pocket expenses such as co-payments, deductibles, transportation and lodging costs and emergency room expenses.

Group Accident Coverage complements your medical coverage by providing you with a benefit payment for covered medical services once your coverage is effective. This payment can be used as you see fit, especially to help with the out of pocket expenses you may incur as a result of an accident.

Did you know that?*

- 1 out of 8 people each year seek medical attention for an injury.
- The average household cost associated with lost wages, medical and other injury related expenses is $6,700.
- There are over 40 million visits each year to hospital emergency rooms for treatment of an injury.
- 39% of all injuries occur in or around the home.
- 71% of all unintentional injury-related deaths occur off the job.

** Source: Injury Facts, 2015 Edition*

Group Accident Coverage Highlights:

Family coverage available

Portable

Affordable

Pays in addition to other coverage

Effective on enrollment date*

** In Alaska, coverage is effective next day.*

Eligibility and Key Features

Coverage: 24 Hour

Eligibility: All employees ages 18 or above, working the minimum number of hours per week required by the plan, and who are actively at work at time of enrollment are eligible for participation. An enrolled employee may also insure their spouse *(California & Oregon - Spouse also includes domestic partner) (District of Columbia - Spouse includes person of the same or opposite sex recognized as legally married) (Illinois - Spouse also includes civil union partner) (Nevada - Spouse may include domestic partner if elected by the Master Policyholder) (Rhode Island - Spouse includes the Certificateholder's same sex or opposite sex civil union partner)* Children under the age of 26 are eligible regardless of marital or dependency status. Grandchildren under age 26 for whom the employee is required by a court or administrative order to provide health coverage are also eligible. No medical questions are required.

Continuation of Coverage: This coverage may be continued in the event you are no longer an employee/member of the Policyholder. Coverage must have been in force for 1 month after your certificate date. Coverage will be continued at the same premium and coverage amounts then in force. *(In Montana & Nebraska, the one month requirement does not apply)*

Effective Date of Coverage: Coverage becomes effective at 11:59 PM on the date of the signed enrollment form. *(Alaska - Coverage begins at 12:01 AM on the date following the enrollment date.)*

WEEKLY PREMIUMS	GOLD
Employee Only	**$2.70**
Employee and Spouse	**$4.91**
Employee and Children	**$6.08**
Employee, Spouse and Children	**$8.29**

Policy Benefits

All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

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HOSPITAL CARE

$2,000 → **Hospital Admission:** Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission.

$500 → **Hospital Confinement:** Per day up to 365 days. Within 6 months after the covered accident.

$1,000 → **Hospital Intensive Care Unit Confinement:** Per day up to 30 days. Within 30 days after the covered accident.

$200 → **Lodging:** Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured.

$150 → **Rehabilitation Unit:** Per day up to 30 days. When confined in a rehab unit following hospitalization.

$600 → **Transportation:** Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.

EMERGENCY CARE

$1,000 → **Air Ambulance:** Within 48 hours after the covered accident. *(In Utah, within 48 hours after the covered accident or as soon as reasonably possible.)*

$200 → **Ground Ambulance:** Within 90 days after the covered accident.

$100 → **Appliance:** Within 90 days after the covered accident. For personal locomotion or mobility.

$200 → **Blood, Plasma, Platelets:** Within 90 days after the covered accident.

$50 → **Physician Office/Urgent Care - Initial Visit:** Within 60 days of a covered accident.

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EMERGENCY CARE

$200 → **Outpatient Surgery Facility Service:** Torn Knee Cartilage, Ruptured Disc,Tendon/Ligament/Rotator Cuff.

$1,000 → **Abdominal or Thoracic with repair:** Within 72 hours of a covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*

$100 → **Abdominal or Thoracic without repair:** Within 72 hours of a covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*

$100 → **Hernia:** Diagnosed within 30 days and repaired within 90 days of the covered accident.

EMERGENCY ROOM

$200 → **Emergency Room Treatment:** Within 72 hours after a covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*

DIAGNOSTIC IMAGING

$200 → **Medical Imaging:** For CT scan, MRI or EEG as the result of a covered accident.

$50 → **X-Rays:** Payable for diagnosis and treatment of injuries received as the result of a covered accident.

CONTINUING CARE

$100 → **Epidural Pain Management:** Within 6 months after the covered accident. Payable once per 12 month period.

$100 → **Physician Follow-Up Care:** Within 180 days of the covered accident. Payable twice per covered accident.

$30 → **Spinal Manipulation:** Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents.

$30 → **Therapy Services – Occupational, Physical & Speech:** Maximum of 10 visits per covered accident and completed within 2 years after the covered accident.

SPECIFIC LOSS

Burns: Treated by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*

$1,500 → – 2nd degree burns which cover at least 36% of the body.

$3,000 → – 3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches.

$20,000 → – 3rd degree burns which cover 35 or more square inches of the body.

Skin Grafts: 25% of the applicable burn benefit.

