

Accident SafeGuardSM

This product provides limited benefits.

Accident SafeGuardSM is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.



UnitedHealthcare Life Insurance Company is the underwriter and administrator of these plans.
Policy Forms ACC-IND1-UHL, -42, and other state variations

 **UnitedHealthcare[®]**
UnitedHealthcare Life
Insurance Company

43936C1-UL-0615 (includes: 43936-UL-0615, 43936i-UL-0615)

Why Choose Us?

Strength & Experience

UnitedHealthcare provides nearly 29 million Americans access to health care.*
We offer an array of consumer-oriented health benefit plans.

Highly Rated

UnitedHealthcare Life Insurance Company (UHCLIC), the underwriter and administrator of plans featured in this brochure, is rated “A” (Excellent) by A.M. Best (12-11-14). This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.

Outstanding Claims Service

Our employees who process claims have a long history of fast service.
The results – 94% of all health claims are processed within 12 working days or less.**

Our Goal: Your Satisfaction

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits his or her needs and budget.

* UnitedHealth Group Annual Form 10-K for year ended 12/31/14.

** Actual 2014 results.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply. This brochure must be used in conjunction with the Accident SafeGuardSM State Variations Insert 43936i-UL.

Accident SafeGuardSM

Accidents Happen

You never know when you or someone in your family will get hurt in an accident. When it happens, you could end up with several medical bills. Even if you have health insurance, the extras from an accidental injury can still take a lot out of your pocket.

Accident SafeGuardSM

Pays fixed amounts for loss resulting from qualifying accidental injuries. Includes an Accidental Death Benefit with 3 plans to choose from. See page 4 for details.

About This Plan

If you're hurt in an accident, Accident SafeGuardSM can pay you cash benefits for your medical bills. Ideal for individuals or families, Accident SafeGuardSM pays benefits for:

Common Accidents

Burns
Concussions

Broken Bones
Dislocations

Services and Treatments (resulting from accidents)

Ambulance Services
Physical Therapy
ER visits
Surgery

More details about the cash benefits paid for these and other eligible accidental injuries and related services are on the next page. Keep in mind, this plan does not replace your other health insurance coverage, it's an addition to it – a little added coverage.

Your Beneficiaries

In the event of your death from an accident, Accident SafeGuardSM can pay your beneficiaries to help cover the bills that may remain.

Accidents Requiring Medical Care

There were 38.3 million accidental injuries in the U.S. in 2012 and over 35% were caused by accidental falls.

– Injury Facts 2014 Ed.



Accident SafeGuardSM

Here's a sample of what's covered by Accident SafeGuardSM. You'll receive a complete list of benefits with the policy. Please read the policy carefully. Payment of benefits is subject to all policy terms and conditions. The figures in the chart refer to the insured person or spouse.

| Highlights of Benefits | Choose a maximum benefit level | | | | |
|---|--|----|------------------|----|-------------------|
| | Plan A: \$25,000 | OR | Plan B: \$50,000 | OR | Plan C: \$100,000 |
| Accidental Death¹ (within 30 days resulting from accidental injury) | | | | | |
| Accidental Dismemberment (dismemberment within 30 days of accident) | 5% to 100% of Accidental Death Benefit | | | | |

Accidental Injuries (treatment within 30 days of accident)

Accident SafeGuardSM pays you:

| | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| Burns (by size and degree, treatment within 48 hours of accident) | \$200 - \$10,000 | \$400 - \$20,000 | \$600 - \$30,000 |
| Coma² (at least 7 consecutive days, diagnosed within 30 days of accident) | \$5,000 | \$10,000 | \$20,000 |
| Concussion (diagnosed within 48 hours of accident) | \$50 | \$100 | \$200 |
| Dislocations: Closed / Open | \$65 - 625 / \$125 - 2,500 | \$100 - 875 / \$175 - 3,500 | \$130 - 1,250 / \$250 - 5,000 |
| Fractures: Closed / Open (2 fractures per accident) | \$125 - 1,875 / \$250 - 2,500 | \$175 - 2,625 / \$350 - 3,500 | \$250 - 3,750 / \$500 - 5,000 |
| Lacerations (by length; treatment within 48 hours of accident; 1 per accident) | \$30 - \$400 | \$40 - \$500 | \$50 - \$600 |
| Paralysis (paralysis must begin within 30 days of accident and last uninterrupted for 30 days; 1 per accident) | \$2,500 - \$5,000 | \$5,000 - \$10,000 | \$10,000 - \$20,000 |

Outpatient Services

| | | | |
|---|-----------------------------|-----------------------------|-----------------------------|
| Ambulance (within 48 hours of accident; 1 per accident) | Ground: \$200, Air: \$1,000 | Ground: \$250, Air: \$1,500 | Ground: \$300, Air: \$2,500 |
| Diagnostic: CT, EKG, or MRI (1 per accident) | \$150 | \$200 | \$250 |
| Hospital Emergency Room Visit (treatment within 48 hours of accident) | \$125 | \$150 | \$200 |
| Office Visit, Initial¹ (treatment within 48 hours of accident) | \$75 | \$100 | \$150 |
| Office Visit, Follow-up³ (treatment within 30 days of accident; hospital discharge, or rehab facility discharge) | \$35 (6 visit limit) | \$50 (8 visit limit) | \$65 (10 visit limit) |
| Physical Therapy (began the later of 30 days after accident or 30 days from hospital or rehab facility discharge; completed within 6 months of accident; 1 visit per day and 10 visits per accident) | \$25 | \$40 | \$50 |
| Urgent Care Center (treatment within 48 hours of accident) | \$75 | \$100 | \$150 |
| X-rays (1 per accident) | | \$50 | |

Inpatient Services (within 30 days of an accident)

| | | | |
|---|---|--|---|
| Hospital/Intensive Care Unit (ICU) Admission (1 per calendar year; must be admitted as an inpatient for at least 24 hours) | \$1,000 (if direct to ICU, add \$500) | \$1,500 (if direct to ICU, add \$750) | \$2,000 (if direct to ICU, add \$1,000) |
| Hospital Confinement Per Day (365 days max) | \$200 / \$400 | \$250 / \$500 | \$300 / \$600 |
| /ICU Confinement Per Day (15 days max) | If confined in ICU, ICU Confinement benefit is in addition to Hospital Confinement benefit. | | |
| Rehabilitation Facility Confinement (When transferred from hospital confinement: for 30 consecutive days or 60 days for multiple stays in a calendar year, whichever is reached sooner.) | \$100 | \$150 | \$250 |

Surgical Services (treatment within 1 year of accident)

| | | | |
|--|---------|---------|---------|
| Open abdominal, cranial, hernia or thoracic | \$1,000 | \$1,500 | \$2,000 |
| Tendons/ligaments, torn rotator cuff or knee cartilage, ruptured/herniated disc | \$500 | \$750 | \$1,000 |
| Other surgery requiring general anesthesia | \$250 | \$400 | \$550 |

Coverage also includes: dental and eye injuries, arthroscopy without repair, and transportation of a covered person and lodging for an immediate family member when treatment facility is more than 100 miles from covered person's home. Fractures include: ankle, arm, chip, coccyx, elbow, face, finger, foot, hand, hip, jaw, leg, kneecap, nose, rib, shoulder blade, skull, vertebral body, vertebral process, and wrist. You will find complete details in the policy.

¹ Dependent child benefits are lower. You will find complete details in the policy.

² Not available in Georgia.

³ Outpatient follow-up treatment will only be covered if we have paid for initial treatment or hospitalization due to the same accident.

Accident SafeGuardSM Examples

Here's a sample of how Accident SafeGuardSM can help you pay for unexpected medical costs resulting from an accident.

