

Liberty™ Accident Summary of Benefits



**Liberty Insurance
Underwriters Inc.**

This is a Summary of Benefits available to you as a Member of Emergency Management Alliance. This Summary does not provide complete details of the coverage that may be available. Please refer to the language in the policy made available to you for a complete list of terms and conditions.

Liberty™ Accident

YOUR ELIGIBILITY

You must be a **Member** in good standing of the Emergency Management Alliance to become and remain eligible for Accident coverage. If you purchase and choose to cancel or fail to renew your Membership, your Accidental Death & Dismemberment and Accident Medical Expense coverage would end, not only for you, but also for your Spouse or Dependent Children if you enroll them for coverage.

As an eligible Member, you can choose whether you would like coverage for yourself, and you can also choose whether you would like to cover your spouse and/or each of your dependent children if they meet the "Dependent Eligibility" requirements discussed below. You may add coverage for your spouse or dependent children at any time after you enroll.

PRINCIPAL SUM

	You	Your Spouse	Your Dependent Children
Plan 1	\$5,000	\$5,000	\$2,500
Plan 2	\$10,000	\$10,000	\$5,000
Plan 3	\$15,000	\$15,000	\$7,500
Plan 4	\$20,000	\$20,000	\$10,000

DEPENDENT ELIGIBILITY

As an eligible Member, your Spouse, civil union partner or Domestic Partner and Dependent Children are eligible for coverage.

Dependent Children means all of Your Children who are unmarried and under 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental or physical handicap and is dependent on You for support, such Age limit shall not apply.

As an eligible Member, you can apply for an amount of coverage for yourself between \$5,000 and \$20,000, in multiples of \$5,000. You can also choose whether you

would like to cover your spouse and/or each of your dependent children. Coverage amounts for your Spouse and/or each of your Dependent Children are based upon the amount you choose for yourself as the Member.

Accidental Death & Dismemberment

This coverage would pay you a benefit if you or your covered dependents, if elected, suffer any of the covered losses listed below. The amount of the benefit you would receive is the percentage of the principal sum. For example, if you select \$20,000 of coverage and suffer a loss of life, the benefit would equal to 100% of the principal sum or \$20,000.

Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Speech and Hearing (in Both Ears)	50% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in Both Ears)	25% of the Principal Sum

Accident Medical Expense

This coverage would pay you a benefit if you or your covered dependents, if elected, suffer an injury and require any of the covered medical expenses listed below. The amount of the benefit would be based upon the expense incurred while receiving treatment.

The Accident Medical Expense benefit would be paid after the Insured Person satisfies any Deductible, and only when they are in excess of amounts payable by any Other Insurance whether or not claim has been made for benefits it provides.

Accident Medical Expense Benefit		
Plan	Accident Medical Expense Benefit Maximum	Deductible
Plan 1	\$2,500	\$250
Plan 2	\$5,000	\$250
Plan 3	\$7,500	\$250
Plan 4	\$10,000	\$250

Liberty Insurance Underwriters Inc., a Liberty Mutual company, issues Blanket Accident Insurance on policy form series LIUI AH BACC P001 (12-13) and state variations identified by state code. Blanket accident insurance can provide benefits if a covered injury is sustained, or death or dismemberment occurs, in a covered accident, and it is not a substitute for major medical insurance. Product design and availability vary by state. Features and benefits may vary based on state approval. The policy form contains definitions of each of the injuries, occurrences, or events covered by the policy and the periods during which the injury must be diagnosed or services provided, or the occurrences or events occur. This is a limited benefit policy. Payment of benefits is in the form of a cash payment, and benefits will be reduced on and after certain ages. Payment is based upon sustaining a covered injury or covered death in a covered accident or the occurrence of a covered event and is subject to policy terms and conditions, including incurral periods, limitations, and exclusions, including, in certain instances, exclusions for sickness and disease, pre-existing conditions, and for injuries sustained during certain specific activities. Coverage provided and underwritten by Liberty Insurance Underwriters Inc. Home office: 175 Berkeley Street, Boston, MA 02116. Service center: Dover, NH.

Covered Medical Expenses

- Room and board in a semi-private room;
- Intensive Care Unit (Critical Care Unit);
- Hospital Miscellaneous Services;
- Physician services, Surgery, Assistant Surgeon, Physician's Surgical Facilities, Second Opinion, or consultation, Anesthesia and its administration, In Physician Hospital Visits, Physician Office visits;
- Emergency Room;
- Outpatient X Ray, CT Scan MRI, and Laboratory Test includes charges for reading;
- Outpatient physiotherapy;
- Outpatient Nursing services;
- Ambulance Services: air and ground
- Medical Equipment;
- Dental Services;
- Outpatient prescription drugs;
- Medical equipment rental or if less than the purchase of equipment;