$300 → **Concussion:** Diagnosed by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*

Emergency Dental Work:

$300 → – Broken teeth repaired with crown(s)

$100 → – Broken teeth resulting in extraction(s)

$500 → **Eye Injury:** Within 90 days after the covered accident.

$2,000 → **Gunshot Wound:** Treated in a hospital or by a physician as the result of a covered accident.

Laceration: Repaired by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*

$50 → – Treated without stitches, staples or glue.

$100 → – Total of all lacerations is not more than 3 inches long and repaired by stitches.

$400 → – Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches.

$800 → – Total of all lacerations is over 5 inches and repaired by stitches.

$1,000 → **Organized Sports:** Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured, regardless of the number of covered accidents.

Prosthetic Device/Artificial Limb: Within 1 year of the covered accident.

$1,000 → – One

$2,000 → – More than one

$1,000 → **Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.

Tendon, Ligament, Rotator Cuff: Must be repaired within 1 year after the covered accident.

$1,200 → – Repair of one

$1,800 → – Repair of more than one

$300 → – Exploratory without repair

Torn Knee Cartilage: Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.

$1,500 → – Surgery with Repair

$300 → – Exploratory surgery

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MAJOR INJURY

Accidental Death: Within 90 days from the date of a covered accident. *(In Oregon & Utah, within 180 days days from the date of a covered accident. No time limitation in Pennsylvania.)*

$100,000 → – Employee
$100,000 → – Spouse
$20,000 → – Children

Accidental Death/Common Carrier: Within 90 days from the date of a covered accident. *(In Oregon & Utah, within 180 days days from the date of a covered accident. No time limitation in Pennsylvania.)*

$200,000 → – Employee
$200,000 → – Spouse
$40,000 → – Children

$10,000 → **Coma:** Unconscious with permanent neurological deficit for 30 consecutive days if as a result of a covered accident.

Dismemberment: Within 90 days after the covered accident. *(In Oregon & Utah, within 180 days days from the date of a covered accident.)*

$20,000 → – Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed.
$10,000 → – Loss of one hand, or one foot or sight of one eye.
$2,400 → – Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes.
$1,200 → – Loss of one finger or one toe.

Catastrophic Accident: Payable after a 365 day elimination period.

$100,000 → – Employee *(reduced by 50% at age 70)*
$100,000 → – Spouse *(reduced by 50% at age 70)*
$20,000 → – Children

DISLOCATIONS & FRACTURES

***DISLOCATIONS:** Diagnosed by a physician within 90 days after the covered accident.

$200 to $4,000 → – Closed *(with Anesthesia)*

$400 to $8,000 → – Open *(with Anesthesia)*

Closed *(without Anesthesia)*: 25% of the closed with anesthesia benefit.

***FRACTURES:** Diagnosed by a physician within 90 days after the covered accident.

$100 to $5,000 → – Closed

$200 to $10,000 → – Open

Chips: 25% of closed benefit.

**Benefit amounts vary based on the treatment and location of the dislocation or fracture.*

HEALTH SCREENING BENEFIT RIDER (WPS-ACC HS Rider 07/15)

$50 → Pays the selected amount once per calendar year per insured person for any one or more of the following health screening tests listed below performed by a Physician more than 30 days after the rider effective date. *(In Idaho, no 30-day wait.)*

1. Biopsy for Skin Cancer
2. Blood test for triglycerides
3. Bone marrow testing
4. CA 125 *(blood test for ovarian cancer)*
5. CA 15-3 *(blood test for breast cancer)*
6. CEA *(blood test for colon cancer)*
7. Chest X-ray
8. Colonoscopy
9. Electrocardiogram (EKG)
10. Fasting blood glucose test
11. Flexible sigmoidoscopy
12. Hemocult stool analysis
13. Lipid Panel *(total cholesterol count)*
14. Mammography/Breast Ultrasound
15. Oral Cancer screening using ViziLite, OraTest or other similar test
16. Pap smear *(including ThinPrep Pap Test)*
17. PSA *(blood test for prostate cancer)*
18. Serum Protein Electrophoresis *(blood test for myeloma)*
19. Stress test on a bicycle or treadmill
20. Thermography

Accidents do happen...

Here are a few examples of how Boston Mutual's Group Accident benefits can work for you and your family if you have an accident.*

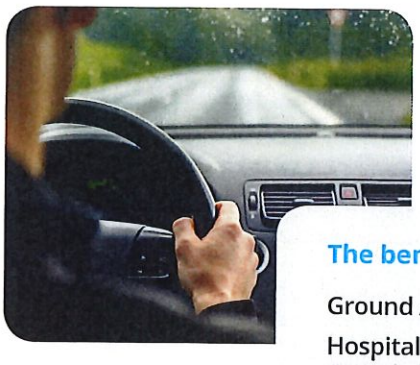
Your child at play...

Johnny was playing soccer and was tripped in his pursuit of that perfect shot. His parents rushed him to the Emergency Room where he was treated for a fractured ankle. Johnny was admitted to the hospital for one night. Fortunately, he was covered by Boston Mutual's Group Accident insurance.

