

Individual Accident Insurance

Paycheck Power® Series



Worksite Accident Insurance

Unfortunately, accidents can be part of life. Even though you may not be able to prevent accidents from happening, you can help ensure you are better prepared if they do with accident insurance from Illinois Mutual.

Accident insurance provides a fixed monetary benefit if you experience a covered accident and receive medical care, equipment and/or other services as described in the policy. The benefit is paid directly to you and can be used for anything you choose.

Illinois Mutual’s base Accident policy provides benefits for loss due to accidental bodily injury. It does not provide benefits for loss due to sickness.

Plan Types

Four plan types are offered, which can cover different family structures:

- Individual Only
- Individual and Spouse
- One-Parent Family
- Two-Parent Family

The Accident policy does not meet the Minimum Essential Coverage Requirements of the Affordable Care Act.

Coverage

Provides 24-hour coverage, seven days a week for both on-the-job and off-the-job accidents.

Coverage Eligibility

- You must apply for a Personal Paycheck Power® disability income insurance (DI) plan from Illinois Mutual and meet the non-medical underwriting criteria to be eligible to apply for the Accident Insurance policy.
- Primary Insured and Spouse: Ages 18 to 60
- Dependent Children age requirements vary by state. Ask your agent for details.

Advantages

- A policy can be issued even if the individual DI policy is declined or modified, as long as non-medical underwriting is met
- Guaranteed renewable – regardless of claims history, your coverage can’t be canceled as long as premiums are paid
- Coverage to fit your needs and budget



Accident Insurance Plan for

Your Selected Voluntary Accident Insurance Plan

Who will be covered under your plan?

- ☐ Individual Only
- ☐ Individual and Spouse Only
- ☐ Individual and Dependent Children Only
- ☐ Individual, Spouse and Dependent Children

Selected benefit level

- ☐ Economy
- ☐ Standard
- ☐ Preferred
- ☐ Premium

Selected optional riders*

Optional riders, available at an additional cost, can be added to the base accident policy to further expand coverage. Unless otherwise indicated, optional riders cover all insureds covered under the policy. Please refer to the policy for more details on these riders.

☐ Wellness Benefit Rider

- ☐ \$50
- ☐ \$100
- ☐ \$150
- ☐ \$200

The selected benefit amount will help pay for the cost of one health screening test selected from a list contained in the rider. The benefit amount will be paid only once per calendar year and for only one covered person per policy. Not available in CA, GA, MA, MI, NJ, UT, VA and WA. Covered screening tests may vary by state.

☐ Catastrophic Accident Rider

Benefit Amounts – Individual: \$100,000;
Spouse: \$50,000; Child: \$25,000

This rider pays a lump sum for an injury resulting in a Catastrophic Loss, as defined in the rider, as a result of a covered accident. It is payable only once per covered person for the lifetime of the policy. The benefit will be paid 180 days after the covered accident. See policy for definition of Catastrophic Loss. Not available in ID, MA, NE, PA, TN and UT.

Benefit availability may vary by state. Please refer to the policy for specific benefit information and descriptions.

POLICY BENEFITS	ECONOMY	STANDARD	PREFERRED	PREMIUM
EMERGENCY CARE				
Ground Ambulance Transportation	\$240	\$300	\$390	\$450
Air Ambulance Transportation	\$480	\$600	\$780	\$900
Emergency Room Treatment	\$160	\$200	\$260	\$300
Major Diagnostic Exams	\$120	\$150	\$195	\$225
Hospital Admission	\$800	\$1,000	\$1,300	\$1,500
Hospital Confinement	\$200	\$250	\$325	\$375
ICU Confinement	\$400	\$500	\$650	\$750
Initial Physician Visit	\$40	\$50	\$65	\$75
Surgery				
Open abdominal, thoracic	\$800	\$1,000	\$1,300	\$1,500
Exploratory or without repair	\$80	\$100	\$130	\$150
Prosthetic Device				
One prescribed prosthetic device/artificial limb	\$400	\$500	\$650	\$750
Two or more prosthetic devices	\$800	\$1,000	\$1,300	\$1,500
Burn				
2nd degree burns covering at least 36% of the body	\$600	\$750	\$975	\$1,125
3rd degree burns covering between 9 and 35 square inches of the body	\$1,200	\$1,500	\$1,950	\$2,250
3rd degree burns covering at least 35 square inches of the body	\$8,000	\$10,000	\$13,000	\$15,000
Skin grafts	25% of burn benefit			
Emergency Dental Work				
Broken teeth repaired with crown(s)	\$120	\$150	\$195	\$225
Broken teeth resulting in extraction	\$40	\$50	\$65	\$75
Eye Injury	\$160	\$200	\$260	\$300
Lacerations				
Single laceration less than 2 inches	\$40	\$50	\$65	\$75
At least 2 inches but not more than 6 inches (total of all lacerations)	\$160	\$200	\$260	\$300
Over 6 inches (total of all lacerations)	\$320	\$400	\$520	\$600
Laceration(s) not requiring stitches, staples or glue	\$20	\$25	\$32.50	\$37.50
Torn Knee Cartilage Exams				
Exploratory surgery without repair or if cartilage is only shaved	\$80	\$100	\$130	\$150
Surgical repair	\$400	\$500	\$650	\$750
Ruptured Disc	\$320	\$400	\$520	\$600
Concussion	\$80	\$100	\$130	\$150

Benefit availability may vary by state. Please refer to the policy for specific benefit information and descriptions.