Hospital Admission Direct to ICU (5 Days) with Plan C

| Benefit Category | Benefit Payment |
|------------------------------|-----------------------------|
| Hospital Admission | \$2,000 (1 time) |
| ICU Admission | \$1,000 (1 time) |
| Hospital Confinement | \$1,500 (\$300 per day x 5) |
| ICU Confinement | \$3,000 (\$600 per day x 5) |
| Total Benefit Payment | \$7,500 |

Emergency Room Visit - Concussion with Plan B

| Benefit Category | Benefit Payment |
|------------------------------|-----------------|
| Emergency Room Visit | \$150 |
| Concussion Benefit | \$100 |
| CT Scan | \$200 |
| Total Benefit Payment | \$450 |

Provisions that apply to all plans

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

General Exclusions and Limitations

This is not major medical insurance. No benefits are payable for treatment of any illness.

No benefits are payable for any loss caused by or resulting from:

- Any accident occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- Any cerebrovascular accident (stroke).
- Any act of war; intentionally, self-inflicted, bodily harm (whether sane or insane); or participation in a riot or commission of a felony (whether or not charged).
- Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- Any injury incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- Illness, disease, or bodily infirmity, or the medical treatment of any of these.
- Infections of any kind regardless of how contracted, including those resulting from surgery, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying illness, disease, or condition.
- Operating a taxi or any other livery services for wage, compensation, or profit.
- Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing, or rock or mountain climbing.

Provisions that apply to all plans, continued

General Exclusions and Limitations, continued

No benefits are payable for any loss caused by or resulting from:

- Any injury sustained while participating, demonstrating, instructing, guiding, or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- For injuries sustained while performing the duties of an aircraft crew member, or giving or receiving training on an aircraft.
- An injury or illness arising out of, or in the course of, employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for your workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by the agency.

No benefits are payable for:

- Services provided by an immediate family member.
- Cosmetic treatment.
- Services for which no charge is made.
- Dental care, except as otherwise covered for injury to sound, natural teeth.

Eligibility and Renewability

At time of application, the primary insured and spouse must be between 18-64 years of age (drop off on 65th birthday) and dependent children 0-25 years of age (drop off on 26th birthday). The policy is renewable until both the primary insured and spouse have reached 65 years of age.

Notice of Claim

We must receive notice of claim within 30 days of the date the loss began or as soon as reasonably possible.

Premium Change

Premiums are subject to change. The age and gender of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. We will notify you in writing at least 31 days in advance of a premium change.

Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as possible. Proof of loss furnished more than one year after the date written proof of loss is required to be submitted will not be accepted, unless you or your covered dependent had no legal capacity in that year.

Termination of Policy

The policy will terminate on the earliest of:

- The primary insured's 65th birthday;
- Nonpayment of premiums when due, subject to the Grace Period Provision in the policy;
- The date we receive a request from you to terminate the policy or any later date stated in your request;
- The date there is fraud or intentional material misrepresentation by or with the knowledge of a covered person in filing a claim for benefits under the policy; or
- The primary insured's death.

A covered dependent's coverage will also terminate when they are no longer an eligible dependent.

Underwriting

Plans are subject to health underwriting. If you provide incorrect or incomplete information on your application for insurance your coverage may be voided or claims denied.

FINANCIAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2015)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Information We Collect. Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information. We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

Confidentiality and Security. We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Fair Credit Reporting Act Notice. In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will

furnish the report. You may request in writing to be interviewed as part of the investigation.

The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

MIB. In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, (866) 692-6901, www.mib.com.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at our websites such as www.myuhone.com, www.myallsavers.com, www.myallsaversmember.com, or www.goldenrule.com.
- **You have the right to be considered a protected person.** (New Mexico only) A "protected person" is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

- **Contacting us.** If you have any questions about this notice or want to exercise any of your rights, please call (800) 657-8205.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
- Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719

The Notice of Information Practices, effective January 1, 2015, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

TO BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.