The benefits his family received under this policy were as follows:

Emergency Room	$200	Ankle Fracture *(open reduction)*	$1,200
X-Ray	$50	Follow-Up Treatment *(2 visits)*	$200
Hospital Admission	$2,000	Physical Therapy *(2 visits)*	$60
Hospital Confinement *(1 day)*	$500		

Total: $4,210



On your way home from work...

While driving home from work, Steve was hit by another driver who ran a red light. Steve was rushed by ambulance to the hospital. Steve suffered multiple injuries and incurred significant medical expenses.

The benefits received under this policy were as follows:

Ground Ambulance	$200	Concussion	$300
Hospital Admission *(ICU admit)*	$4,000	Ruptured Spleen *(abdominal surgery)*	$1,000
ICU Benefit *(8 days)*	$8,000	Fractured Leg *(open reduction)*	$3,200
Hospital Confinement *(12 days)*	$6,000	Physical Therapy *(10 visits)*	$300
Blood Benefit	$200	Follow-up Treatment *(2 visits)*	$200
		X-Ray	$50

Total: $23,450

* Benefit amounts may vary based on your specific plan. *The above examples are for illustrative purposes only.*

The benefits of this policy are paid in addition to other insurance coverage you may have. The check is made out to you. This coverage is not intended to replace your primary health insurance.

Policy Exclusions – what we will not pay for

We will not pay benefits for losses that are caused or contributed to by, or are the result of:
(Alaska - does not include "or are the result of") (California - does not include "caused or") (Illinois - does not include "contributed to") (Pennsylvania - does not include "or contributed to")

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; *(Idaho - does not include "semi-professional or")*
2. 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 any Injury; This exclusion does not apply to the Health Screening Benefit Rider;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane; *(California - does not include "intentionally self-inflicted Injury") (South Dakota - does not include "suicide or attempted suicide"; includes "suicide, while sane, within two years from the coverage Effective Date") (Montana - does not include "or insane")*
4. war - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; *(California - does not include "war - declared or undeclared or military conflicts") (Idaho - does not include "civil commotion or state of belligerence") (Nebraska – does not include " participation in an insurrection or riot"; includes "being engaged in an illegal occupation") (North Carolina - declared war, active participation. For purposes of this exclusion, war does not include an act of terrorism) (Oklahoma - war - declared or undeclared or military conflicts while serving in any armed forces or an auxiliary unit thereto) (Oregon - includes active participation) (Utah - voluntary participation) (Virginia - For purposes of this exclusion, means any act or conduct, or the prevention of an act or conduct, resulting from war, declared or undeclared, or warlike action by any individual, government, military, sovereign group or other organization)*
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve; *(Pennsylvania - Upon our receipt of proof of active service, we will refund any premium paid for this period in a pro rata basis)*
6. repetitive stress or motion disorders caused by overuse or degenerative changes; *(Idaho - this exclusion does not apply)*
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers; *(Idaho - this exclusion does not apply)*
8. mental or nervous disorders; *(South Dakota - this exclusion does not apply)*
9. alcoholism or drug addiction; *(South Dakota - treatment of)*
10. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5; *(Illinois - "or ingestion or use of an over-the-counter drug unless taken in accordance with the manufacturer's directions or as directed by a Physician.") (Louisiana - ingestion or use of narcotics) (Nebraska - ingestion or use any substance or drug unless administered on the advice of a Physician) (Oregon - ingestion or use of any illegal substance or drug) (South Carolina - being intoxicated or under the influence of any narcotic, unless taken upon the advice of a Physician) (Utah - this exclusion also does not apply to accidental ingestion of contaminated materials by any Insured) (Idaho, Nevada, South Dakota - this exclusion does not apply)*
11. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more; *(Idaho, Nevada, South Carolina, South Dakota - this exclusion does not apply)*
12. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough; *(Idaho - this exclusion does not apply)*
13. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal activity. *(Alaska - the Insured's commission) (Idaho -participation in a felony) (Nebraska - illegal occupation) (Oregon - the conviction of a felony) (South Dakota - the commission of a felony) (Utah - the voluntary commission)*

DISCLAIMERS

Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this brochure and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions. Approved for use in: AK, AL, AR, AZ, CA, DC, GA, ID, IL, IN, IA, KS, KY, LA, MA, MS, MT, NE, NV, NC, OK, OR, PA, RI, SC, SD, TX, UT, VA, WV, WI, WY.

THIS IS A LIMITED POLICY. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE.

BOSTON MUTUAL
LIFE INSURANCE COMPANY
- 1891-

ABOUT BOSTON MUTUAL

Established in 1891, Boston Mutual operates with a simple philosophy: treat every customer with the same loyalty and respect we'd show to our own families. No matter what. We've always focused more on building relationships than building profits. It's the key reason behind our longevity, stability and record of steady financial growth – and it's the reason why so many customers stay with us not just for years, but for decades.

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