



Uncertain about your need for NTA's Accident Insurance Program? Consider these facts!

- The estimated economic impact of accidents is over \$652 billion or \$5,700 per U.S. family each year.¹
- In the U.S., approximately 80% of the cost of an accident is attributable to wage and productivity loss.²
- Accidents result in more than 28.3 million emergency room visits in the U.S. each year.³
- In the U.S., children account for more than 40% of the emergency room visits for accidents.⁴

¹ National Safety Council. Report on Injuries in America. Injury Facts® (2008).

² Center for Disease Control. The Economic Cost of Injuries-Facts (2006).

³ Center for Disease Control. 2005 Emergency Department Summary, Table 13 (2007).

⁴ Center for Disease Control. Unintentional All Injury Causes (WISQARS) (2006).

GREEN LEVEL	TREATMENT BENEFITS	GOLD LEVEL
<p>\$2,500</p> <p>Up to \$11,500</p> <p>Up to \$9,000</p> <p>\$300 per DAY</p>	<p>Program Benefits for a Covered Injury:</p> <p>First Day Hospital Confinement This benefit is paid a maximum of one time per Calendar Year, per Covered Person</p> <p>Inpatient hospitalization for the first Injury each year</p> <p>Inpatient hospitalization for every additional Injury each year</p> <p>Continuing Hospital Confinement Maximum 30 Days per Covered Injury. Not payable for any Day that the First Day Hospital Confinement benefit is paid.</p>	<p>\$3,750</p> <p>Up to \$17,250</p> <p>Up to \$13,500</p> <p>\$450 per DAY</p>
<p>\$250 per VISIT</p>	<p>Injury Care Benefit: for outpatient treatment in a Hospital emergency room, Emergency Care Clinic, or physician's office</p> <p>Maximum of 1 Visit per Covered Injury, 2 Visits per Calendar Year</p> <p>Coverage for Spouse and Children is provided if the Single Parent or Family Plan is selected for an additional premium.</p>	<p>\$375 per VISIT</p>
<p>\$1,500 per TRIP</p> <p>\$500 per TRIP</p>	<p>Ambulance Benefit:</p> <p>Air Ambulance Benefit</p> <p>Land Ambulance Benefit</p> <p>Maximum of 1 trip per Covered Injury, 2 trips per Calendar Year</p>	<p>\$2,250 per TRIP</p> <p>\$750 per TRIP</p>
<p>\$100 per DAY</p>	<p>Attending Physician Benefit: Payable for each Day of paid hospitalization under the Policy</p>	<p>\$150 per DAY</p>

Insurance Policy Series GRA-3003 (4/11) with state specific versions. Premium and benefits will vary with the program selected.

This brochure is only a summary. See your Policy for details on exclusions and limitations. Capitalized items are defined by your Policy.

GREEN LEVEL

TREATMENT BENEFITS

GOLD LEVEL

<p>\$300 per day</p> <p>\$6,300 \$12,600</p>	<p>At-Home Recovery Benefit: Payable for each Day of paid hospitalization under the Policy</p> <p>1 Day of hospitalization = 3 days of home recovery benefit</p> <p>Examples of Benefit: 7 Days paid hospitalization: 14 Days paid hospitalization:</p>	<p>\$450 per day</p> <p>\$9,450 \$18,900</p>
<p>\$150 per Diagnostic Image</p>	<p>Diagnostic Imaging Benefit: for x-ray, ultrasound, sonogram, CT scan, or MRI of a Covered Injury</p> <p>Maximum 1 image per Covered Injury, 2 images per Calendar Year</p>	<p>\$225 per Diagnostic Image</p>

This policy does not provide benefits for loss if the Covered Person's Injury is caused or contributed* to by:

<p>Suicide, attempted suicide, or intentionally self-inflicted injury [PA, "intentionally self-inflicted injury" only]</p> <p>Bodily infirmity, mental infirmity, or psychiatric illness; or medical /surgical treatment therefor [ID, "mental or emotional disorders" only]</p>	<p>Disease, sickness, infection or other disorders* [In IL, remove "infection"]</p> <p>Infestation by any virus, bacteria, or microorganism* [not an exclusion in ID]</p>	<p>Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; or medical/surgical treatment of these acts [not an exclusion in ID, PA] [in WA, " non-narcotic gas"] [in TN, medical/surgical treatment not excluded]</p> <p>The voluntary taking of any poison [not an exclusion in ID]</p>
<p>The Covered Person's intoxication or being under the influence of any intoxicant [not an exclusion in SD, WA] [AK, AZ, GA, LA, PA, WV and WY, add "unless taken on the advice of physician"] [ID and OK, excludes "alcoholism or drug addiction"] [PA, replace "intoxicant" with "narcotic"] [TX, add "alcoholism"] [IL and KY, intoxication based on legal limit in state where Injury occurs]</p>	<p>The voluntary use or taking of a narcotic, barbiturate, or any other drug, unless taken/used as prescribed by a physician [AR, add "controlled substance"] [GA, remove "barbituate, or any other drug"] [HI, remove "barbiturate"] [ID and OK, excludes "alcoholism or drug addiction"] [HI and LA, remove "or any other drug"] [not an exclusion in DC, PA, SD, WA]</p>	<p>Cosmetic surgery, elective procedure, or dental treatment that is not the direct result of a covered Injury; and any complications arising therefrom [NC, procedure is covered if used to correct a congenital defect]</p> <p>Taking illegal drugs or intentionally misusing over-the-counter or prescription drugs. [DC only]</p>
<p>The Covered Person's commission or attempted commission of an assault or felony [ID, "participation in a felony" only] [GA, NE, NJ], and PA, remove "assault"]</p>	<p>The Covered Person's being incarcerated in a municipal, county, state, or federal correctional facility [not an exclusion in ID, MO, NE, NJ, PA]</p>	<p>War, any act of war [NC, "active participation" required] [OK, must be in military or auxiliary unit that is in an area of war] [FL, add "other than Terrorism"]</p>
<p>Participation in a riot or civil commotion [IA, ID and PA, replace "commotion" with "insurrection"] [OR, "active participation in a riot"]</p>	<p>The Covered Person's being engaged in an illegal occupation [AK, AL, AZ, HI, IA, IL, IN, KS, KY, MI, MO, MT, NC, ND, NJ, NV, PA, SC, SD, WY only]</p>	<p>Active duty status in the Armed Forces [premium refund may be available if Company is notified in advance of service]</p>

Accident means a sudden †, unexpected, and unforeseen external** event which^ results in a Covered Person's Inpatient Hospital confinement or receipt of medical services at a Hospital, Emergency Care Clinic, or Medical Practitioner's office within 14 days*** after the event.

Injury means bodily harm that: (1) is sustained by a Covered Person; (2) is caused by an Accident; (3) is the direct cause of loss, independent of disease, bodily infirmity, a previous injury or condition, or (except in IL) any other cause; (4) occurs while this Policy is in force; and (5) is not otherwise excluded from coverage under the "Exclusions and Limitations" provision of this Policy. Injury does not include the recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. All Injuries sustained in any one Accident, all complications arising therefrom, and recurrences of complications shall be deemed to be a single Injury for purposes of determining maximum benefits per Injury.

*Benefits are available if the condition is a medical complication that is: (1) caused by and arising out of a covered Injury and (2) except for Missouri, treated by a Medical Practitioner within 14 days of the covered Injury. In Washington, coverage may be available if treated more than 14 days after the Covered Injury, if you provide proof that the complication was caused by the Covered Injury.
**Remove "external" in AR, DE, ID, ME, NJ, PA, TN.
***Remove "within 14 days after the event" in ID.
^ In SD, the Accident must occur while Policy is in force.
† In TN, remove "sudden."
• In IL, remove "contributed to."