This benefit would not pay for any of the following:

- Injury sustained while participating in professional athletics;
- Routine physical and care of any kind;
- Routine dental care and treatment;
- Immunizations of any kind;
- Cosmetic or plastic surgery, except as the result of a Covered Injury;
- Routine nursery or routine child care;
- Any mental or nervous disorders;
- Pre-existing Condition;
- Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
- Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
- Any expense paid or payable by any Other Insurance;
- Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
- Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and

(b) are not recognized and generally accepted medical practice in the United States;

- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- Repair or replacement of existing dentures, partial dentures, braces or bridgework;
- Repair or replacement of existing artificial limbs, eyes and larynx;
- Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed;

24-Hour Business & Pleasure Coverage

You would be covered if you suffer a covered loss that occurs any time while insured by this Policy, subject to all applicable conditions and exclusions.

TERMINATION

Insurance coverage would terminate on the earliest of the following dates:

1. The date your membership terminates;
2. The date you enter full time active duty in the Armed Forces;
3. The date premium payments are ceased to be made; or
4. The date Emergency Management Alliance terminates or does not renew the Policy.

Loss of coverage would not affect a claim that was incurred while you were a covered member in good standing.

Termination Date for Your Spouse or Dependent Child

A Covered Dependent's insurance coverage would terminate on the earliest of the following dates:

1. The date your membership terminates;
2. The date Emergency Management Alliance ceases to make premium payments for you.
3. The date your dependent loses eligibility;
4. The date dependent coverage is no longer provided by Emergency Management Alliance;
5. The date you notify us in writing to discontinue dependent coverage; or
6. The date Emergency Management Alliance terminates or does not renew the Policy;

Loss of coverage would not affect a claim that was incurred while your dependent was covered.

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SELECTED DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person or Insured Dependent is covered under the Policy.

Covered Death means Accidental death:

1. which is the direct result of a Covered Accident;
2. which results directly and independently from all other causes from a Covered Accident and independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause; and
3. suffered by the Insured Person or Insured Dependent within the applicable time period specified in the Schedule of Benefits.

Covered Injury means Accidental bodily injury:

1. which is sustained by an Insured Person or Insured Dependent as a direct result of a Covered Accident that is external to the body;
2. which results directly and independently from all other causes from a Covered Accident (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) that causes a Covered Loss; and
3. suffered by the Insured Person or Insured Dependent within the applicable time period specified in the Schedule of Benefits.

The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person or Insured Dependent in any one Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Covered Losses means any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person or Insured Dependent suffers a Covered Loss within the applicable time period specified in the Schedule of Benefits.

If the Insured Person or Insured Dependent suffers a Covered Death, the amount the Company will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

Full Excess Medical Expense means the Accident Medical Expense benefit would be paid after the Insured Person satisfies any Deductible, and only when they are in excess of amounts payable by any Other Insurance whether or not claim has been made for benefits it provides.

Hospital Miscellaneous Expenses means the Necessary Treatment expenses charged by a Hospital or Ambulatory Surgical Center for Outpatient surgery. The Miscellaneous Expenses include, but are not limited to, the expenses shown in the Schedule of Benefits and all necessary charges other than room and board, for services received during a Hospital stay.

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Other Insurance means any reimbursement for or recovery of any element of Covered Injury as a result of an Accident available from any other source whatsoever, except gifts and donations, but including without limitations:

- any individual, group, blanket or franchise policy of Accident, disability or health insurance or any similar type of arrangement that provides for payments or reimbursement of medical expenses or disability payments;
- Social Security Disability Benefits; and
- any benefits payable under any program provided or sponsored solely or primarily by and federal, state or local governmental unit or agency or subdivision or through operation of law or regulation; except Medicaid.

Usual and Customary means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

EXCLUSIONS

We will not pay benefits for accidental deaths or injuries suffered as a result of any of the following:

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;

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2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
6. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
8. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial airline;
9. Testing cars/trucks on any racetrack or speedway; Hand; ling, storing or transporting explosives; Spelunking (exploring caves); Participating in a rodeo; Commuting to/from Work; bungee-cord jumping; parachuting; skydiving; parasailing; hang-gliding; scuba diving; surfing; riding in a rodeo; glider flying; flight in an ultra-light aircraft; sailplaning; bob-sledding; ballooning; fighting or brawling except in self-defense;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
12. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. Injuries compensable under Workers' Compensation law or any similar law.
14. Expenses payable by any automobile insurance policy without regard to fault.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. a Resident of the Same Household;
3. an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
4. the Insured Person

How to File a Claim

If this coverage is purchased, you can tell us about your injury by accessing the claim form at www.emamember.com and complete, sign and either email to Claims@HSRI.com; or Mail to HSR Plaza II, 4100 Medical Parkway, Suite #200, Carrollton, TX 75007.

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