Conditional Receipt for: _____
Proposed Insured: _____
Amount Received: _____

Date of Receipt: _____
Signature of Secretary: Richard C. Sullivan
Signature of Agent/Broker: _____

THIS FORM LIMITS OUR LIABILITY. NO INSURANCE WILL BECOME EFFECTIVE UNLESS ALL THREE CONDITIONS PRIOR TO COVERAGE ARE MET. NO PERSON IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE FOLLOWING CONDITIONS. YOUR CANCELLED CHECK WILL BE YOUR RECEIPT.

This conditional receipt does not create any temporary or interim insurance and does not provide any coverage except as expressly provided in the Conditions Prior to Coverage.

**Conditions Prior to Coverage
(Applicable with or without the Conditional Receipt)**

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by UnitedHealthcare Life Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date, and any check is honored on first presentation for payment.
3. The policy is: (a) issued by UnitedHealthcare Life Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

If you sign the Authorization for Electronic Funds Transfer (EFT) in the application, please keep this copy for your records.

I (we) hereby authorize UnitedHealthcare Life Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

EFT-UL-1013

Notice to applicant regarding replacement of accident and sickness insurance

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
2. We recommend that you not terminate your present plan until you receive written confirmation that your coverage has been approved by UnitedHealthcare Life Insurance Company.

Authorization to Obtain and Disclose Health Information

I authorize UnitedHealthcare Life Insurance Company's (UHCLIC) Insurance Administration and Claims departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, pharmacy benefit manager, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about my family or me is authorized to give it to UHCLIC's Insurance Administration and Claims departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

UHCLIC may release this information about my family or me to the MIB or any member company for the purposes described in UHCLIC's Notice of Information Practices.

I (we) have received UHCLIC's Notice of Information Practices. This authorization shall remain valid for 30 months from the date below.

I (we) understand the following:

- A photocopy of this authorization is as valid as the original;
- I (we) or my (our) authorized representative may obtain a copy of this authorization by writing to UHCLIC;
- I (we) may request revocation of this authorization as described in UHCLIC's Notice of Information Practices;
- UHCLIC may condition enrollment in its health plan or eligibility for benefits on my (our) refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.
SGADHI-UL-1013

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep this document. It has important information.



Accident SafeGuardSM State Variations

Please see below for applicable state specific Exclusions and Limitations.

This insert must be used with the Accident SafeGuardSM brochure (43936-UL-0615).

Arizona

There are no state variations.

Connecticut

- A dependent child can include a married child if they are less than 26 years of age.
- Benefits include 30 inpatient days and \$500 per calendar year for outpatient care for accidental ingestion of a controlled drug.
- The Exclusion and Limitation for “Any injury incurred as a result of a covered person being under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer’s recommended dosage” is replaced with the following: “For loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a doctor for the covered person.”

Delaware

There are no state variations.

Florida

- We will notify you in writing at least 45 days in advance of any change in premium.
- In the Exclusion and Limitation for Workers’ Compensation, “or is required to be insured” does not apply.

Georgia

- We will notify you in writing at least 60 days in advance of any change in premium.
- The Accidental Dismemberment benefit maximum is \$2,500 to \$100,000 which is payable as a percentage of the Accidental Death Benefit Amount.
- There are no benefits payable for *Coma*.
- In the Exclusion and Limitation for Commission of a felony, “(whether or not charged)” does not apply.
- The Termination of Policy for fraud or material misrepresentation applies to the application for insurance.

Indiana

A dependent child can include a married child if they are less than 26 years of age.

Kentucky

There are no state variations.

Missouri

The Exclusion and Limitation for intentionally self-inflicted bodily harm does not apply if the covered person was insane.

Nebraska

The Exclusion and Limitation for racing and speed racing is changed to be “organized” racing or speed testing.