POLICY BENEFITS	ECONOMY	STANDARD	PREFERRED	PREMIUM
EMERGENCY CARE (cont.)				
Tendon/Ligament/Rotator Cuff				
Surgical repair of one tendon/ligament	\$320	\$400	\$520	\$600
Surgical repair of more than one	\$480	\$600	\$780	\$900
Exploratory surgery to help diagnosis	\$80	\$100	\$130	\$150
Dislocation				
Hip	\$1,600	\$2,000	\$2,600	\$3,000
Knee	\$800	\$1,000	\$1,300	\$1,500
Ankle or Foot	\$640	\$800	\$1,040	\$1,200
Shoulder; Elbow; Wrist; Hand; Lower Jaw; Collar Bone	\$240	\$300	\$390	\$450
Toe or Finger	\$80	\$100	\$130	\$150
Fracture				
Hip	\$1,200	\$1,500	\$1,950	\$2,250
Leg	\$640	\$800	\$1,040	\$1,200
Ankle; Kneecap; Foot (excluding toes/heel); Forearm, Hand, Wrist (excluding fingers); Vertebral Process; Lower Jaw; Collar Bone; Sternum; Shoulder Blade	\$240	\$300	\$390	\$450
Upper Arm	\$280	\$350	\$455	\$525
Finger, Toe	\$40	\$50	\$65	\$75
Vertebrae (body of)	\$640	\$800	\$1,040	\$1,200
Pelvis (excluding coccyx)	\$640	\$800	\$1,040	\$1,200
Coccyx	\$160	\$200	\$260	\$300
Face (excluding nose)	\$280	\$350	\$455	\$525
Nose	\$80	\$100	\$130	\$150
Upper Jaw	\$280	\$350	\$455	\$525
Rib or Ribs	\$200	\$250	\$325	\$375
Skull				
Depressed	\$2,000	\$2,500	\$3,250	\$3,750
Simple	\$800	\$1,000	\$1,300	\$1,500
Blood/Plasma/Platelets	\$240	\$300	\$390	\$450
Medical Equipment	\$80	\$100	\$130	\$150
Physical Therapy	\$20	\$25	\$32.50	\$37.50
Follow-up Physician Treatment	\$40	\$50	\$65	\$75
Transportation	\$240	\$300	\$390	\$450
Family Lodging	\$80	\$100	\$130	\$150

Benefit availability may vary by state. Please refer to the policy for specific benefit information and descriptions.

POLICY BENEFITS	ECONOMY	STANDARD	PREFERRED	PREMIUM
MAJOR INJURIES				
Accidental Death				
Main Insured				
Common-Carrier Accidents	\$80,000	\$100,000	\$130,000	\$150,000
Other Accidents	\$40,000	\$50,000	\$65,000	\$75,000
Spouse				
Common-Carrier Accidents	\$20,000	\$25,000	\$32,500	\$37,500
Other Accidents	\$10,000	\$12,500	\$16,250	\$18,750
Child				
Common-Carrier Accidents	\$8,000	\$10,000	\$13,000	\$15,000
Other Accidents	\$4,000	\$5,000	\$6,500	\$7,500
Accidental Dismemberment				
Loss of both hands, feet, sight in both eyes, or any combination of one of these	\$12,000	\$15,000	\$19,500	\$22,500
Loss of one hand, foot, or sight in one eye	\$6,000	\$7,500	\$9,750	\$11,250
Two or more fingers or toes	\$1,200	\$1,500	\$1,950	\$2,250
One finger or toe	\$360	\$750	\$975	\$1,125
Note: Loss of sight must be permanent				
Paralysis				
Quadriplegia	\$24,000	\$30,000	\$39,000	\$45,000
Paraplegia	\$12,000	\$15,000	\$19,500	\$22,500
Coma	\$8,000	\$10,000	\$13,000	\$15,000

Benefit availability may vary by state. Please refer to the policy for specific benefit information and descriptions.



Questions? Contact your Illinois Mutual agent!

This Policy does not provide benefits for Injuries resulting from*:

- (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 or falling from any aircraft, 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 yourself intentionally, whether you are sane or not;
- (7) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- (8) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (9) 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, or disease which is not caused by an Injury.

**Not all benefit exclusions apply in all states. Refer to your policy for the exclusions that apply in your state.*



Policy Form DI105, Disability Income Policy; Policy Form WSA07, Voluntary Accident Policy; Policy Form 9243, Wellness Benefit Rider; Policy Form 9245, Catastrophic Accident Rider

Not available in AK, CT, DC, HI, NH, NM and NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact your agent or Illinois Mutual. If any discrepancies exist between this communication and the policy, the terms of the policy will prevail.

C9515 (5/24)