Nevada

- We will notify you in writing at least 60 days in advance of any change in premium.
- The Exclusion and Limitation for “Any injury incurred as a result of the covered person being intoxicated as defined by applicable state law in the state in which the loss occurred, or under the influence of an illegal narcotic, and/or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage” is replaced with the following: “The covered person being under the influence of illegal narcotics.”

North Carolina

- We will not change your premium rates more than once in any 12-month period following the initial 12-month period. We will notify you in writing at least 45 days in advance of any change in premium.
- The following Exclusion and Limitation does not apply: “For any injury incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer’s recommended dosage.”
- Infections of any kind are not excluded if it is due to a bacterial infection that is a direct result of an accidental injury.
- Benefits for any loss caused by or resulting from occupational injuries or illness are not payable if paid under the North Carolina Workers’ Compensation Act .
- Proof of loss is required within 180 days of the date of loss or as soon as is reasonably possible.

Accident SafeGuardSM State Variations, continued

Ohio

There are no state variations.

Oklahoma

- The Exclusion and Limitation for “Any act of declared or undeclared war” is replaced with the following: “Any act of declared or undeclared war while serving in the military or naval service, or any auxiliary unit of the U.S., including but not limited to: service as a member of a Regular or Reserve component of the U.S. Army, Air Force, Navy, Coast Guard, or Marine Corps; service as a commissioned officer of the Public Health Service or National Oceanic and Atmospheric Administration; or military or naval service in an auxiliary military organization, including but not limited to the Coast Guard Auxiliary, the temporary Coast Guard Reserve, the Civilian Auxiliary to the Military Police or the Civil Air Patrol.”
- The Exclusions and Limitations for “any injury sustained while performing the duties of any type of non-commercial aircraft crew member” is expanded to also exclude jumping out from any type of non-commercial aircraft. The reference to a non-commercial aircraft can be motorized or non-motorized.
- The following Exclusions and Limitations do not apply:
 - For active service in the armed forces of any country or related auxiliaries including the National Guard or military reserve.
 - For any injury incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
 - For operating a taxi or any other delivery services for wage, compensation, or profit.
 - For any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
 1. Professional or semi-professional sports; Intercollegiate sports (not including intramural sports);
 2. Parachute jumping; hang-gliding; skydiving; bungee jumping; parakiting;
 3. Racing or speed testing any motorized vehicle or conveyance;
 4. Racing or speed testing any non-motorized vehicle or conveyance (if the covered person is paid to participate or to instruct);

5. Scuba/skin diving (when diving 60 or more feet in depth); Rodeo sports; horseback riding (if the covered person is paid to participate or to instruct);
6. Rock or mountain climbing (if the covered person is paid to participate or to instruct); or
7. Skiing (if the covered person is paid to participate or to instruct).

Pennsylvania

- Benefits for Accidental Dismemberment is 5% or a minimum of \$1,000 for loss of more than one finger or toe.
- The Exclusion and Limitation for “The covered person taking part in a riot” is replaced with: “Injuries due to participating in a riot.”
- In the Exclusion and Limitation for intentionally self-inflicted bodily harm, “(whether sane or insane)” does not apply.
- The Exclusion and Limitation for cosmetic treatment does not apply when necessitated by a loss from a covered injury.

South Carolina

There are no state variations.

South Dakota

- Hospital/Intensive Care Unit (ICU) Admission Benefit does not require a covered person to be admitted as an inpatient for at least 24 hours as a result of an injury.
- The Exclusion and Limitation for an injury incurred as a result of intoxication or under the influence of illegal narcotics or controlled substance does not apply.
- The Exclusion and Limitation for an injury arising out of, or in the course of employment, is replaced with “An injury or illness arising out of, or in the course of, employment for wage or profit for which benefits are paid under any workers’ compensation or similar law.
- The Exclusion and Limitation for services provided by an immediate family member does not apply if a family member is the only provider within 50 miles and are acting within the scope of their license.

West Virginia

There are no state variations.

